

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

Office Use Only

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

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

ADDRESS (number and street)

1625 L STREET NW

☐Check if different  
than previously  
reported. (ACC)

WASHINGTON

DC

20036

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIPCODE

C00011114

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

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

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

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

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

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

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

10

16

2008

through

11

24

2008

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

Type or Print Name of Treasurer

WILLIAM LUCY

Signature of Treasurer

Electronically Filed by WILLIAM LUCY

Date

12

04

2008

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

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	1	6	2	0	0	8

To:

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2008</span>		950229.47
(b) Cash on Hand at Beginning of Reporting Period .....	1697008.75	
(c) Total Receipts (from Line 19) .....	635139.97	12512319.79
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	2332148.72	13462549.26
7. Total Disbursements (from Line 31) .....	1892114.34	13022514.88
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	440034.38	440034.38
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	5000000.00	

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

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

M M  
1 0D D  
1 6Y Y Y Y  
2 0 0 8

To:

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	71328.79	430587.19
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	496218.71	5491118.44
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤	567547.50	5921705.63
(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) ..... ➤	567547.50	5921705.63
12. Transfers From Affiliated/Other Party Committees .....	55303.28	523565.51
13. All Loans Received .....	0.00	6000000.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	11918.35	56974.61
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	6000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	370.84	4074.04
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)) .....	635139.97	12512319.79
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	635139.97	12512319.79

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	-2265553.22	938654.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	-2265553.22	938654.01
22. Transfers to Affiliated/Other Party Committees.....	248500.00	2380660.92
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	304000.00	1521358.10
24. Independent Expenditure (use Schedule E) .....	3604971.56	7176429.48
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	1000000.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	196.00	5412.37
(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)) .....	196.00	5412.37
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))..	1892114.34	13022514.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1892114.34	13022514.88

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	567547.50	5921705.63
34. Total Contribution Refunds (from Line 28(d)) .....	196.00	5412.37
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	567351.50	5916293.26
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	-2265553.22	938654.01
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	11918.35	56974.61
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-2277471.57	881679.40

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

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

FOR LINE NUMBER: PAGE 6 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

KAREN ABBATICCHIO

Mailing Address 4602 W. Barlind

City

Pittsburgh

State

PA

Zip Code

15227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

SECRETARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

486.44

Date of Receipt

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

Transaction ID: SA11AI.118486

Amount of Each Receipt this Period

44.98

**B.**

Full Name (Last, First, Middle Initial)

RICHARD ABELSON

Mailing Address 4315 N. Lake Drive

City

Shorewood

State

WI

Zip Code

53211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 48

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.119047

Amount of Each Receipt this Period

42.00

**C.**

Full Name (Last, First, Middle Initial)

RICHARD ABELSON

Mailing Address 4315 N. Lake Drive

City

Shorewood

State

WI

Zip Code

53211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 48

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

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

Transaction ID: SA11AI.119048

Amount of Each Receipt this Period

42.00

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

128.98

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

TRACEY ABMAN

Mailing Address 3136 N. Seminary Avenue

City

Chicago

State

IL

Zip Code

60657-3309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation

DIRECTOR OF ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1069.04

Date of Receipt

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

Transaction ID: SA11AI.118870

Amount of Each Receipt this Period

80.28

**B.**

Full Name (Last, First, Middle Initial)

ADAM ACOSTA

Mailing Address 66 La Perla

City

Foothill Ranch

State

CA

Zip Code

92610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36

Occupation

POLITICAL ACTION REPRESENTATIVE III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.84

Date of Receipt

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

Transaction ID: SA11AI.119706

Amount of Each Receipt this Period

134.64

**C.**

Full Name (Last, First, Middle Initial)

ADAM ACOSTA

Mailing Address 66 La Perla

City

Foothill Ranch

State

CA

Zip Code

92610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36

Occupation

POLITICAL ACTION REPRESENTATIVE III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

893.16

Date of Receipt

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

Transaction ID: SA11AI.119726

Amount of Each Receipt this Period

67.32

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

282.24

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

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

CATHYRN ACTON

Mailing Address 190 W. Ostend Street  
Suite 101

City State Zip Code  
Baltimore MD 21230

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MD CN 982

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: SA11AI.118971

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

DAVID ADAM

Mailing Address 6805 Oak Creek Drive

City State Zip Code  
Columbus OH 43229

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH LOC 4

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

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

Transaction ID: SA11AI.118588

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

DAVID ADAM

Mailing Address 6805 Oak Creek Drive

City State Zip Code  
Columbus OH 43229

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH LOC 4

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

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

Transaction ID: SA11AI.118645

Amount of Each Receipt this Period

20.00

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

90.00

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



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

TOMMY SUE ADAM

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229-1591

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4/NEWARK CS

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.88

Date of Receipt

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

Transaction ID: SA11AI.120339

Amount of Each Receipt this Period

30.88

**B.**

Full Name (Last, First, Middle Initial)

THOMAS J ADAMS

Mailing Address 816 Lakeview Avenue  
Apt. A

City

South Milwaukee

State

WI

Zip Code

53127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 48

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.119049

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

PARASETTA ADENIJI

Mailing Address 1003B S. Mechanic Street

City

Marion

State

IL

Zip Code

62959

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31/SOIL

Occupation

EDUCATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: SA11AI.118946

Amount of Each Receipt this Period

30.00

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

90.88

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

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

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

FOR LINE NUMBER: PAGE 10 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

SHANA ADLERTON

Mailing Address 710 Chippewa Square

City

Marquette

State

MI

Zip Code

48955

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

592.36

Date of Receipt

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

Transaction ID: SA11AI.118702

Amount of Each Receipt this Period

30.36

**B.**

Full Name (Last, First, Middle Initial)

SHANA ADLERTON

Mailing Address 710 Chippewa Square

City

Marquette

State

MI

Zip Code

48955

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

622.72

Date of Receipt

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

Transaction ID: SA11AI.118744

Amount of Each Receipt this Period

30.36

**C.**

Full Name (Last, First, Middle Initial)

ALFRED C AKANA

Mailing Address P.O. Box 2930

City

Honolulu

State

HI

Zip Code

96802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: SA11AI.118827

Amount of Each Receipt this Period

20.00

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

80.72

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

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

FOR LINE NUMBER: PAGE 11 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

AUDREY AKI

Mailing Address 66-370 Paalaa Road

City

Haleiwa

State

HI

Zip Code

96712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: SA11AI.118828

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

WANDA K AKI

Mailing Address 888 Mililani Street  
Suite 601

City

Honolulu

State

HI

Zip Code

96813-2991

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

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

Transaction ID: SA11AI.118829

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

GERALD T AKO

Mailing Address 888 Mililani Street  
Suite 601

City

Honolulu

State

HI

Zip Code

96813-2991

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: SA11AI.118830

Amount of Each Receipt this Period

25.00

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

100.00

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

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

FOR LINE NUMBER: PAGE 12 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MUSILIU ADE ALAGBALA

Mailing Address 5701 N. Sheridan  
#10ACity State Zip Code  
Chicago IL 60660FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

779.36

Date of Receipt

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

Transaction ID: SA11AI.118871

Amount of Each Receipt this Period

63.84

**B.**

Full Name (Last, First, Middle Initial)

THORNTON P. ALBERG

Mailing Address 1212 Jefferson St., SE  
Suite 300City State Zip Code  
Olympia WA 98501FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWAOccupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	7	/	2	0	0	8

Transaction ID: SA11AI.119416

Amount of Each Receipt this Period

10.50

**C.**

Full Name (Last, First, Middle Initial)

THORNTON P. ALBERG

Mailing Address 1212 Jefferson St., SE  
Suite 300City State Zip Code  
Olympia WA 98501FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWAOccupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

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

Transaction ID: SA11AI.119417

Amount of Each Receipt this Period

10.50

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

84.84

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

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

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

FOR LINE NUMBER: PAGE 13 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MAUREEN ALBIETZ

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229-1591

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/STRONGSVILLE

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.26

Date of Receipt

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

Transaction ID: SA11AI.120340

Amount of Each Receipt this Period

21.26

**B.**

Full Name (Last, First, Middle Initial)

DIANN ALBRIGHT

Mailing Address 2405 South Fourth Sreet

City

Steelton

State

PA

Zip Code

17113

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

696.45

Date of Receipt

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

Transaction ID: SA11AI.118487

Amount of Each Receipt this Period

63.08

**C.**

Full Name (Last, First, Middle Initial)

ANITA L. ALESSANDRO

Mailing Address 1212 Jefferson St., SE  
Suite 300

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: SA11AI.119419

Amount of Each Receipt this Period

10.00

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

94.34

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

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

FOR LINE NUMBER: PAGE 14 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

KENNETH L. ALLEN

Mailing Address 7935 SW Santolina Place

City

Beaverton

State

OR

Zip Code

97008-6272

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1559.00

Date of Receipt

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

Transaction ID: SA11AI.118114

Amount of Each Receipt this Period

14.00

**B.**

Full Name (Last, First, Middle Initial)

KENNETH L. ALLEN

Mailing Address 7935 SW Santolina Place

City

Beaverton

State

OR

Zip Code

97008-6272

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1688.00

Date of Receipt

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

Transaction ID: SA11AI.119675

Amount of Each Receipt this Period

129.00

**C.**

Full Name (Last, First, Middle Initial)

KENNETH L. ALLEN

Mailing Address 7935 SW Santolina Place

City

Beaverton

State

OR

Zip Code

97008-6272

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1702.00

Date of Receipt

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

Transaction ID: SA11AI.118786

Amount of Each Receipt this Period

14.00

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

157.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

GINA ALLENDER

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

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

Transaction ID: SA11AI.118589

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

GINA ALLENDER

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.118646

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

CRYSTAL M. ALTIERI

Mailing Address 38426 Village Lane

City

Mechanicsville

State

MD

Zip Code

20659

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

EXECUTIVE OFFICE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.08

Date of Receipt

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

Transaction ID: SA11AI.118143

Amount of Each Receipt this Period

28.20

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

48.20

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

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

FOR LINE NUMBER: PAGE 16 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

CRYSTAL M. ALTIERI

Mailing Address 38426 Village Lane

City

Mechanicsville

State

MD

Zip Code

20659

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

EXECUTIVE OFFICE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

623.28

Date of Receipt

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

Transaction ID: SA11AI.118265

Amount of Each Receipt this Period

28.20

**B.**

Full Name (Last, First, Middle Initial)

CRYSTAL M. ALTIERI

Mailing Address 38426 Village Lane

City

Mechanicsville

State

MD

Zip Code

20659

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

EXECUTIVE OFFICE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

651.48

Date of Receipt

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

Transaction ID: SA11AI.119812

Amount of Each Receipt this Period

28.20

**C.**

Full Name (Last, First, Middle Initial)

CAROL A ANDERSON

Mailing Address 303 Dias Drive

City

Fort Washington

State

MD

Zip Code

20744

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSOCIATE DIRECTOR, EDUCATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1029.83

Date of Receipt

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

Transaction ID: SA11AI.118144

Amount of Each Receipt this Period

49.49

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

105.89

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



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

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

FOR LINE NUMBER: PAGE 17 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)  
CAROL A ANDERSON

Mailing Address 303 Dias Drive

City State Zip Code  
Fort Washington MD 20744

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
ASSOCIATE DIRECTOR, EDUCATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1079.32

Date of Receipt

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

Transaction ID: SA11AI.118266

Amount of Each Receipt this Period

49.49

**B.**

Full Name (Last, First, Middle Initial)  
CAROL A ANDERSON

Mailing Address 303 Dias Drive

City State Zip Code  
Fort Washington MD 20744

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
ASSOCIATE DIRECTOR, EDUCATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1128.81

Date of Receipt

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

Transaction ID: SA11AI.119813

Amount of Each Receipt this Period

49.49

**C.**

Full Name (Last, First, Middle Initial)  
JON ANDERSON

Mailing Address 315 South Park

City State Zip Code  
Springfield MN 56087

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MN CN 65- NASHWAUK

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.57

Date of Receipt

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

Transaction ID: SA11AI.119958

Amount of Each Receipt this Period

18.34

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

117.32

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

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

FOR LINE NUMBER: PAGE 18 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MARK E. ANDERSON

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229-1591

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/OREGON BOE

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	8

Transaction ID: SA11AI.120341

Amount of Each Receipt this Period

175.03

**B.**

Full Name (Last, First, Middle Initial)

MARK E. ANDERSON

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229-1591

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/OREGON BOE

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.37

Date of Receipt

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

Transaction ID: SA11AI.120342

Amount of Each Receipt this Period

83.34

**C.**

Full Name (Last, First, Middle Initial)

VALERIE ANDREAS

Mailing Address 941 Southwest West Vale Street

City

Mc Minnville

State

OR

Zip Code

97128

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OR CN 75

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.119676

Amount of Each Receipt this Period

20.00

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

278.37

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

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

FOR LINE NUMBER: PAGE 19 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL ANDREJCO

Mailing Address 5075 Pajabon Drive  
#201

City	State	Zip Code
Harrisburg	PA	17111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.70

Date of Receipt

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

Transaction ID: SA11AI.118488

Amount of Each Receipt this Period

66.30

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM A. ANTHONY, Jr.

Mailing Address 2916 Dover Road

City	State	Zip Code
Columbus	OH	43209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11Occupation  
DELEGATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

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

Transaction ID: SA11AI.120259

Amount of Each Receipt this Period

18.00

**C.**

Full Name (Last, First, Middle Initial)

DAVID ANTLE

Mailing Address P.O. Box 1093

City	State	Zip Code
Moscow	PA	18444

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1206.18

Date of Receipt

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

Transaction ID: SA11AI.118489

Amount of Each Receipt this Period

106.92

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

191.22

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

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

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

FOR LINE NUMBER: PAGE 20 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

LOUISA ARCE

Mailing Address 303 Hawthorne Blvd.

City

Delaware

State

OH

Zip Code

43015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

CONTROLLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

963.17

Date of Receipt

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

Transaction ID: SA11AI.118386

Amount of Each Receipt this Period

82.82

**B.**

Full Name (Last, First, Middle Initial)

ALVA ARELLANO

Mailing Address 890 Sharps Lot Rd.

City

Swansea

State

MA

Zip Code

02777-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MA CN 93

Occupation

DIRECTOR OF ORGANIZING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.118953

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

LINDA L. ARTER

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229-1591

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4/CRESTLINE  
EVS

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.88

Date of Receipt

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

Transaction ID: SA11AI.120343

Amount of Each Receipt this Period

30.88

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

143.70

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

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

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

FOR LINE NUMBER: PAGE 21 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

BRENDA ARTIBEE

Mailing Address 1021 Ralph Street

City

Lansing

State

MI

Zip Code

48906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: SA11AI.118703

Amount of Each Receipt this Period

10.50

**B.**

Full Name (Last, First, Middle Initial)

BRENDA ARTIBEE

Mailing Address 1021 Ralph Street

City

Lansing

State

MI

Zip Code

48906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.50

Date of Receipt

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

Transaction ID: SA11AI.118745

Amount of Each Receipt this Period

10.50

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL L. ARTZ

Mailing Address 745 Irving Street, N.W.

City

Washington

State

DC

Zip Code

20010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSOCIATE TO GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.23

Date of Receipt

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

Transaction ID: SA11AI.118145

Amount of Each Receipt this Period

35.01

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

56.01

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

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

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

FOR LINE NUMBER: PAGE 22 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL L. ARTZ

Mailing Address 745 Irving Street, N.W.

City

Washington

State

DC

Zip Code

20010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSOCIATE TO GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.24

Date of Receipt

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

Transaction ID: SA11AI.118267

Amount of Each Receipt this Period

35.01

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL L. ARTZ

Mailing Address 745 Irving Street, N.W.

City

Washington

State

DC

Zip Code

20010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSOCIATE TO GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.25

Date of Receipt

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

Transaction ID: SA11AI.119814

Amount of Each Receipt this Period

35.01

**C.**

Full Name (Last, First, Middle Initial)

ELIZABETH L ASAHARA

Mailing Address 902 Hoalauna Way

City

Hilo

State

HI

Zip Code

96720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME HI LOC 152

Occupation

NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: SA11AI.118832

Amount of Each Receipt this Period

20.00

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

90.02

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

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

FOR LINE NUMBER: PAGE 23 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

LAURA M. ASKELIN

Mailing Address 1031 4th Avenue S.E.

City

Rochester

State

MN

Zip Code

55904

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/CN14

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

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

Transaction ID: SA11AI.118450

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

JALADAH ASLAM

Mailing Address 3895 Cannon Road

City

Austintown

State

OH

Zip Code

44515-5372

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

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

Transaction ID: SA11AI.118387

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

AL AUSTIN, III

Mailing Address 4562 Linden Avenue

City

Long Beach

State

CA

Zip Code

90807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36

Occupation

BUSINESS REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

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

Transaction ID: SA11AI.119708

Amount of Each Receipt this Period

80.00

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

160.00

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

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

FOR LINE NUMBER: PAGE 24 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

AL AUSTIN, III

Mailing Address 4562 Linden Avenue

City

Long Beach

State

CA

Zip Code

90807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36

Occupation

BUSINESS REPRESENTATIVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

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

Transaction ID: SA11AI.119727

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

DEBORAH A BABB

Mailing Address 6005 East Oakwood Drive

City

Pleasanthill

State

IA

Zip Code

50327

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61/SOIA

Occupation

SAFETY AND HEALTH CON.

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: SA11AI.119063

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

DEBORAH A BABB

Mailing Address 6005 East Oakwood Drive

City

Pleasanthill

State

IA

Zip Code

50327

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61/SOIA

Occupation

SAFETY AND HEALTH CON.

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	7	/	2	0	0	8

Transaction ID: SA11AI.119064

Amount of Each Receipt this Period

10.00

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

60.00

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



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

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

FOR LINE NUMBER: PAGE 25 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

W. JEAN BACKMAN

Mailing Address 1212 Jefferson Street

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

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

Transaction ID: SA11AI.119246

Amount of Each Receipt this Period

42.00

**B.**

Full Name (Last, First, Middle Initial)

RICHARD C. BADGER, II

Mailing Address P.O. Box 2825

City

Appleton

State

WI

Zip Code

54912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 40

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: SA11AI.119201

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

ALDEAN BAER

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229-1591

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4/WASHINGTON  
LS

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.84

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.120344

Amount of Each Receipt this Period

97.84

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

239.84

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

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

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

FOR LINE NUMBER: PAGE 26 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

ALDEAN BAER

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229-1591

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/WASHINGTON  
LS

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.80

Date of Receipt

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

Transaction ID: SA11AI.120345

Amount of Each Receipt this Period

76.96

**B.**

Full Name (Last, First, Middle Initial)

JOE BAESSLER

Mailing Address 3831 Fairfax Drive

City

Salem

State

OR

Zip Code

97214

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OR CN 75

Occupation

COUNCIL REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.119677

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

ANDREW F. BAHR

Mailing Address 4227 Caroline Avenue

City

Toledo

State

OH

Zip Code

43612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH CN 8/TOLEDO UNI-  
V.

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.64

Date of Receipt

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

Transaction ID: SA11AI.119956

Amount of Each Receipt this Period

8.36

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

110.32

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

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

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

FOR LINE NUMBER: PAGE 27 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

CATHLEEN BAILEY

Mailing Address P O Box 12147

City

Olympia

State

WA

Zip Code

98508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.119420

Amount of Each Receipt this Period

21.00

**B.**

Full Name (Last, First, Middle Initial)

CATHLEEN BAILEY

Mailing Address P O Box 12147

City

Olympia

State

WA

Zip Code

98508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

441.00

Date of Receipt

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

Transaction ID: SA11AI.119421

Amount of Each Receipt this Period

21.00

**C.**

Full Name (Last, First, Middle Initial)

KAREN BAILEY

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.32

Date of Receipt

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

Transaction ID: SA11AI.118590

Amount of Each Receipt this Period

19.24

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

61.24

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

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

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

FOR LINE NUMBER: PAGE 28 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

KAREN BAILEY

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.56

Date of Receipt

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

Transaction ID: SA11AI.118647

Amount of Each Receipt this Period

19.24

**B.**

Full Name (Last, First, Middle Initial)

PATRICIA A. BAILEY

Mailing Address 606 N. Van Buren Street

City

Wilmington

State

DE

Zip Code

19805

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME DE CN 81

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

618.20

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.118813

Amount of Each Receipt this Period

61.58

**C.**

Full Name (Last, First, Middle Initial)

PATRICIA A. BAILEY

Mailing Address 606 N. Van Buren Street

City

Wilmington

State

DE

Zip Code

19805

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME DE CN 81

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

679.78

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.118820

Amount of Each Receipt this Period

61.58

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

142.40

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

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

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

FOR LINE NUMBER: PAGE 29 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MARK T. BAKER

Mailing Address 300 Hardman Avenue South

City

South St. Paul

State

MN

Zip Code

55075

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/CN14

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.62

Date of Receipt

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

Transaction ID: SA11AI.118451

Amount of Each Receipt this Period

37.70

**B.**

Full Name (Last, First, Middle Initial)

ANTHONY L. BAKKEN

Mailing Address 500 E Parish Street

City

Prair Du Chien

State

WI

Zip Code

53821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

604.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.119336

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

ANTHONY L. BAKKEN

Mailing Address 500 E Parish Street

City

Prair Du Chien

State

WI

Zip Code

53821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

634.00

Date of Receipt

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

Transaction ID: SA11AI.119337

Amount of Each Receipt this Period

30.00

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

97.70

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

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

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

FOR LINE NUMBER: PAGE 30 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

ANTHONY L. BAKKEN

Mailing Address 500 E Parish Street

City

Prair Du Chien

State

WI

Zip Code

53821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

664.00

Date of Receipt

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

Transaction ID: SA11AI.119941

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

MATHEW BANAL

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

482.52

Date of Receipt

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

Transaction ID: SA11AI.118591

Amount of Each Receipt this Period

19.24

**C.**

Full Name (Last, First, Middle Initial)

MATHEW BANAL

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.76

Date of Receipt

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

Transaction ID: SA11AI.118648

Amount of Each Receipt this Period

19.24

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

68.48

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

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

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

FOR LINE NUMBER: PAGE 31 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

GINA M. BANKS

Mailing Address 946 Wilson Avenue

City

Columbus

State

OH

Zip Code

43206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

PUBLIC SAFETY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.95

Date of Receipt

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

Transaction ID: SA11AI.120055

Amount of Each Receipt this Period

14.65

**B.**

Full Name (Last, First, Middle Initial)

GINA M. BANKS

Mailing Address 946 Wilson Avenue

City

Columbus

State

OH

Zip Code

43206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

PUBLIC SAFETY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.60

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.120056

Amount of Each Receipt this Period

14.65

**C.**

Full Name (Last, First, Middle Initial)

GINA M. BANKS

Mailing Address 946 Wilson Avenue

City

Columbus

State

OH

Zip Code

43206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

PUBLIC SAFETY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.25

Date of Receipt

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

Transaction ID: SA11AI.120057

Amount of Each Receipt this Period

14.65

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

43.95

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

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

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

FOR LINE NUMBER: PAGE 32 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

KAREN BARNES

Mailing Address 122 Forest Ridge Place

City

Columbus

State

OH

Zip Code

43235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

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

Transaction ID: SA11AI.118592

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

KAREN BARNES

Mailing Address 122 Forest Ridge Place

City

Columbus

State

OH

Zip Code

43235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.118649

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

MARY ANNE BARNETT

Mailing Address 1155 Lakepointe

City

Grosse Pointe Park

State

MI

Zip Code

48230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, ORGANIZING DVLPT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1126.32

Date of Receipt

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

Transaction ID: SA11AI.118146

Amount of Each Receipt this Period

58.61

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

78.61

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



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

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

FOR LINE NUMBER: PAGE 33 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MARY ANNE BARNETT

Mailing Address 1155 Lakepointe

City

Grosse Pointe Park

State

MI

Zip Code

48230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, ORGANIZING DVLPT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1184.93

Date of Receipt

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

Transaction ID: SA11AI.118268

Amount of Each Receipt this Period

58.61

**B.**

Full Name (Last, First, Middle Initial)

MARY ANNE BARNETT

Mailing Address 1155 Lakepointe

City

Grosse Pointe Park

State

MI

Zip Code

48230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, ORGANIZING DVLPT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1243.54

Date of Receipt

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

Transaction ID: SA11AI.119815

Amount of Each Receipt this Period

58.61

**C.**

Full Name (Last, First, Middle Initial)

KATHLEEN BASS

Mailing Address RT 1, Box 108 C

City

Wayne City

State

IL

Zip Code

62895

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31/SOIL

Occupation

CHILD WELFARE SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.96

Date of Receipt

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

Transaction ID: SA11AI.118947

Amount of Each Receipt this Period

38.08

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

155.30

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

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

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

FOR LINE NUMBER: PAGE 34 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

LINDA BATES

Mailing Address 1510 Walnut Street

City

Woodbridge

State

VA

Zip Code

22191

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

LEGAL ASSISTANT I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

533.00

Date of Receipt

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

Transaction ID: SA11AI.118147

Amount of Each Receipt this Period

27.37

**B.**

Full Name (Last, First, Middle Initial)

LINDA BATES

Mailing Address 1510 Walnut Street

City

Woodbridge

State

VA

Zip Code

22191

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

LEGAL ASSISTANT I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.37

Date of Receipt

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

Transaction ID: SA11AI.118269

Amount of Each Receipt this Period

27.37

**C.**

Full Name (Last, First, Middle Initial)

LINDA BATES

Mailing Address 1510 Walnut Street

City

Woodbridge

State

VA

Zip Code

22191

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

LEGAL ASSISTANT I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

587.74

Date of Receipt

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

Transaction ID: SA11AI.119816

Amount of Each Receipt this Period

27.37

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

82.11

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

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

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

FOR LINE NUMBER: PAGE 35 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL D. BAUER

Mailing Address 23 Valley Forge Lane

City

Elyria

State

OH

Zip Code

44035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

944.39

Date of Receipt

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

Transaction ID: SA11AI.118388

Amount of Each Receipt this Period

84.76

**B.**

Full Name (Last, First, Middle Initial)

PATRICIA BAUER

Mailing Address 4031 Executive Park Drive

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

697.42

Date of Receipt

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

Transaction ID: SA11AI.118490

Amount of Each Receipt this Period

66.10

**C.**

Full Name (Last, First, Middle Initial)

HENRY BAYER

Mailing Address 1507 W. Chase Street

City

Chicago

State

IL

Zip Code

60626-2125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1489.94

Date of Receipt

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

Transaction ID: SA11AI.118115

Amount of Each Receipt this Period

28.00

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

178.86

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

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

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

FOR LINE NUMBER: PAGE 36 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

HENRY BAYER

Mailing Address 1507 W. Chase Street

City

Chicago

State

IL

Zip Code

60626-2125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.52

Date of Receipt

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

Transaction ID: SA11AI.118872

Amount of Each Receipt this Period

110.58

**B.**

Full Name (Last, First, Middle Initial)

HENRY BAYER

Mailing Address 1507 W. Chase Street

City

Chicago

State

IL

Zip Code

60626-2125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1628.52

Date of Receipt

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

Transaction ID: SA11AI.118787

Amount of Each Receipt this Period

28.00

**C.**

Full Name (Last, First, Middle Initial)

CAROL A. BEALS

Mailing Address 45 Commerce Street

City

Platteville

State

WI

Zip Code

53818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.119339

Amount of Each Receipt this Period

10.00

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

148.58

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

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

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

FOR LINE NUMBER: PAGE 37 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

CAROL A. BEALS

Mailing Address 45 Commerce Street

City

Platteville

State

WI

Zip Code

53818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: SA11AI.119340

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

CAROL A. BEALS

Mailing Address 45 Commerce Street

City

Platteville

State

WI

Zip Code

53818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.119341

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

CAROL A. BEALS

Mailing Address 45 Commerce Street

City

Platteville

State

WI

Zip Code

53818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.119342

Amount of Each Receipt this Period

10.00

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

30.00

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

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

KENT BEAUCHAMP

Mailing Address 2309 Mariners Point Lane

City

Springfield

State

IL

Zip Code

62712

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 ▼

912.64

Date of Receipt

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

Transaction ID: SA11AI.118873

Amount of Each Receipt this Period

76.56

**B.**

Full Name (Last, First, Middle Initial)

NANCY BECKER

Mailing Address 1210 Westwood

City

Manitowoc

State

WI

Zip Code

54220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 40

Occupation

ACTIVITY AIDE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.00

Date of Receipt

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

Transaction ID: SA11AI.119202

Amount of Each Receipt this Period

21.00

**C.**

Full Name (Last, First, Middle Initial)

NEIL G. BEDNARCZYK

Mailing Address 7775 O'neil Road North

City

Keizer

State

OR

Zip Code

97303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75

Occupation

COUNCIL REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: SA11AI.119678

Amount of Each Receipt this Period

30.00

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

127.56

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

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

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

FOR LINE NUMBER: PAGE 39 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL BEGATTO

Mailing Address 301 Hedgerow Lane

City

Wilmington

State

DE

Zip Code

19807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME DE CN 81

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

907.84

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.118814

Amount of Each Receipt this Period

86.20

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL BEGATTO

Mailing Address 301 Hedgerow Lane

City

Wilmington

State

DE

Zip Code

19807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME DE CN 81

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

994.04

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.118821

Amount of Each Receipt this Period

86.20

**C.**

Full Name (Last, First, Middle Initial)

COURTNEY BELCHER

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

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

Transaction ID: SA11AI.118593

Amount of Each Receipt this Period

10.00

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

182.40

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

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

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

FOR LINE NUMBER: PAGE 40 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

COURTNEY BELCHER

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.118650

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

SANDRA F BELL

Mailing Address 2968 Tracer Road

City

Columbus

State

OH

Zip Code

43232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

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

Transaction ID: SA11AI.120261

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

JOSEPH BELLA

Mailing Address 501 W George Street

City

Arlington Heights

State

IL

Zip Code

60005

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 ▼

912.64

Date of Receipt

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

Transaction ID: SA11AI.118874

Amount of Each Receipt this Period

76.56

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

106.56

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



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

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

FOR LINE NUMBER: PAGE 41 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

CHARLES BENN

Mailing Address 141 Eddington Avenue

City

Harrisburg

State

PA

Zip Code

17111-3520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1029.87

Date of Receipt

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

Transaction ID: SA11AI.118491

Amount of Each Receipt this Period

88.18

**B.**

Full Name (Last, First, Middle Initial)

PETER J. BENNER

Mailing Address 7650 Cahill Avenue

City

Inver Grove Hgts.

State

MN

Zip Code

55076

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L/STATE STREET

Occupation

RETIREE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.30

Date of Receipt

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

Transaction ID: SA11AI.119236

Amount of Each Receipt this Period

43.30

**C.**

Full Name (Last, First, Middle Initial)

STACEY D. BENSON-TAYLOR

Mailing Address 241 Brooklyn Avenue

City

Dayton

State

OH

Zip Code

45417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.45

Date of Receipt

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

Transaction ID: SA11AI.118389

Amount of Each Receipt this Period

52.98

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

184.46

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

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

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

FOR LINE NUMBER: PAGE 42 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

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 ▼

1792.00

Date of Receipt

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

Transaction ID: SA11AI.118148

Amount of Each Receipt this Period

89.60

**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 ▼

1882.83

Date of Receipt

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

Transaction ID: SA11AI.118270

Amount of Each Receipt this Period

90.83

**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 ▼

1974.89

Date of Receipt

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

Transaction ID: SA11AI.119817

Amount of Each Receipt this Period

92.06

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

272.49

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

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

FOR LINE NUMBER: PAGE 43 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

PAUL L. BENTON

Mailing Address P.O. Box 351130

City

Seattle

State

WA

Zip Code

98195-1130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/UNIV OF  
WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: SA11AI.119595

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

JILL M. BENZ

Mailing Address P. O. Box 244

City

Melcher

State

IA

Zip Code

50163

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61/SOIA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.60

Date of Receipt

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

Transaction ID: SA11AI.119065

Amount of Each Receipt this Period

14.43

**C.**

Full Name (Last, First, Middle Initial)

JILL M. BENZ

Mailing Address P. O. Box 244

City

Melcher

State

IA

Zip Code

50163

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61/SOIA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.03

Date of Receipt

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

Transaction ID: SA11AI.119066

Amount of Each Receipt this Period

14.43

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

48.86

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

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

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

FOR LINE NUMBER: PAGE 44 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

JILL M. BENZ

Mailing Address P. O. Box 244

City

Melcher

State

IA

Zip Code

50163

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61/SOIA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

317.46

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.119067

Amount of Each Receipt this Period

14.43

**B.**

Full Name (Last, First, Middle Initial)

STEVEN BERGER

Mailing Address 190 W. Ostend Street  
Suite 101

City

Baltimore

State

MD

Zip Code

21230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MD CN 982

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.48

Date of Receipt

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

Transaction ID: SA11AI.118972

Amount of Each Receipt this Period

41.68

**C.**

Full Name (Last, First, Middle Initial)

JACK BERNFELD

Mailing Address 8033 Excelsior Drive  
Suite B

City

Madison

State

WI

Zip Code

53717-1903

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 40

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

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

Transaction ID: SA11AI.119203

Amount of Each Receipt this Period

50.00

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

106.11

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

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

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

FOR LINE NUMBER: PAGE 45 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

JAMES BESTPITCH

Mailing Address 11922 Getson Lane

City

Cumberland

State

MD

Zip Code

21502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MD CN 67

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

579.92

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.118981

Amount of Each Receipt this Period

79.08

**B.**

Full Name (Last, First, Middle Initial)

JAMES BESTPITCH

Mailing Address 11922 Getson Lane

City

Cumberland

State

MD

Zip Code

21502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MD CN 67

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

632.64

Date of Receipt

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

Transaction ID: SA11AI.118997

Amount of Each Receipt this Period

52.72

**C.**

Full Name (Last, First, Middle Initial)

DAVID BIELSKI

Mailing Address 4499 Battleridge Rd.

City

McDonald

State

PA

Zip Code

15057-3507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1206.18

Date of Receipt

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

Transaction ID: SA11AI.118492

Amount of Each Receipt this Period

106.92

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

238.72

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

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

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

FOR LINE NUMBER: PAGE 46 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

JEFFREY BIGELOW

Mailing Address 29 N. Wacker Drive

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

912.64

Date of Receipt

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

Transaction ID: SA11AI.118875

Amount of Each Receipt this Period

76.56

**B.**

Full Name (Last, First, Middle Initial)

DEBORAH K. BINDAS

Mailing Address 901 North Road S.E.

City

Niles

State

OH

Zip Code

44446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.14

Date of Receipt

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

Transaction ID: SA11AI.118390

Amount of Each Receipt this Period

22.74

**C.**

Full Name (Last, First, Middle Initial)

PAUL BISSEN

Mailing Address 1906 Bear Ct., SE

City

Rochester

State

MN

Zip Code

55904

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/SOMN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.00

Date of Receipt

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

Transaction ID: SA11AI.119638

Amount of Each Receipt this Period

30.00

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

129.30

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

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

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

FOR LINE NUMBER: PAGE 47 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

KRISTA BISTLINE

Mailing Address 534 E. Jeffrey Place

City

Columbus

State

OH

Zip Code

43214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11

Occupation

ASSOC. DIR. GOVT. AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.120262

Amount of Each Receipt this Period

24.00

**B.**

Full Name (Last, First, Middle Initial)

SANDRA BJORKMAN

Mailing Address 517 82nd Street

City

Brooklyn

State

NY

Zip Code

11209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NY CN 1707

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: SA11AI.120463

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

SANDRA BJORKMAN

Mailing Address 517 82nd Street

City

Brooklyn

State

NY

Zip Code

11209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NY CN 1707

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.120464

Amount of Each Receipt this Period

20.00

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

64.00

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

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

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

FOR LINE NUMBER: PAGE 48 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)  
KAREN BLACK

Mailing Address P.O. Box 304

City State Zip Code  
Highspire PA 17034-1409

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME PA CN 13

Occupation  
EXECUTIVE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1156.11

Date of Receipt

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

Transaction ID: SA11AI.118493

Amount of Each Receipt this Period

103.20

**B.**

Full Name (Last, First, Middle Initial)  
ARCHER BLACKWELL

Mailing Address 8706 Jarwood Road

City State Zip Code  
Baltimore MD 21237

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MD CN 67

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

582.56

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.118982

Amount of Each Receipt this Period

79.44

**C.**

Full Name (Last, First, Middle Initial)  
ARCHER BLACKWELL

Mailing Address 8706 Jarwood Road

City State Zip Code  
Baltimore MD 21237

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MD CN 67

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

635.52

Date of Receipt

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

Transaction ID: SA11AI.118998

Amount of Each Receipt this Period

52.96

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

235.60

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



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

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

FOR LINE NUMBER: PAGE 49 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL BLAIR

Mailing Address 8 Beacon Street

City

Boston

State

MA

Zip Code

02108-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MA CN 93

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

392.20

Date of Receipt

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

Transaction ID: SA11AI.118954

Amount of Each Receipt this Period

39.22

**B.**

Full Name (Last, First, Middle Initial)

TIMOTHY E. BLAIR

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229-1591

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4/BELPRE CSD

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.80

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.120346

Amount of Each Receipt this Period

184.80

**C.**

Full Name (Last, First, Middle Initial)

TIMOTHY E. BLAIR

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229-1591

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4/BELPRE CSD

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.76

Date of Receipt

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

Transaction ID: SA11AI.120347

Amount of Each Receipt this Period

76.96

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

300.98

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

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

FOR LINE NUMBER: PAGE 50 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

KORY BLAKE

Mailing Address 1410 Bush Street  
Suite ACity State Zip Code  
Baltimore MD 21230FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MD CN 67Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

443.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	7	/	2	0	0	8

Transaction ID: SA11AI.118983

Amount of Each Receipt this Period

60.45

**B.**

Full Name (Last, First, Middle Initial)

KORY BLAKE

Mailing Address 1410 Bush Street  
Suite ACity State Zip Code  
Baltimore MD 21230FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MD CN 67Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

483.60

Date of Receipt

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

Transaction ID: SA11AI.118999

Amount of Each Receipt this Period

40.30

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM M BLANTON

Mailing Address 1582 Mount Carmel Rd.

City State Zip Code  
Vinton OH 45686FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOHOccupation  
CHILD CARE PROVIDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

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

Transaction ID: SA11AI.120058

Amount of Each Receipt this Period

10.00

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

110.75

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

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

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

FOR LINE NUMBER: PAGE 51 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM M BLANTON

Mailing Address 1582 Mount Carmel Rd.

City

Vinton

State

OH

Zip Code

45686

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

CHILD CARE PROVIDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.120059

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM M BLANTON

Mailing Address 1582 Mount Carmel Rd.

City

Vinton

State

OH

Zip Code

45686

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

CHILD CARE PROVIDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.120060

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

RONALD F. BLATT

Mailing Address 3969 Convenience Circle NW

City

Canton

State

OH

Zip Code

44718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.52

Date of Receipt

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

Transaction ID: SA11AI.118594

Amount of Each Receipt this Period

19.24

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

39.24

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

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

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

FOR LINE NUMBER: PAGE 52 / 674

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

RONALD F. BLATT

Mailing Address 3969 Convenience Circle NW

City State Zip Code

Canton OH 44718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.76

Date of Receipt

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

Transaction ID: SA11AI.118651

Amount of Each Receipt this Period

19.24

**B.**

Full Name (Last, First, Middle Initial)

JOHN A. BLESSING

Mailing Address 2119 Robinwood Avenue

City State Zip Code

Toledo OH 43620

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

561.52

Date of Receipt

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

Transaction ID: SA11AI.118391

Amount of Each Receipt this Period

51.32

**C.**

Full Name (Last, First, Middle Initial)

HEIDI L. BLINDAUER

Mailing Address 1212 Jefferson St., SE  
Suite 300

City State Zip Code

Olympia WA 98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: SA11AI.119427

Amount of Each Receipt this Period

10.00

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

80.56

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

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

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

FOR LINE NUMBER: PAGE 53 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

KAREN BLOOMINGDALE

Mailing Address 4301 Executive Park Drive

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

398.42

Date of Receipt

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

Transaction ID: SA11AI.118494

Amount of Each Receipt this Period

44.98

**B.**

Full Name (Last, First, Middle Initial)

EUGENE BOATRIGHT

Mailing Address 8542 South Bishop

City

Chicago

State

IL

Zip Code

60620

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.52

Date of Receipt

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

Transaction ID: SA11AI.118876

Amount of Each Receipt this Period

50.38

**C.**

Full Name (Last, First, Middle Initial)

CINDY L. BOBBITT

Mailing Address 2958 Pleasant Drive, NE

City

Lancaster

State

OH

Zip Code

43130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

CUSTOMER SERVICE REP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: SA11AI.120061

Amount of Each Receipt this Period

10.00

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

105.36

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

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

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

FOR LINE NUMBER: PAGE 54 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)  
CINDY L. BOBBITT

Mailing Address 2958 Pleasant Drive, NE

City State Zip Code  
Lancaster OH 43130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation  
CUSTOMER SERVICE REP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.120062

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)  
CINDY L. BOBBITT

Mailing Address 2958 Pleasant Drive, NE

City State Zip Code  
Lancaster OH 43130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation  
CUSTOMER SERVICE REP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

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

Transaction ID: SA11AI.120063

Amount of Each Receipt this Period

10.00

**C.**

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

Mailing Address 6805 Oak Creek Drive

City State Zip Code  
Columbus OH 43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

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

Transaction ID: SA11AI.118595

Amount of Each Receipt this Period

10.00

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

30.00

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

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

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

FOR LINE NUMBER: PAGE 55 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

JOYCE BOBO

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

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

Transaction ID: SA11AI.118652

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

BARRY BOGARDE

Mailing Address 4303 Vermont Court

City

Harrisburg

State

PA

Zip Code

17112-9512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

UNION REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1278.15

Date of Receipt

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

Transaction ID: SA11AI.118495

Amount of Each Receipt this Period

103.20

**C.**

Full Name (Last, First, Middle Initial)

CYNTHIA E. BOGGAN

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229-1591

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4/OLENTANGY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.64

Date of Receipt

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

Transaction ID: SA11AI.120348

Amount of Each Receipt this Period

11.64

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

124.84

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

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

FOR LINE NUMBER: PAGE 56 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL W BOGGS

Mailing Address 3922 Latrobe Street

City

Los Angeles

State

CA

Zip Code

90031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36

Occupation

RESEARCH ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: SA11AI.119748

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

LYNDA L. BOLIN

Mailing Address 8 North Circle Drive

City

The Plains

State

OH

Zip Code

45780

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

482.52

Date of Receipt

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

Transaction ID: SA11AI.118596

Amount of Each Receipt this Period

19.24

**C.**

Full Name (Last, First, Middle Initial)

LYNDA L. BOLIN

Mailing Address 8 North Circle Drive

City

The Plains

State

OH

Zip Code

45780

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.76

Date of Receipt

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

Transaction ID: SA11AI.118653

Amount of Each Receipt this Period

19.24

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

113.48

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



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

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

FOR LINE NUMBER: PAGE 57 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

ALAN R. BOLLINGER

Mailing Address 30 E. Broad Street

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: SA11AI.120064

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

ALAN R. BOLLINGER

Mailing Address 30 E. Broad Street

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.120065

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

ALAN R. BOLLINGER

Mailing Address 30 E. Broad Street

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

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

Transaction ID: SA11AI.120066

Amount of Each Receipt this Period

10.00

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

30.00

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

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

FOR LINE NUMBER: PAGE 58 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

DEBRA BOND

Mailing Address 1295 Mariuon Road

City

Rochester

State

MN

Zip Code

55904-5780

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/SOMN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: SA11AI.119639

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

PAUL R. BOOTH

Mailing Address 3724 Benton Street NW

City

Washington

State

DC

Zip Code

20007-1803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

EXECUTIVE ASST. TO PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3678.79

Date of Receipt

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

Transaction ID: SA11AI.118149

Amount of Each Receipt this Period

179.74

**C.**

Full Name (Last, First, Middle Initial)

PAUL R. BOOTH

Mailing Address 3724 Benton Street NW

City

Washington

State

DC

Zip Code

20007-1803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

EXECUTIVE ASST. TO PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3858.53

Date of Receipt

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

Transaction ID: SA11AI.118271

Amount of Each Receipt this Period

179.74

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

389.48

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

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

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

FOR LINE NUMBER: PAGE 59 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

PAUL R. BOOTH

Mailing Address 3724 Benton Street NW

City

Washington

State

DC

Zip Code

20007-1803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

EXECUTIVE ASST. TO PRESIDENT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4038.27

Date of Receipt

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

Transaction ID: SA11AI.119818

Amount of Each Receipt this Period

179.74

**B.**

Full Name (Last, First, Middle Initial)

PAMELA BORDEN

Mailing Address 5947 Cooper

City

Taylor

State

MI

Zip Code

48180

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

392.90

Date of Receipt

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

Transaction ID: SA11AI.118704

Amount of Each Receipt this Period

19.72

**C.**

Full Name (Last, First, Middle Initial)

PAMELA BORDEN

Mailing Address 5947 Cooper

City

Taylor

State

MI

Zip Code

48180

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

412.62

Date of Receipt

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

Transaction ID: SA11AI.118746

Amount of Each Receipt this Period

19.72

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

219.18

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

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

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

FOR LINE NUMBER: PAGE 60 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)  
GLEN BOULDIN

Mailing Address 1410 Bush Street  
Suite A

City State Zip Code  
Baltimore MD 21230

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MD CN 67

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.118984

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)  
GLEN BOULDIN

Mailing Address 1410 Bush Street  
Suite A

City State Zip Code  
Baltimore MD 21230

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MD CN 67

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.119000

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
CAROL BOWSHIER

Mailing Address 159 East Main Street

City State Zip Code  
Mt. Sterling OH 43143

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH LOC 11

Occupation  
OPERATIONS DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.50

Date of Receipt

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

Transaction ID: SA11AI.120263

Amount of Each Receipt this Period

72.00

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

197.00

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

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

FOR LINE NUMBER: PAGE 61 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

ERIC R. BOYD

Mailing Address 118 East Walnut Street

City

Westerville

State

OH

Zip Code

43801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

571.39

Date of Receipt

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

Transaction ID: SA11AI.118394

Amount of Each Receipt this Period

52.57

**B.**

Full Name (Last, First, Middle Initial)

MIKE BRADLEY

Mailing Address 2320 Turner Lane

City

Bel Air

State

MD

Zip Code

21015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MD CN 67

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.78

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	7	/	2	0	0	8

Transaction ID: SA11AI.118985

Amount of Each Receipt this Period

53.97

**C.**

Full Name (Last, First, Middle Initial)

MIKE BRADLEY

Mailing Address 2320 Turner Lane

City

Bel Air

State

MD

Zip Code

21015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MD CN 67

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

431.76

Date of Receipt

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

Transaction ID: SA11AI.119001

Amount of Each Receipt this Period

35.98

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

142.52

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

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

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

FOR LINE NUMBER: PAGE 62 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

NORMA BRAIDIGAN

Mailing Address 300 N Derr Drive

City

Lewisburg

State

PA

Zip Code

17837-1387

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.60

Date of Receipt

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

Transaction ID: SA11AI.119235

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

MARTHA J. BRANDLY

Mailing Address 8033 Excelsior Drive  
Suite A

City

Madison

State

WI

Zip Code

53717-1903

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 40

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

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

Transaction ID: SA11AI.119204

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

JOSEPH BRAWNER

Mailing Address 190 W. Ostend Street  
Suite 101

City

Baltimore

State

MD

Zip Code

21230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MD CN 982

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

421.74

Date of Receipt

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

Transaction ID: SA11AI.118973

Amount of Each Receipt this Period

38.34

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

83.34

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

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

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

FOR LINE NUMBER: PAGE 63 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)  
STEPHEN F. BRENNAN

Mailing Address 995 Churchill

City State Zip Code  
St. Paul MN 55103

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MN CN 5/RAMSEY COU-  
NTY

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: SA11AI.120291

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)  
WILLIAM BRENNER

Mailing Address 3300 Old Trail Road

City State Zip Code  
York Haven PA 17370

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME PA CN 13

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

742.70

Date of Receipt

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

Transaction ID: SA11AI.118496

Amount of Each Receipt this Period

66.30

**C.**

Full Name (Last, First, Middle Initial)  
MARIA BRITTON

Mailing Address 12 Archer Avenue

City State Zip Code  
Springfield IL 62704

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME IL CN 31

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.68

Date of Receipt

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

Transaction ID: SA11AI.118877

Amount of Each Receipt this Period

36.90

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

123.20

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

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

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

FOR LINE NUMBER: PAGE 64 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)  
BILL BROCKMILLER

Mailing Address 1418 10th Street  
#204

City State Zip Code  
Lacrosse WI 54601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.119343

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)  
PAMELA K. BRODERSEN

Mailing Address 418 W Santa Clara Avenue

City State Zip Code  
Santa Anna CA 92706

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME CA LOC 1199/COPE

Occupation  
REGISTERED NURSE PRACTITIONER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

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

Transaction ID: SA11AI.119022

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)  
PAMELA K. BRODERSEN

Mailing Address 418 W Santa Clara Avenue

City State Zip Code  
Santa Anna CA 92706

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME CA LOC 1199/COPE

Occupation  
REGISTERED NURSE PRACTITIONER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.119024

Amount of Each Receipt this Period

20.00

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

80.00

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



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

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

FOR LINE NUMBER: PAGE 65 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

PAMELA K. BRODERSEN

Mailing Address 418 W Santa Clara Avenue

City

Santa Anna

State

CA

Zip Code

92706

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA LOC 1199/COPE

Occupation

REGISTERED NURSE PRACTITIONER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: SA11AI.119025

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

DEBORAH L. BROOKMAN

Mailing Address 1517 5th Avenue SE

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.119248

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

CARLOS BROWN

Mailing Address 14217 Ilene

City

Detroit

State

MI

Zip Code

48238

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25/DETROIT  
CITY

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  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.119996

Amount of Each Receipt this Period

8.40

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

48.40

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

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

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

FOR LINE NUMBER: PAGE 66 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)  
CARLOS BROWN

Mailing Address 14217 Ilene

City State Zip Code  
Detroit MI 48238

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25/DETROIT  
CITY

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.40

Date of Receipt

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

Transaction ID: SA11AI.119997

Amount of Each Receipt this Period

8.40

**B.**

Full Name (Last, First, Middle Initial)  
CHARLETON BROWN

Mailing Address 6805 Oak Creek Drive

City State Zip Code  
Columbus OH 43229-1591

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4/MARIETTA  
CSD

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.24

Date of Receipt

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

Transaction ID: SA11AI.120349

Amount of Each Receipt this Period

29.24

**C.**

Full Name (Last, First, Middle Initial)  
JEROME BROWN

Mailing Address 6917 Ridgeland Avenue

City State Zip Code  
Hammond IN 46324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

774.36

Date of Receipt

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

Transaction ID: SA11AI.118878

Amount of Each Receipt this Period

64.84

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

102.48

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

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

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

FOR LINE NUMBER: PAGE 67 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

SHARON L. BROWN

Mailing Address 1801 Cora Mill Road

City

Gallipolis

State

OH

Zip Code

45631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.00

Date of Receipt

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

Transaction ID: SA11AI.120067

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

SHARON L. BROWN

Mailing Address 1801 Cora Mill Road

City

Gallipolis

State

OH

Zip Code

45631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

527.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.120068

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

SHARON L. BROWN

Mailing Address 1801 Cora Mill Road

City

Gallipolis

State

OH

Zip Code

45631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

547.00

Date of Receipt

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

Transaction ID: SA11AI.120069

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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

FOR LINE NUMBER: PAGE 68 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

TYLER BROWN

Mailing Address 29 N. Wacker Drive  
Suite 800

City State Zip Code  
Chicago IL 60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.46

Date of Receipt

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

Transaction ID: SA11AI.118879

Amount of Each Receipt this Period

60.56

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM H. BROWN

Mailing Address 17431 SE Forest Hill Drive

City State Zip Code  
Damascus OR 97089

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75/SOOR

Occupation  
ENVIRONMENTAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: SA11AI.119695

Amount of Each Receipt this Period

60.00

**C.**

Full Name (Last, First, Middle Initial)

ALAN BRUBACHER

Mailing Address 2502 S. 4th Street

City State Zip Code  
Steelton PA 17113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation  
MAINTENANCE SUPERVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

497.36

Date of Receipt

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

Transaction ID: SA11AI.118497

Amount of Each Receipt this Period

44.98

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

165.54

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

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

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

FOR LINE NUMBER: PAGE 69 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

BARBARA A. BRUMFIELD

Mailing Address 211 St. Clair Drive

City

Fairview Heights

State

IL

Zip Code

62208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

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

Transaction ID: SA11AI.118880

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

ADRIANE D. BUCHANAN

Mailing Address 17252 Hawthorne Blvd.  
#277

City

Torrance

State

CA

Zip Code

90504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36/CITY OF  
LA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

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

Transaction ID: SA11AI.119983

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

ROBERT L. BUCKINGHAM

Mailing Address 413 1st Street N.E.

City

Little Falls

State

MN

Zip Code

56345-2607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/CN14

Occupation

BUSINESS REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

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

Transaction ID: SA11AI.118453

Amount of Each Receipt this Period

24.00

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

104.00

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

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

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

FOR LINE NUMBER: PAGE 70 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL BUESING

Mailing Address 4218 Nancy Place

City

Shoreview

State

MN

Zip Code

55126-6412

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/SOMN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

591.00

Date of Receipt

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

Transaction ID: SA11AI.119640

Amount of Each Receipt this Period

66.00

**B.**

Full Name (Last, First, Middle Initial)

DIANE BULLOCK

Mailing Address 514 Shatto Place  
3rd Floor

City

Los Angeles

State

CA

Zip Code

90020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36

Occupation

BUSINESS REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.119710

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

DIANE BULLOCK

Mailing Address 514 Shatto Place  
3rd Floor

City

Los Angeles

State

CA

Zip Code

90020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36

Occupation

BUSINESS REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.119729

Amount of Each Receipt this Period

15.00

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

111.00

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

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

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

FOR LINE NUMBER: PAGE 71 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

SHANE A. BUMGARNER

Mailing Address 2619 S. Walnut

City

Springfield

State

IL

Zip Code

62704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation

ASST MIS SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.76

Date of Receipt

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

Transaction ID: SA11AI.118881

Amount of Each Receipt this Period

46.54

**B.**

Full Name (Last, First, Middle Initial)

DIANE B. BURKE

Mailing Address 6626 Potomac Avenue, A1

City

Alexandria

State

VA

Zip Code

22307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, LEGISLATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2180.04

Date of Receipt

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

Transaction ID: SA11AI.118150

Amount of Each Receipt this Period

109.00

**C.**

Full Name (Last, First, Middle Initial)

DIANE B. BURKE

Mailing Address 6626 Potomac Avenue, A1

City

Alexandria

State

VA

Zip Code

22307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, LEGISLATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2289.04

Date of Receipt

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

Transaction ID: SA11AI.118272

Amount of Each Receipt this Period

109.00

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

264.54

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

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

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

FOR LINE NUMBER: PAGE 72 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

DIANE B. BURKE

Mailing Address 6626 Potomac Avenue, A1

City

Alexandria

State

VA

Zip Code

22307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, LEGISLATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2398.04

Date of Receipt

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

Transaction ID: SA11AI.119819

Amount of Each Receipt this Period

109.00

**B.**

Full Name (Last, First, Middle Initial)

RICHARD BURKE

Mailing Address 44 Beard Road

City

New Boston

State

NH

Zip Code

03070-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MA CN 93

Occupation

LNA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.118955

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

THOMAS BURKE

Mailing Address 5159 Columbus Avenue South

City

Minneapolis

State

MN

Zip Code

55417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/CN14

Occupation

BUSINESS REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

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

Transaction ID: SA11AI.118454

Amount of Each Receipt this Period

24.00

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

158.00

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



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

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

FOR LINE NUMBER: PAGE 73 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

CAROL L. BURNETT

Mailing Address 1921 N. Westmoreland

City

Arlington

State

VA

Zip Code

22213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

MANAGER, ART & GRAPHIC DESIGN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

992.38

Date of Receipt

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

Transaction ID: SA11AI.118151

Amount of Each Receipt this Period

46.88

**B.**

Full Name (Last, First, Middle Initial)

CAROL L. BURNETT

Mailing Address 1921 N. Westmoreland

City

Arlington

State

VA

Zip Code

22213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

MANAGER, ART & GRAPHIC DESIGN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1039.26

Date of Receipt

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

Transaction ID: SA11AI.118273

Amount of Each Receipt this Period

46.88

**C.**

Full Name (Last, First, Middle Initial)

CAROL L. BURNETT

Mailing Address 1921 N. Westmoreland

City

Arlington

State

VA

Zip Code

22213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

MANAGER, ART & GRAPHIC DESIGN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1086.14

Date of Receipt

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

Transaction ID: SA11AI.119820

Amount of Each Receipt this Period

46.88

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

140.64

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

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

FOR LINE NUMBER: PAGE 74 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

DOUGLAS R. BURNETT

Mailing Address 1625 L. Street, NW

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.74

Date of Receipt

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

Transaction ID: SA11AI.118152

Amount of Each Receipt this Period

39.86

**B.**

Full Name (Last, First, Middle Initial)

DOUGLAS R. BURNETT

Mailing Address 1625 L. Street, NW

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

815.90

Date of Receipt

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

Transaction ID: SA11AI.118274

Amount of Each Receipt this Period

40.16

**C.**

Full Name (Last, First, Middle Initial)

DOUGLAS R. BURNETT

Mailing Address 1625 L. Street, NW

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

856.86

Date of Receipt

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

Transaction ID: SA11AI.118281

Amount of Each Receipt this Period

40.96

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

120.98

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

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

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

FOR LINE NUMBER: PAGE 75 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MARY T. BURPEE

Mailing Address 609 W. Walworth Street

City

Elkhorn

State

WI

Zip Code

53121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 40

Occupation

ORGANIZER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

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

Transaction ID: SA11AI.119205

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

SUSAN BURT

Mailing Address 9000 Bloomington Ave

City

Bloomington

State

MN

Zip Code

55425-2306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/SOMN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: SA11AI.119641

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

PAMELA L. BURTON

Mailing Address 5929 Oakwood Street  
Apt. #2

City

Cincinnati

State

OH

Zip Code

45224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.67

Date of Receipt

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

Transaction ID: SA11AI.118395

Amount of Each Receipt this Period

31.06

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

91.06

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

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

FOR LINE NUMBER: PAGE 76 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

KATHY R. BUTCHER

Mailing Address 1294 Wilson Avenue

City

Columbus

State

OH

Zip Code

43206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.56

Date of Receipt

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

Transaction ID: SA11AI.120070

Amount of Each Receipt this Period

11.72

**B.**

Full Name (Last, First, Middle Initial)

KATHY R. BUTCHER

Mailing Address 1294 Wilson Avenue

City

Columbus

State

OH

Zip Code

43206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.28

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	7	/	2	0	0	8

Transaction ID: SA11AI.120071

Amount of Each Receipt this Period

11.72

**C.**

Full Name (Last, First, Middle Initial)

KATHY R. BUTCHER

Mailing Address 1294 Wilson Avenue

City

Columbus

State

OH

Zip Code

43206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

293.00

Date of Receipt

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

Transaction ID: SA11AI.120072

Amount of Each Receipt this Period

11.72

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

35.16

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

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

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

FOR LINE NUMBER: PAGE 77 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

LORI L. BUTTERFIELD

Mailing Address 1212 Jefferson St., SE  
Suite 300

City State Zip Code  
Olympia WA 98501

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: SA11AI.119431

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

JOY CAGE

Mailing Address 9022 East E Street

City State Zip Code  
Parkland WA 98445-2259

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.119432

Amount of Each Receipt this Period

12.50

**C.**

Full Name (Last, First, Middle Initial)

JOY CAGE

Mailing Address 9022 East E Street

City State Zip Code  
Parkland WA 98445-2259

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

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

Transaction ID: SA11AI.119433

Amount of Each Receipt this Period

12.50

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

35.00

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

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

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

FOR LINE NUMBER: PAGE 78 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

SUSAN CAHEN

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

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

Transaction ID: SA11AI.118597

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

SUSAN CAHEN

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

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

Transaction ID: SA11AI.118654

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

PAULA J. CAIRA

Mailing Address 17 Fourteenth Street SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSOCIATE GENERAL COUNSEL I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1037.40

Date of Receipt

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

Transaction ID: SA11AI.118153

Amount of Each Receipt this Period

54.31

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

94.31

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

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

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

FOR LINE NUMBER: PAGE 79 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

PAULA J. CAIRA

Mailing Address 17 Fourteenth Street SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSOCIATE GENERAL COUNSEL I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1091.71

Date of Receipt

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

Transaction ID: SA11AI.118275

Amount of Each Receipt this Period

54.31

**B.**

Full Name (Last, First, Middle Initial)

PAULA J. CAIRA

Mailing Address 17 Fourteenth Street SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSOCIATE GENERAL COUNSEL I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1146.02

Date of Receipt

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

Transaction ID: SA11AI.119822

Amount of Each Receipt this Period

54.31

**C.**

Full Name (Last, First, Middle Initial)

NINA M. CALABRIA

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

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

Transaction ID: SA11AI.118598

Amount of Each Receipt this Period

25.00

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

133.62

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

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

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

FOR LINE NUMBER: PAGE 80 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

NINA M. CALABRIA

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

655.00

Date of Receipt

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

Transaction ID: SA11AI.118655

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

ANGELA M. CALDWELL

Mailing Address 3664 Stirling Court

City

Cleveland

State

OH

Zip Code

44115-3091

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

681.66

Date of Receipt

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

Transaction ID: SA11AI.118396

Amount of Each Receipt this Period

62.30

**C.**

Full Name (Last, First, Middle Initial)

CHAD CALDWELL

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.00

Date of Receipt

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

Transaction ID: SA11AI.118599

Amount of Each Receipt this Period

25.00

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

112.30

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



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

FOR LINE NUMBER: PAGE 81 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

CHAD CALDWELL

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

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

Transaction ID: SA11AI.118656

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL A. CALING

Mailing Address 1212 Jefferson St., SE  
Suite 300

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: SA11AI.119435

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

LINDA K. CALLAHAN

Mailing Address 30 E Broad Street

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

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

Transaction ID: SA11AI.120075

Amount of Each Receipt this Period

10.00

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

45.00

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

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

FOR LINE NUMBER: PAGE 82 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

ROBERT CALVIN

Mailing Address 45 Church Road

City

Mercer

State

PA

Zip Code

16137-5911

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

758.85

Date of Receipt

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

Transaction ID: SA11AI.118498

Amount of Each Receipt this Period

66.30

**B.**

Full Name (Last, First, Middle Initial)

JOHN CAMERON

Mailing Address 6555 N. Maplewood

City

Chicago

State

IL

Zip Code

60645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation

DIRECTOR POL./COM. RELATIONS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

863.44

Date of Receipt

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

Transaction ID: SA11AI.118882

Amount of Each Receipt this Period

72.44

**C.**

Full Name (Last, First, Middle Initial)

PAULETTE CAMPBELL

Mailing Address 804 Clinton Avenue

City

Saint Clair

State

MI

Zip Code

48079

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25/WARREN CS

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
1	0	/	2	3	/	2	0	0	8

Transaction ID: SA11AI.120000

Amount of Each Receipt this Period

10.00

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

148.74

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

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

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

FOR LINE NUMBER: PAGE 83 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

PAULETTE CAMPBELL

Mailing Address 804 Clinton Avenue

City

Saint Clair

State

MI

Zip Code

48079

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25/WARREN CS

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: SA11AI.120001

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

PAULETTE CAMPBELL

Mailing Address 804 Clinton Avenue

City

Saint Clair

State

MI

Zip Code

48079

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25/WARREN CS

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

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

Transaction ID: SA11AI.120002

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

TERESA CAMPBELL

Mailing Address 3709 Morgan Road

City

Lake Orion

State

MI

Zip Code

48359

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

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

Transaction ID: SA11AI.118705

Amount of Each Receipt this Period

21.00

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

41.00

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

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

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

FOR LINE NUMBER: PAGE 84 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

TERESA CAMPBELL

Mailing Address 3709 Morgan Road

City

Lake Orion

State

MI

Zip Code

48359

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

441.00

Date of Receipt

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

Transaction ID: SA11AI.118747

Amount of Each Receipt this Period

21.00

**B.**

Full Name (Last, First, Middle Initial)

IDA C. CANADY

Mailing Address 1212 Jefferson St., SE  
Suite 300

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.119436

Amount of Each Receipt this Period

10.50

**C.**

Full Name (Last, First, Middle Initial)

IDA C. CANADY

Mailing Address 1212 Jefferson St., SE  
Suite 300

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.00

Date of Receipt

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

Transaction ID: SA11AI.119437

Amount of Each Receipt this Period

10.50

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

42.00

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

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

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

FOR LINE NUMBER: PAGE 85 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

LINDA CANAN-STEPHENS

Mailing Address 9013 Advantage Ct.

City

Burke

State

VA

Zip Code

22003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, POLITICAL ACTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2017.58

Date of Receipt

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

Transaction ID: SA11AI.118154

Amount of Each Receipt this Period

98.98

**B.**

Full Name (Last, First, Middle Initial)

LINDA CANAN-STEPHENS

Mailing Address 9013 Advantage Ct.

City

Burke

State

VA

Zip Code

22003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, POLITICAL ACTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2116.56

Date of Receipt

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

Transaction ID: SA11AI.118276

Amount of Each Receipt this Period

98.98

**C.**

Full Name (Last, First, Middle Initial)

LINDA CANAN-STEPHENS

Mailing Address 9013 Advantage Ct.

City

Burke

State

VA

Zip Code

22003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, POLITICAL ACTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2215.54

Date of Receipt

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

Transaction ID: SA11AI.119823

Amount of Each Receipt this Period

98.98

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

296.94

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

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

FOR LINE NUMBER: PAGE 86 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

DONNA S. CANGEMI

Mailing Address 11235 Hemlock Drive

City

Sterling Hgts

State

MI

Zip Code

48312

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25/MACOMB CN-  
TY

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
1	0	/	2	8	/	2	0	0	8

Transaction ID: SA11AI.120005

Amount of Each Receipt this Period

21.00

**B.**

Full Name (Last, First, Middle Initial)

KENNETH CANNON

Mailing Address 18425 Albion Street

City

Detroit

State

MI

Zip Code

48234

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25/DETROIT  
CITY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

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

Transaction ID: SA11AI.120008

Amount of Each Receipt this Period

8.00

**C.**

Full Name (Last, First, Middle Initial)

KENNETH CANNON

Mailing Address 18425 Albion Street

City

Detroit

State

MI

Zip Code

48234

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25/DETROIT  
CITY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

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

Transaction ID: SA11AI.120009

Amount of Each Receipt this Period

8.00

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

37.00

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

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

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

FOR LINE NUMBER: PAGE 87 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

KENNETH CANNON

Mailing Address 18425 Albion Street

City

Detroit

State

MI

Zip Code

48234

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25/DETROIT  
CITY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

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

Transaction ID: SA11AI.120010

Amount of Each Receipt this Period

8.00

**B.**

Full Name (Last, First, Middle Initial)

RICHARD CAPONI

Mailing Address 4453 Stilley Road

City

Pittsburgh

State

PA

Zip Code

15227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1206.18

Date of Receipt

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

Transaction ID: SA11AI.118499

Amount of Each Receipt this Period

106.92

**C.**

Full Name (Last, First, Middle Initial)

MARCOS CARDENAS

Mailing Address 6927 Amherst Street

City

San Diego

State

CA

Zip Code

92109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

593.22

Date of Receipt

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

Transaction ID: SA11AI.119711

Amount of Each Receipt this Period

105.42

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

220.34

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

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

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

FOR LINE NUMBER: PAGE 88 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MARCOS CARDENAS

Mailing Address 6927 Amherst Street

City

San Diego

State

CA

Zip Code

92109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

642.00

Date of Receipt

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

Transaction ID: SA11AI.119730

Amount of Each Receipt this Period

48.78

**B.**

Full Name (Last, First, Middle Initial)

DENISE L. CAREY

Mailing Address P.O. Box 8154

City

Columbus

State

OH

Zip Code

43201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

OFFICE ASSISTANT III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

368.00

Date of Receipt

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

Transaction ID: SA11AI.120076

Amount of Each Receipt this Period

16.00

**C.**

Full Name (Last, First, Middle Initial)

DENISE L. CAREY

Mailing Address P.O. Box 8154

City

Columbus

State

OH

Zip Code

43201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

OFFICE ASSISTANT III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.120077

Amount of Each Receipt this Period

16.00

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

80.78

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



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

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

FOR LINE NUMBER: PAGE 89 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

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

Mailing Address P.O. Box 8154

City State Zip Code  
Columbus OH 43201

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation  
OFFICE ASSISTANT III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.120078

Amount of Each Receipt this Period

16.00

**B.**

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

Mailing Address 911 Aldine Street

City State Zip Code  
Saint Paul MN 55104

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MN CN 5/CN14

Occupation  
BUSINESS REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

914.92

Date of Receipt

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

Transaction ID: SA11AI.118455

Amount of Each Receipt this Period

61.66

**C.**

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

Mailing Address 300 Hardman Avenue South

City State Zip Code  
South St. Paul MN 55075

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MN CN 5/CN14

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: SA11AI.118456

Amount of Each Receipt this Period

20.00

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

97.66

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

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

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

FOR LINE NUMBER: PAGE 90 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

SHERI CARNAHAN

Mailing Address 2007 Emerald Dr.

City

Davenport

State

IA

Zip Code

52804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61

Occupation

IOWA WORKFORCE ADVISOR II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: SA11AI.119085

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM J. CARRIER

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229-1591

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4/LOVELAND  
CS

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.12

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.120350

Amount of Each Receipt this Period

175.12

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM J. CARRIER

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229-1591

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4/LOVELAND  
CS

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.48

Date of Receipt

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

Transaction ID: SA11AI.120351

Amount of Each Receipt this Period

83.36

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

298.48

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

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

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

FOR LINE NUMBER: PAGE 91 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

TAMMY D. CARSEY

Mailing Address 10453 Porter Lane

City

Athens

State

OH

Zip Code

45701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

676.18

Date of Receipt

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

Transaction ID: SA11AI.118397

Amount of Each Receipt this Period

62.30

**B.**

Full Name (Last, First, Middle Initial)

STEPHEN K. CARSON

Mailing Address 30 E. Broad Street

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: SA11AI.120079

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

STEPHEN K. CARSON

Mailing Address 30 E. Broad Street

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.120080

Amount of Each Receipt this Period

10.00

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

82.30

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

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

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

FOR LINE NUMBER: PAGE 92 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

STEPHEN K. CARSON

Mailing Address 30 E. Broad Street

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

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

Transaction ID: SA11AI.120081

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

ANTHONY CASO

Mailing Address 9 Garden Court

City

Boston

State

MA

Zip Code

02113-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MA CN 93

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1317.60

Date of Receipt

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

Transaction ID: SA11AI.118116

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

ANTHONY CASO

Mailing Address 9 Garden Court

City

Boston

State

MA

Zip Code

02113-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MA CN 93

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1417.70

Date of Receipt

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

Transaction ID: SA11AI.118956

Amount of Each Receipt this Period

100.10

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

151.77

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

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

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

FOR LINE NUMBER: PAGE 93 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

ANTHONY CASO

Mailing Address 9 Garden Court

City

Boston

State

MA

Zip Code

02113-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MA CN 93

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1459.37

Date of Receipt

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

Transaction ID: SA11AI.118788

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

ROBERT CASON

Mailing Address 4301 Executive Park Drive

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

341.11

Date of Receipt

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

Transaction ID: SA11AI.118500

Amount of Each Receipt this Period

33.88

**C.**

Full Name (Last, First, Middle Initial)

NATIVIDAD R CASTILLO

Mailing Address 5232 MEADOW WOOD AVENUE

City

LAKEWOOD

State

CA

Zip Code

90712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CA CN 36/PUBLIC TRANSPORT-  
ATION

Occupation

REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: SA11AI.119761

Amount of Each Receipt this Period

20.00

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

95.55

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

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

FOR LINE NUMBER: PAGE 94 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM CHAI

Mailing Address 888 Mililani Street  
Suite 601

City	State	Zip Code
Honolulu	HI	96813-2991

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME HI LOC 152Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: SA11AI.118834

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

ARTHUR CHAMBERLAIN

Mailing Address 948 Municipal Drive

City	State	Zip Code
Duncansville	PA	16635

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.17

Date of Receipt

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

Transaction ID: SA11AI.118501

Amount of Each Receipt this Period

113.78

**C.**

Full Name (Last, First, Middle Initial)

STACY CHAMBERLAIN

Mailing Address P.O. Box 12455

City	State	Zip Code
Salem	OR	97309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.119679

Amount of Each Receipt this Period

20.00

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

153.78

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

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

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

FOR LINE NUMBER: PAGE 95 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MARK CHARRON

Mailing Address 20501 Kemp

City

Clinton Township

State

MI

Zip Code

48035

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25/CLINTONDA-  
LE CS

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: SA11AI.120011

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

MARK CHARRON

Mailing Address 20501 Kemp

City

Clinton Township

State

MI

Zip Code

48035

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25/CLINTONDA-  
LE CS

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

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

Transaction ID: SA11AI.120012

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

MARK CHARRON

Mailing Address 20501 Kemp

City

Clinton Township

State

MI

Zip Code

48035

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25/CLINTONDA-  
LE CS

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.120013

Amount of Each Receipt this Period

10.00

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

30.00

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

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

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

FOR LINE NUMBER: PAGE 96 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

JEANETTE CHAVEZ

Mailing Address 1625 L. Street, NW

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

587.82

Date of Receipt

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

Transaction ID: SA11AI.118155

Amount of Each Receipt this Period

25.30

**B.**

Full Name (Last, First, Middle Initial)

JEANETTE CHAVEZ

Mailing Address 1625 L. Street, NW

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

613.12

Date of Receipt

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

Transaction ID: SA11AI.118277

Amount of Each Receipt this Period

25.30

**C.**

Full Name (Last, First, Middle Initial)

JEANETTE CHAVEZ

Mailing Address 1625 L. Street, NW

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

638.42

Date of Receipt

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

Transaction ID: SA11AI.119824

Amount of Each Receipt this Period

25.30

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

75.90

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



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

FOR LINE NUMBER: PAGE 97 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MONA K O CHOCK

Mailing Address 2392 Kaola Way

City

Honolulu

State

HI

Zip Code

96813

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: SA11AI.118835

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

JUDY K CHOW

Mailing Address 888 Mililani Street  
Suite 601

City

Honolulu

State

HI

Zip Code

96813-2991

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: SA11AI.118836

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

SANFORD CHUN

Mailing Address 98-1664 Hapaki Street

City

Aiea

State

HI

Zip Code

96701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: SA11AI.118838

Amount of Each Receipt this Period

25.00

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

145.00

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

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

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

FOR LINE NUMBER: PAGE 98 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

CHERI CIBOROSKI

Mailing Address 1410 Bush Street  
Suite A

City State Zip Code  
Baltimore MD 21230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MD CN 67

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

289.30

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.118986

Amount of Each Receipt this Period

39.45

**B.**

Full Name (Last, First, Middle Initial)

CHERI CIBOROSKI

Mailing Address 1410 Bush Street  
Suite A

City State Zip Code  
Baltimore MD 21230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MD CN 67

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.60

Date of Receipt

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

Transaction ID: SA11AI.119002

Amount of Each Receipt this Period

26.30

**C.**

Full Name (Last, First, Middle Initial)

JAMES A. CIOCIA

Mailing Address 5277 Graham Drive

City State Zip Code  
Lyndhurst OH 44124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

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

Transaction ID: SA11AI.118398

Amount of Each Receipt this Period

25.00

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

90.75

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

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

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

FOR LINE NUMBER: PAGE 99 / 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

CAROLYN CLARK

Mailing Address 4415 Rolling Pine

City

West Bloomfield

State

MI

Zip Code

48324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.118706

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

CAROLYN CLARK

Mailing Address 4415 Rolling Pine

City

West Bloomfield

State

MI

Zip Code

48324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118748

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

DOROTHEA CLARK

Mailing Address 360 Brotzman Road

City

Binghamton

State

NY

Zip Code

13901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NY LOC 1000

Occupation

ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

353.10

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.119121

Amount of Each Receipt this Period

16.05

**SUBTOTAL** of Receipts This Page (optional) .....

66.05

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 100 / 674  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

DOROTHEA CLARK

Mailing Address 360 Brotzman Road

City

Binghamton

State

NY

Zip Code

13901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NY LOC 1000

Occupation

ORGANIZER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

369.15

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	6	/	2	0	0	8

Transaction ID: SA11AI.119122

Amount of Each Receipt this Period

16.05

**B.**

Full Name (Last, First, Middle Initial)

DOROTHEA CLARK

Mailing Address 360 Brotzman Road

City

Binghamton

State

NY

Zip Code

13901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NY LOC 1000

Occupation

ORGANIZER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

385.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	0	/	2	0	0	8

Transaction ID: SA11AI.119123

Amount of Each Receipt this Period

16.05

**C.**

Full Name (Last, First, Middle Initial)

JACKIE E. CLARK

Mailing Address 30 E. Broad Street

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	7	/	2	0	0	8

Transaction ID: SA11AI.120086

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional) .....

42.10

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 101 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JACKIE E. CLARK

Mailing Address 30 E. Broad Street

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.120087

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

KATIE Y. CLAY

Mailing Address 312 N. Francisco  
2nd Fl.

City

Chicago

State

IL

Zip Code

60612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

774.36

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118883

Amount of Each Receipt this Period

64.84

**C.**

Full Name (Last, First, Middle Initial)

BRADLEE T. CLAYCAMP

Mailing Address 2201 NE 86th Ave.

City

Vancouver

State

WA

Zip Code

98664

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119439

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

84.84

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 102 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

PAULINE CLAYTON-ROSE

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.26

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.118600

Amount of Each Receipt this Period

9.62

**B.**

Full Name (Last, First, Middle Initial)

PAULINE CLAYTON-ROSE

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.88

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.118657

Amount of Each Receipt this Period

9.62

**C.**

Full Name (Last, First, Middle Initial)

CHRISTINE CLEARY

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.118601

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

29.24

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 103 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

CHRISTINE CLEARY

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	8

Transaction ID: SA11AI.118658

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

RUSSELL J. CLEMENS

Mailing Address 116 Cranburne Lane

City

Willamsville

State

NY

Zip Code

14221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

INTERNATIONAL UNION REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	4	/	2	0	0	8

Transaction ID: SA11AI.118278

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

RUSSELL J. CLEMENS

Mailing Address 116 Cranburne Lane

City

Willamsville

State

NY

Zip Code

14221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

INTERNATIONAL UNION REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	4	/	2	0	0	8

Transaction ID: SA11AI.119825

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional) .....

30.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

VORIE CLEMENTS

Mailing Address 514 Shatto Place  
3rd Floor

City	State	Zip Code
Los Angeles	CA	90020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36/Local 3302Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	0	8

Transaction ID: SA11AI.119749

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

DONALD L. CLINE

Mailing Address 21 E Hope Place

City	State	Zip Code
Shelton	WA	98584

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWAOccupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	7	/	2	0	0	8

Transaction ID: SA11AI.119440

Amount of Each Receipt this Period

22.50

**C.**

Full Name (Last, First, Middle Initial)

DONALD L. CLINE

Mailing Address 21 E Hope Place

City	State	Zip Code
Shelton	WA	98584

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWAOccupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

512.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.119441

Amount of Each Receipt this Period

22.50

SUBTOTAL of Receipts This Page (optional) .....

95.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 105 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

ADAM W. CLOUGH

Mailing Address N7841 11th Avenue

City

New Lisbon

State

WI

Zip Code

53950

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	7	/	2	0	0	8

Transaction ID: SA11AI.119344

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

ADAM W. CLOUGH

Mailing Address N7841 11th Avenue

City

New Lisbon

State

WI

Zip Code

53950

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	4	/	2	0	0	8

Transaction ID: SA11AI.119942

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

LINCOLN COHEN

Mailing Address 4500 E. 6th Street

City

Gary

State

IN

Zip Code

46403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation

EDITOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

801.52

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	8

Transaction ID: SA11AI.118884

Amount of Each Receipt this Period

67.12

SUBTOTAL of Receipts This Page (optional) .....

97.12

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

ESTHER Z. COLEY

Mailing Address 1212 Jefferson St., SE  
Suite 300City State Zip Code  
Olympia WA 98501FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWAOccupation  
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
1	1	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.119443

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

JACQUE COLLINS

Mailing Address P.O. Box 353

City State Zip Code  
Clontarf MN 56226-0353FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/SOMNOccupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	0	8

Transaction ID: SA11AI.119642

Amount of Each Receipt this Period

36.00

**C.**

Full Name (Last, First, Middle Initial)

LORI R. COLLINS

Mailing Address 1763 North Cassady Avenue

City State Zip Code  
Columbus OH 43219FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	0	8

Transaction ID: SA11AI.120264

Amount of Each Receipt this Period

22.00

SUBTOTAL of Receipts This Page (optional) .....

68.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)  
CONSTANCE COMBS

Mailing Address 6805 Oak Creek Drive

City State Zip Code  
Columbus OH 43229-1591

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH LOC 4/LITTLE MI-  
AMI

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.35

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.120352

Amount of Each Receipt this Period

29.35

**B.**

Full Name (Last, First, Middle Initial)  
TRACEY CONATY

Mailing Address 1789 Lanier Place NW  
#42

City State Zip Code  
Washington DC 20009

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
ASSISTANT DIRECTOR, PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

957.51

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118157

Amount of Each Receipt this Period

46.88

**C.**

Full Name (Last, First, Middle Initial)  
TRACEY CONATY

Mailing Address 1789 Lanier Place NW  
#42

City State Zip Code  
Washington DC 20009

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
ASSISTANT DIRECTOR, PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1004.39

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118279

Amount of Each Receipt this Period

46.88

**SUBTOTAL** of Receipts This Page (optional) .....

123.11

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 108 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

TRACEY CONATY

Mailing Address 1789 Lanier Place NW  
#42

City State Zip Code  
Washington DC 20009

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
ASSISTANT DIRECTOR, PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1051.27

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119826

Amount of Each Receipt this Period

46.88

**B.**

Full Name (Last, First, Middle Initial)

DONALD W. CONLEY

Mailing Address 2695 Schaff Drive

City State Zip Code  
Columbus OH 43209

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH LOC 11

Occupation  
OPERATIONS DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

528.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.120265

Amount of Each Receipt this Period

44.00

**C.**

Full Name (Last, First, Middle Initial)

BELINDA D. CONRAD

Mailing Address 6805 Oak Creek Drive

City State Zip Code  
Columbus OH 43229-1591

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH LOC 4/SYLVANIA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.26

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.120353

Amount of Each Receipt this Period

21.26

**SUBTOTAL** of Receipts This Page (optional) .....

112.14

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 109 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

BELINDA D. CONRAD

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229-1591

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4/SYLVANIA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

298.22

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.120354

Amount of Each Receipt this Period

76.96

**B.**

Full Name (Last, First, Middle Initial)

MELODY K. CONRAD

Mailing Address 30 E. Broad Street

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.120088

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

MELODY K. CONRAD

Mailing Address 30 E. Broad Street

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.120089

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

96.96

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 110 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

MELODY K. CONRAD

Mailing Address 30 E. Broad Street

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.120090

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

BEVERLY S. CONTEE

Mailing Address 12061 Beltsville Drive

City

Beltsville

State

MD

Zip Code

20705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

LEGAL ASSISTANT II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.03

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118158

Amount of Each Receipt this Period

30.75

**C.**

Full Name (Last, First, Middle Initial)

BEVERLY S. CONTEE

Mailing Address 12061 Beltsville Drive

City

Beltsville

State

MD

Zip Code

20705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

LEGAL ASSISTANT II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

645.78

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118280

Amount of Each Receipt this Period

30.75

**SUBTOTAL** of Receipts This Page (optional) .....

71.50

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 111 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

BEVERLY S. CONTEE

Mailing Address 12061 Beltsville Drive

City

Beltsville

State

MD

Zip Code

20705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

LEGAL ASSISTANT II

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

676.53

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	4	/	2	0	0	8

Transaction ID: SA11AI.119827

Amount of Each Receipt this Period

30.75

**B.**

Full Name (Last, First, Middle Initial)

ROBERT COOPER

Mailing Address 931 South Walnut Street

City

West Chester

State

PA

Zip Code

19382

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1154.28

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.118502

Amount of Each Receipt this Period

106.92

**C.**

Full Name (Last, First, Middle Initial)

JANIS CORDERMAN

Mailing Address 281 Christie Lane

City

Pleasant Hill

State

IA

Zip Code

50327

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L/STATE STREET

Occupation

RETIREE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

346.61

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	0	8

Transaction ID: SA11AI.119237

Amount of Each Receipt this Period

31.51

SUBTOTAL of Receipts This Page (optional) .....

169.18

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 112 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

IVAN CORPENOA-CHAVEZ

Mailing Address 14621 Clovis Street

City

Victorville

State

CA

Zip Code

92394

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36/City of  
LA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	0	8

Transaction ID: SA11AI.119750

Amount of Each Receipt this Period

60.00

**B.**

Full Name (Last, First, Middle Initial)

DENNIS CORVIN-BLACKBURN

Mailing Address 3213 IVYTON DRIVE

City

SPRINGFIELD

State

IL

Zip Code

62704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

468.09

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	8

Transaction ID: SA11AI.118885

Amount of Each Receipt this Period

64.84

**C.**

Full Name (Last, First, Middle Initial)

STEVE B. COTTER

Mailing Address 1128 County Line Road

City

Des Moines

State

IA

Zip Code

50320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	0	8

Transaction ID: SA11AI.119070

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional) .....

134.84

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 113 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

STEVE B. COTTER

Mailing Address 1128 County Line Road

City

Des Moines

State

IA

Zip Code

50320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.119071

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

BARBARA COUFAL

Mailing Address 10112 Parkwood Drive

City

Bethesda

State

MD

Zip Code

20814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

LEGISLATIVE AFFAIRS SPECIALIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1191.35

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118159

Amount of Each Receipt this Period

45.63

**C.**

Full Name (Last, First, Middle Initial)

BARBARA COUFAL

Mailing Address 10112 Parkwood Drive

City

Bethesda

State

MD

Zip Code

20814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

LEGISLATIVE AFFAIRS SPECIALIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1236.98

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118281

Amount of Each Receipt this Period

45.63

**SUBTOTAL** of Receipts This Page (optional) .....

101.26

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

BARBARA COUFAL

Mailing Address 10112 Parkwood Drive

City

Bethesda

State

MD

Zip Code

20814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

LEGISLATIVE AFFAIRS SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1282.61

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119828

Amount of Each Receipt this Period

45.63

**B.**

Full Name (Last, First, Middle Initial)

CHRISTOPHER COWEN

Mailing Address 47 Douglas Street

City

Saint Paul

State

MN

Zip Code

55102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/CN14

Occupation

BUSINESS REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

694.14

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118457

Amount of Each Receipt this Period

64.16

**C.**

Full Name (Last, First, Middle Initial)

KATHERINE M. COX

Mailing Address 2542B S. Walter Reed Drive

City

Arlington

State

VA

Zip Code

22206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.52

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.120290

Amount of Each Receipt this Period

44.42

**SUBTOTAL** of Receipts This Page (optional) .....

154.21

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

KATHERINE M. COX

Mailing Address 2542B S. Walter Reed Drive

City

Arlington

State

VA

Zip Code

22206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

367.94

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118160

Amount of Each Receipt this Period

44.42

**B.**

Full Name (Last, First, Middle Initial)

KATHERINE M. COX

Mailing Address 2542B S. Walter Reed Drive

City

Arlington

State

VA

Zip Code

22206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

412.36

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118282

Amount of Each Receipt this Period

44.42

**C.**

Full Name (Last, First, Middle Initial)

KATHERINE M. COX

Mailing Address 2542B S. Walter Reed Drive

City

Arlington

State

VA

Zip Code

22206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.78

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119829

Amount of Each Receipt this Period

44.42

**SUBTOTAL** of Receipts This Page (optional) .....

133.26

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 116 / 674

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

DANNY CRAIG

Mailing Address 18945 Littlefield

City

Detroit

State

MI

Zip Code

48235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

614.10

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.118707

Amount of Each Receipt this Period

27.28

**B.**

Full Name (Last, First, Middle Initial)

DANNY CRAIG

Mailing Address 18945 Littlefield

City

Detroit

State

MI

Zip Code

48235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

641.38

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118749

Amount of Each Receipt this Period

27.28

**C.**

Full Name (Last, First, Middle Initial)

FRED CRAMER

Mailing Address 190 W. Ostend Street  
Suite 101

City

Baltimore

State

MD

Zip Code

21230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MD CN 982

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.98

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118974

Amount of Each Receipt this Period

44.18

**SUBTOTAL** of Receipts This Page (optional) .....

98.74

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 117 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

STEVEN W. CRISS

Mailing Address 888 Mililani Street  
Suite 601

City State Zip Code  
Honolulu HI 96813-2991

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME HI LOC 152

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.118839

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

DICK CROFTER

Mailing Address 238 S. Oak Park Avenue  
#1F

City State Zip Code  
Oak Park IL 60302

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME IL CN 31

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

740.16

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118886

Amount of Each Receipt this Period

61.98

**C.**

Full Name (Last, First, Middle Initial)

CARLOS CROSS

Mailing Address 1034 N. Washington Avenue

City State Zip Code  
Lansing MI 48906

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MI CN 25

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.75

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.118708

Amount of Each Receipt this Period

23.08

**SUBTOTAL** of Receipts This Page (optional) .....

125.06

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 118 / 674  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

CARLOS CROSS

Mailing Address 1034 N. Washington Avenue

City  
LansingState  
MIZip Code  
48906FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.83

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	8

Transaction ID: SA11AI.118750

Amount of Each Receipt this Period

23.08

**B.**

Full Name (Last, First, Middle Initial)

JENNY F. CROUCHER

Mailing Address 6625 Buckley Circle  
#201

City

Inver Grove Hgts.

State  
MNZip Code  
55076FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/ST. PAUL  
P.S.Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.119611

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

NANCY E. CROUSE

Mailing Address 311 Union Terrace Lane No.

City

Minneapolis

State  
MNZip Code  
55441FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/HENNEPIN  
COUNTYOccupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.120292

Amount of Each Receipt this Period

16.00

SUBTOTAL of Receipts This Page (optional) .....

79.08

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

STEPHEN M. CULEN

Mailing Address 5709 S. Kilbourn Ave.

City

Chicago

State

IL

Zip Code

60629-4811

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L/STATE STREETOccupation  
RETIREE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

348.48

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	0	8

Transaction ID: SA11AI.119238

Amount of Each Receipt this Period

31.68

**B.**

Full Name (Last, First, Middle Initial)

JAMES B. CULLEN

Mailing Address 1111 Morningside Avenue

City

Schenectady

State

NY

Zip Code

12308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'LOccupation  
AREA FIELD SERVICES DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1305.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	8

Transaction ID: SA11AI.118161

Amount of Each Receipt this Period

65.61

**C.**

Full Name (Last, First, Middle Initial)

JAMES B. CULLEN

Mailing Address 1111 Morningside Avenue

City

Schenectady

State

NY

Zip Code

12308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'LOccupation  
AREA FIELD SERVICES DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1348.81

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	4	/	2	0	0	8

Transaction ID: SA11AI.118283

Amount of Each Receipt this Period

43.61

SUBTOTAL of Receipts This Page (optional) .....

140.90

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 120 / 674

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JAMES B. CULLEN

Mailing Address 1111 Morningside Avenue

City

Schenectady

State

NY

Zip Code

12308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

AREA FIELD SERVICES DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1392.42

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119830

Amount of Each Receipt this Period

43.61

**B.**

Full Name (Last, First, Middle Initial)

DEBORAH CURRIE

Mailing Address 4031 Executive Park Drive

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.03

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118503

Amount of Each Receipt this Period

40.24

**C.**

Full Name (Last, First, Middle Initial)

TRACY L. CUTRIGHT

Mailing Address 30 E. Broad Street

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.120091

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

103.85

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 121 / 674  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

TRACY L. CUTRIGHT

Mailing Address 30 E. Broad Street

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOCH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

321.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.120092

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

TRACY L. CUTRIGHT

Mailing Address 30 E. Broad Street

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOCH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

341.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.120093

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

CHERYL DADICH

Mailing Address 23793 Lambrecht Avenue

City

Eastpointe

State

MI

Zip Code

48021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25/ROSEVILLE  
CS

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

242.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.120014

Amount of Each Receipt this Period

11.00

**SUBTOTAL** of Receipts This Page (optional) .....

51.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

CHERYL DADICH

Mailing Address 23793 Lambrecht Avenue

City

Eastpointe

State

MI

Zip Code

48021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25/ROSEVILLE  
CS

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	0	8

Transaction ID: SA11AI.120015

Amount of Each Receipt this Period

11.00

**B.**

Full Name (Last, First, Middle Initial)

CHERYL DADICH

Mailing Address 23793 Lambrecht Avenue

City

Eastpointe

State

MI

Zip Code

48021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25/ROSEVILLE  
CS

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	0	8

Transaction ID: SA11AI.120016

Amount of Each Receipt this Period

11.00

**C.**

Full Name (Last, First, Middle Initial)

JIM A. DAHLING

Mailing Address 66983 403rd Avenue

City

Goodhue

State

MN

Zip Code

55027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 65

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.17

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	0	8

Transaction ID: SA11AI.119959

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional) .....

52.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JEFFREY DAINS

Mailing Address 1743 Carl Street

City

Roseville

State

MN

Zip Code

55113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/CN14

Occupation

BUSINESS REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

594.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118458

Amount of Each Receipt this Period

54.00

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM DANDO

Mailing Address 6630 Huntingdon Street

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

ASSOCIATE LEGISLATIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.11

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118504

Amount of Each Receipt this Period

76.24

**C.**

Full Name (Last, First, Middle Initial)

GREGORY N. DAVIS

Mailing Address 53737 Heineman Road

City

Edwall

State

WA

Zip Code

99008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.119605

Amount of Each Receipt this Period

106.00

**SUBTOTAL** of Receipts This Page (optional) .....

236.24

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 124 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

GREGORY N. DAVIS

Mailing Address 53737 Heineman Road

City

Edwall

State

WA

Zip Code

99008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119606

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

GREGORY N. DAVIS

Mailing Address 53737 Heineman Road

City

Edwall

State

WA

Zip Code

99008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

347.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.119607

Amount of Each Receipt this Period

21.00

**C.**

Full Name (Last, First, Middle Initial)

GREGORY N. DAVIS

Mailing Address 53737 Heineman Road

City

Edwall

State

WA

Zip Code

99008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

368.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119608

Amount of Each Receipt this Period

21.00

**SUBTOTAL** of Receipts This Page (optional) .....

62.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

GREGORY N. DAVIS

Mailing Address 53737 Heineman Road

City

Edwall

State

WA

Zip Code

99008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

388.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119935

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

MARK R. DAVIS

Mailing Address 14724 Armin Avenue

City

Lakewood

State

OH

Zip Code

44107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.89

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118401

Amount of Each Receipt this Period

50.99

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL A. DAVIS

Mailing Address 8364 Papillon Avenue

City

Reynoldsburg

State

OH

Zip Code

43068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

INSURANCE COMPLAINT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.120094

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

80.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 126 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL A. DAVIS

Mailing Address 8364 Papillon Avenue

City

Reynoldsburg

State

OH

Zip Code

43068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

INSURANCE COMPLAINT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.120095

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL A. DAVIS

Mailing Address 8364 Papillon Avenue

City

Reynoldsburg

State

OH

Zip Code

43068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

INSURANCE COMPLAINT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.120096

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

ROBERT A. DAVIS

Mailing Address 822 Bovee Lane

City

Powell

State

OH

Zip Code

43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

ASSOCIATE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

944.39

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118402

Amount of Each Receipt this Period

84.76

**SUBTOTAL** of Receipts This Page (optional) .....

104.76

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 127 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

TERRY M. DAYTON

Mailing Address 30 E. Broad Street

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.120097

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

TERRY M. DAYTON

Mailing Address 30 E. Broad Street

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.120098

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

TERRY M. DAYTON

Mailing Address 30 E. Broad Street

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.120099

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 128 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL DEHNER

Mailing Address 6025 E. Burnside Street

City

Portland

State

OR

Zip Code

97215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

392.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119680

Amount of Each Receipt this Period

56.00

**B.**

Full Name (Last, First, Middle Initial)

EDGAR DEJESUS

Mailing Address 8 Ralph Street,  
First Floor

City

Bergenfield

State

NJ

Zip Code

07621-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

AREA ORGANIZING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

987.02

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118162

Amount of Each Receipt this Period

46.03

**C.**

Full Name (Last, First, Middle Initial)

EDGAR DEJESUS

Mailing Address 8 Ralph Street,  
First Floor

City

Bergenfield

State

NJ

Zip Code

07621-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

AREA ORGANIZING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1033.05

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118284

Amount of Each Receipt this Period

46.03

**SUBTOTAL** of Receipts This Page (optional) .....

148.06

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 129 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)  
EDGAR DEJESUS

Mailing Address 8 Ralph Street,  
First Floor

City State Zip Code  
Bergenfield NJ 07621-0000

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
AREA ORGANIZING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1079.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119831

Amount of Each Receipt this Period

46.03

**B.**

Full Name (Last, First, Middle Initial)  
CHERYL DELL'AGLIO

Mailing Address 125 State Street

City State Zip Code  
Nicholson PA 18446

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME PA CN 13

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.68

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118505

Amount of Each Receipt this Period

44.98

**C.**

Full Name (Last, First, Middle Initial)  
ARTHUR DELO JR.

Mailing Address 340 Montrose Ave.

City State Zip Code  
South Orange NJ 07079

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME NJ CN 52

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.119013

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

131.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL A. DELUKE

Mailing Address 844 Manchester Avenue

City

Kent

State

OH

Zip Code

44240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

564.01

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118403

Amount of Each Receipt this Period

52.98

**B.**

Full Name (Last, First, Middle Initial)

JAYSON DEMAGALL

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.118602

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

JAYSON DEMAGALL

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.118659

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

92.98

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 131 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JOHN C. DEMPSEY

Mailing Address 20235 Watermark Place

City

Sterling

State

VA

Zip Code

20165

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1797.39

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118163

Amount of Each Receipt this Period

89.87

**B.**

Full Name (Last, First, Middle Initial)

JOHN C. DEMPSEY

Mailing Address 20235 Watermark Place

City

Sterling

State

VA

Zip Code

20165

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1887.26

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118285

Amount of Each Receipt this Period

89.87

**C.**

Full Name (Last, First, Middle Initial)

JOHN C. DEMPSEY

Mailing Address 20235 Watermark Place

City

Sterling

State

VA

Zip Code

20165

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1977.13

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119832

Amount of Each Receipt this Period

89.87

**SUBTOTAL** of Receipts This Page (optional) .....

269.61

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 132 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**Full Name (Last, First, Middle Initial)  
CONSTANCE DERR

Mailing Address P.O. Box 116

City	State	Zip Code
Maspeth	NY	11378

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'LOccupation  
REGIONAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

971.31

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	8

Transaction ID: SA11AI.118164

Amount of Each Receipt this Period

49.49

**B.**Full Name (Last, First, Middle Initial)  
CONSTANCE DERR

Mailing Address P.O. Box 116

City	State	Zip Code
Maspeth	NY	11378

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'LOccupation  
REGIONAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	4		2	0	0	8

Transaction ID: SA11AI.118286

Amount of Each Receipt this Period

49.49

**C.**Full Name (Last, First, Middle Initial)  
CONSTANCE DERR

Mailing Address P.O. Box 116

City	State	Zip Code
Maspeth	NY	11378

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'LOccupation  
REGIONAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1070.29

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	4		2	0	0	8

Transaction ID: SA11AI.119833

Amount of Each Receipt this Period

49.49

SUBTOTAL of Receipts This Page (optional) .....

148.47

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 133 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)  
LEIOMALAMA DESHA

Mailing Address 1717 Mott Smith Drive  
#1602

City State Zip Code  
Honolulu HI 96822

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME HI LOC 152

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.118840

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)  
NEAL G. DETTER

Mailing Address 6805 Oak Creek Drive

City State Zip Code  
Columbus OH 43229-1591

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH LOC 4/DEFIANCE  
CS

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.16

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.120355

Amount of Each Receipt this Period

166.16

**C.**

Full Name (Last, First, Middle Initial)  
NEAL G. DETTER

Mailing Address 6805 Oak Creek Drive

City State Zip Code  
Columbus OH 43229-1591

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH LOC 4/DEFIANCE  
CS

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

443.12

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.120356

Amount of Each Receipt this Period

76.96

**SUBTOTAL** of Receipts This Page (optional) .....

268.12

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 134 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

GREG DEVEREUX

Mailing Address 3561 S.E. Kamilehe  
Point Road

City State Zip Code  
Shelton WA 98584

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WA CN 28

Occupation  
EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1198.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.119249

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

GREG DEVEREUX

Mailing Address 3561 S.E. Kamilehe  
Point Road

City State Zip Code  
Shelton WA 98584

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WA CN 28

Occupation  
EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1212.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118117

Amount of Each Receipt this Period

14.00

**C.**

Full Name (Last, First, Middle Initial)

GREG DEVEREUX

Mailing Address 3561 S.E. Kamilehe  
Point Road

City State Zip Code  
Shelton WA 98584

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WA CN 28

Occupation  
EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1226.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.118789

Amount of Each Receipt this Period

14.00

**SUBTOTAL** of Receipts This Page (optional) .....

128.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 135 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JUDY DEVOE

Mailing Address 3256 Ocean Beach Hwy

City

Longview

State

WA

Zip Code

98632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.119250

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM A. DEVORE

Mailing Address 4499 Stover Road

City

Ostrander

State

OH

Zip Code

43061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

605.69

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118404

Amount of Each Receipt this Period

56.50

**C.**

Full Name (Last, First, Middle Initial)

SANDRA DHONDT

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.26

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.118603

Amount of Each Receipt this Period

9.62

**SUBTOTAL** of Receipts This Page (optional) .....

106.12

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 136 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

SANDRA DHONDT

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.88

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.118660

Amount of Each Receipt this Period

9.62

**B.**

Full Name (Last, First, Middle Initial)

VICTOR M. DIAZ

Mailing Address 30 E. Broad Street

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.120100

Amount of Each Receipt this Period

12.00

**C.**

Full Name (Last, First, Middle Initial)

VICTOR M. DIAZ

Mailing Address 30 E. Broad Street

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.120101

Amount of Each Receipt this Period

12.00

**SUBTOTAL** of Receipts This Page (optional) .....

33.62

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 137 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

VICTOR M. DIAZ

Mailing Address 30 E. Broad Street

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.120102

Amount of Each Receipt this Period

12.00

**B.**

Full Name (Last, First, Middle Initial)

JEAN M. DIEDERICH

Mailing Address 4741 Grand Ave. So.  
No. 3

City

Minneapolis

State

MN

Zip Code

55419-5443

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/HENNEPIN  
COUNTY

Occupation

PRINCIPAL CHILD SUPPORT OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2057.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119614

Amount of Each Receipt this Period

108.00

**C.**

Full Name (Last, First, Middle Initial)

RACHEL DIETZ

Mailing Address 1332 Fulton St.

City

Harrisburg

State

PA

Zip Code

17102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

498.49

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118506

Amount of Each Receipt this Period

44.98

**SUBTOTAL** of Receipts This Page (optional) .....

164.98

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 138 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JEANETTE DIFLORIO

Mailing Address 1015 Washington Street

City

Brighton

State

MI

Zip Code

48116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

563.37

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.118709

Amount of Each Receipt this Period

27.28

**B.**

Full Name (Last, First, Middle Initial)

JEANETTE DIFLORIO

Mailing Address 1015 Washington Street

City

Brighton

State

MI

Zip Code

48116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.65

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118751

Amount of Each Receipt this Period

27.28

**C.**

Full Name (Last, First, Middle Initial)

SHERI A. DIMMERMAN

Mailing Address 1237 E Glenwood Ct.

City

Amelia

State

OH

Zip Code

45102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

WORKER'S COMPENSATION DPT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.120103

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

64.56

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 139 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

SHERI A. DIMMERMAN

Mailing Address 1237 E Glenwood Ct.

City

Amelia

State

OH

Zip Code

45102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOCH

Occupation

WORKER'S COMPENSATION DPT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.120104

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

SHERI A. DIMMERMAN

Mailing Address 1237 E Glenwood Ct.

City

Amelia

State

OH

Zip Code

45102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOCH

Occupation

WORKER'S COMPENSATION DPT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.120105

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

STACIE DINEEN

Mailing Address 80490 28th Street

City

Lawton

State

MI

Zip Code

49065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.118710

Amount of Each Receipt this Period

10.50

**SUBTOTAL** of Receipts This Page (optional) .....

30.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 140 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

STACIE DINEEN

Mailing Address 80490 28th Street

City

Lawton

State

MI

Zip Code

49065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118752

Amount of Each Receipt this Period

10.50

**B.**

Full Name (Last, First, Middle Initial)

JOHN A. DINICOLA

Mailing Address 320 2nd Street

City

Bergenline

State

NJ

Zip Code

07087-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

740.16

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118887

Amount of Each Receipt this Period

61.98

**C.**

Full Name (Last, First, Middle Initial)

NORMAND P. DIONNE

Mailing Address 15-2692 Aweoweo Street

City

Pahoa

State

HI

Zip Code

96778

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.118841

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

97.48

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 141 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

LINDA DITTES

Mailing Address 1409 Saltair Avenue  
Apt #103

City State Zip Code  
Los Angeles CA 90025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 57

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.120293

Amount of Each Receipt this Period

60.00

**B.**

Full Name (Last, First, Middle Initial)

KEVIN DOEING

Mailing Address 316 Quittie Park Dr.

City State Zip Code  
Annville PA 17003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118507

Amount of Each Receipt this Period

67.80

**C.**

Full Name (Last, First, Middle Initial)

PETER DOMPIERE

Mailing Address 710 Chippewa Street

City State Zip Code  
Marquette MI 49855

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.118711

Amount of Each Receipt this Period

21.00

**SUBTOTAL** of Receipts This Page (optional) .....

148.80

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 142 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

PETER DOMPIERE

Mailing Address 710 Chippewa Street

City

Marquette

State

MI

Zip Code

49855

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

441.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118753

Amount of Each Receipt this Period

21.00

**B.**

Full Name (Last, First, Middle Initial)

LORI DONALDSON

Mailing Address 419 1/2 Grant Street

City

Franklin

State

PA

Zip Code

16323

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.68

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118508

Amount of Each Receipt this Period

44.98

**C.**

Full Name (Last, First, Middle Initial)

MARY DONNELLY

Mailing Address 3617 Autumnwood Court, SE

City

Boston Harbor

State

WA

Zip Code

98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28

Occupation

ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.119251

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

95.98

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 143 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

DANNY DONOHUE

Mailing Address 10 Longview Drive

City

Clifton Park

State

NY

Zip Code

12061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NY LOC 1000

Occupation

DELEGATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.119124

Amount of Each Receipt this Period

4.00

**B.**

Full Name (Last, First, Middle Initial)

DANNY DONOHUE

Mailing Address 10 Longview Drive

City

Clifton Park

State

NY

Zip Code

12061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NY LOC 1000

Occupation

DELEGATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118118

Amount of Each Receipt this Period

14.00

**C.**

Full Name (Last, First, Middle Initial)

DANNY DONOHUE

Mailing Address 10 Longview Drive

City

Clifton Park

State

NY

Zip Code

12061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NY LOC 1000

Occupation

DELEGATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.119125

Amount of Each Receipt this Period

4.00

**SUBTOTAL** of Receipts This Page (optional) .....

22.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 144 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

DANNY DONOHUE

Mailing Address 10 Longview Drive

City

Clifton Park

State

NY

Zip Code

12061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NY LOC 1000

Occupation

DELEGATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.119126

Amount of Each Receipt this Period

4.00

**B.**

Full Name (Last, First, Middle Initial)

DANNY DONOHUE

Mailing Address 10 Longview Drive

City

Clifton Park

State

NY

Zip Code

12061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NY LOC 1000

Occupation

DELEGATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.118790

Amount of Each Receipt this Period

14.00

**C.**

Full Name (Last, First, Middle Initial)

LAWRENCE DORMAN

Mailing Address 444 East Main Street

City

New Britain

State

CT

Zip Code

06051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CT CN 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119799

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

38.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 145 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

CAROL A. DOTLICH

Mailing Address P.O. Box 731424

City

Puyallup

State

WA

Zip Code

98373

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28

Occupation

CONVENTION FUNDRAISER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

353.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.119252

Amount of Each Receipt this Period

42.00

**B.**

Full Name (Last, First, Middle Initial)

ANDY DOUGLAS

Mailing Address 390 Worthington Road

City

Westerville

State

OH

Zip Code

43082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

795.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.120267

Amount of Each Receipt this Period

80.00

**C.**

Full Name (Last, First, Middle Initial)

KAY DOUGLAS

Mailing Address 913 23rd Avenue E

City

Seattle

State

WA

Zip Code

98112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/UNIV OF  
WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.119597

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

142.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 146 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

THOMAS C. DRABICK, Jr.

Mailing Address 982 Fortkort Dr.

City

Reynoldsburg

State

OH

Zip Code

43068-6803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF ATTORNEY

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1010.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	0	8

Transaction ID: SA11AI.118604

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

THOMAS C. DRABICK, Jr.

Mailing Address 982 Fortkort Dr.

City

Reynoldsburg

State

OH

Zip Code

43068-6803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF ATTORNEY

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	8

Transaction ID: SA11AI.118661

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

LAURA E. DRAKE

Mailing Address 238 S. Oak Park Avenue

City

Oak Park

State

IL

Zip Code

60302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation

SENIOR ORGANIZER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

794.16

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	8

Transaction ID: SA11AI.118889

Amount of Each Receipt this Period

61.98

SUBTOTAL of Receipts This Page (optional) .....

141.98

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 147 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

CHRIS DUGOVICH

Mailing Address P O Box 750

City

Everett

State

WA

Zip Code

98206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 2

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.119195

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

BRYAN DULAS

Mailing Address 202 E 10th Street

City

Winona

State

MN

Zip Code

55987

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/SOMN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.119643

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

PAMELA DUNCAN

Mailing Address 2895 Arrow Smith Drive

City

Reynoldsburg

State

OH

Zip Code

43068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

885.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.118605

Amount of Each Receipt this Period

38.50

**SUBTOTAL** of Receipts This Page (optional) .....

88.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 148 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

PAMELA DUNCAN

Mailing Address 2895 Arrow Smith Drive

City

Reynoldsburg

State

OH

Zip Code

43068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

924.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.118662

Amount of Each Receipt this Period

38.50

**B.**

Full Name (Last, First, Middle Initial)

JAMES W DURKIN

Mailing Address 8 Beacon Street

City

Boston

State

MA

Zip Code

02108-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MA CN 93

Occupation

COMMUNICATIONS SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118957

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

DENNIS EAGLE

Mailing Address 5007 26th Ave., SE

City

Lacey

State

WA

Zip Code

98503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.119253

Amount of Each Receipt this Period

80.00

**SUBTOTAL** of Receipts This Page (optional) .....

168.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 149 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

LAURIE ECKELS

Mailing Address 42 Profio Road

City

McDonald

State

PA

Zip Code

15057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

424.89

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118509

Amount of Each Receipt this Period

44.08

**B.**

Full Name (Last, First, Middle Initial)

THOMAS EDSTROM

Mailing Address 4106 N. Sacramento

City

Chicago

State

IL

Zip Code

60618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation

LEGAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

866.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118890

Amount of Each Receipt this Period

72.52

**C.**

Full Name (Last, First, Middle Initial)

LILLIE C. EDWARDS

Mailing Address 1419 West Virginia Avenue

City

Washington

State

DC

Zip Code

20002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ADMINISTRATIVE ASSISTANT II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118287

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

126.60

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 150 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

LILLIE C. EDWARDS

Mailing Address 1419 West Virginia Avenue

City

Washington

State

DC

Zip Code

20002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ADMINISTRATIVE ASSISTANT II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119834

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

MICHELLE EDWARDS

Mailing Address 1410 Bush Street  
Suite A

City

Baltimore

State

MD

Zip Code

21230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MD CN 67

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

397.54

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.118987

Amount of Each Receipt this Period

54.21

**C.**

Full Name (Last, First, Middle Initial)

MICHELLE EDWARDS

Mailing Address 1410 Bush Street  
Suite A

City

Baltimore

State

MD

Zip Code

21230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MD CN 67

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

433.68

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119003

Amount of Each Receipt this Period

36.14

**SUBTOTAL** of Receipts This Page (optional) .....

100.35

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 151 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JAMES C. EGGERS

Mailing Address 30 E. Broad Street

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	4	/	2	0	0	8

Transaction ID: SA11AI.120106

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

JAMES C. EGGERS

Mailing Address 30 E. Broad Street

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	7	/	2	0	0	8

Transaction ID: SA11AI.120107

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

JAMES C. EGGERS

Mailing Address 30 E. Broad Street

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	1	/	2	0	0	8

Transaction ID: SA11AI.120108

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional) .....

30.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 152 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

RICKIE EILANDER

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119090

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

SUSAN K. EMSWILER

Mailing Address 606 LaFayette Street

City

Lancaster

State

PA

Zip Code

17603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13/SOPA

Occupation

HIGHER EDUCATION COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.119317

Amount of Each Receipt this Period

24.00

**C.**

Full Name (Last, First, Middle Initial)

KARAN ENGELKAMP

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.118606

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

74.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 153 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

KARAN ENGELKAMP

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.118663

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

JOHN ENGLISH

Mailing Address 3427 West St. Paul Avenue

City

Milwaukee

State

WI

Zip Code

53208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 48

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.119052

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

KURT ERRICKSON

Mailing Address 224 No. Smith Avenue  
Apt. #12

City

Saint Paul

State

MN

Zip Code

55102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/CN14

Occupation

BUSINESS MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.30

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118459

Amount of Each Receipt this Period

31.30

**SUBTOTAL** of Receipts This Page (optional) .....

51.30

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 154 / 674

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

PETRA ERSKINE

Mailing Address 2310 N. Division

City

Davenport

State

IA

Zip Code

52804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IA CN 61/DAVENPORT  
CSD

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.40

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.119973

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

FLORENCE S. ESTES

Mailing Address 4328 N. Hermitage Avenue  
#1-W

City

Chicago

State

IL

Zip Code

60613

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

744.16

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118891

Amount of Each Receipt this Period

62.98

**C.**

Full Name (Last, First, Middle Initial)

GEORGE ESTRIGHT

Mailing Address 4031 Executive Park Drive

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

412.97

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118510

Amount of Each Receipt this Period

40.24

**SUBTOTAL** of Receipts This Page (optional) .....

143.22

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 155 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

SUSAN ESTY

Mailing Address 2257 Park Hill Avenue

City

Baltimore

State

MD

Zip Code

21211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MD CN 982

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

748.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118975

Amount of Each Receipt this Period

68.00

**B.**

Full Name (Last, First, Middle Initial)

MICHELLE R. EVANS

Mailing Address 10201 Galena Pointe Drive

City

Galena

State

OH

Zip Code

43021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

STAFF ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

711.85

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118408

Amount of Each Receipt this Period

65.06

**C.**

Full Name (Last, First, Middle Initial)

SUSAN EVERETTS

Mailing Address 2704 Bella Via Ave

City

Columbus

State

OH

Zip Code

43231

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.118607

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

143.06

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 156 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

SUSAN EVERETTS

Mailing Address 2704 Bella Via Ave

City

Columbus

State

OH

Zip Code

43231

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.118664

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

JOYCE EVOY

Mailing Address 444 East Main Street

City

New Britain

State

CT

Zip Code

06051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CT CN 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119800

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

MARY FALK

Mailing Address 11236 Georgia Avenue North

City

North Champlin

State

MN

Zip Code

55316-3800

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/SOMN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

854.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.119644

Amount of Each Receipt this Period

90.00

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 157 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

STEPHAN FANTAUZZO

Mailing Address 3840 N. Delaware Street

City

Indianapolis

State

IN

Zip Code

46205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

REGIONAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1210.04

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118166

Amount of Each Receipt this Period

59.00

**B.**

Full Name (Last, First, Middle Initial)

STEPHAN FANTAUZZO

Mailing Address 3840 N. Delaware Street

City

Indianapolis

State

IN

Zip Code

46205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

REGIONAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1269.04

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118288

Amount of Each Receipt this Period

59.00

**C.**

Full Name (Last, First, Middle Initial)

STEPHAN FANTAUZZO

Mailing Address 3840 N. Delaware Street

City

Indianapolis

State

IN

Zip Code

46205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

REGIONAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1328.04

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119835

Amount of Each Receipt this Period

59.00

**SUBTOTAL** of Receipts This Page (optional) .....

177.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 158 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

KATHLEEN A. FARBER

Mailing Address 10920 Territorial Drive

City

Burnsville

State

MN

Zip Code

55337

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/HENNEPIN  
COUNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119616

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

JAY FARRELL

Mailing Address 3800 Spruce Street

City

Philadelphia

State

PA

Zip Code

19104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF PENNSYLVANIA

Occupation

PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.119191

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

PAULETTE A. FELD

Mailing Address 416 W 5th Avenue

City

Oshkosh

State

WI

Zip Code

54902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

IS NETWORK SUP TECH I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.119345

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 159 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

PAULETTE A. FELD

Mailing Address 416 W 5th Avenue

City

Oshkosh

State

WI

Zip Code

54902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

IS NETWORK SUP TECH I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.119346

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

RICHARD M. FELLER

Mailing Address 4705 Butterworth Place, NW

City

Washington

State

DC

Zip Code

20016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSOCIATE DIRECTOR, POLITICAL ACTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1073.44

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118167

Amount of Each Receipt this Period

53.67

**C.**

Full Name (Last, First, Middle Initial)

RICHARD M. FELLER

Mailing Address 4705 Butterworth Place, NW

City

Washington

State

DC

Zip Code

20016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSOCIATE DIRECTOR, POLITICAL ACTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1127.11

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118289

Amount of Each Receipt this Period

53.67

**SUBTOTAL** of Receipts This Page (optional) .....

127.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 160 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

RICHARD M. FELLER

Mailing Address 4705 Butterworth Place, NW

City

Washington

State

DC

Zip Code

20016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSOCIATE DIRECTOR, POLITICAL ACTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1180.78

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119836

Amount of Each Receipt this Period

53.67

**B.**

Full Name (Last, First, Middle Initial)

CATHRYN FELLINGER

Mailing Address 2271 Edmonton Road

City

Columbus

State

OH

Zip Code

43229-4705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

588.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.120268

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

RICHARD C. FERLAUTO

Mailing Address 2806 North Somerset Street

City

Arlington

State

VA

Zip Code

22213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

MANAGER, PENSION INVESTMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

981.88

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118168

Amount of Each Receipt this Period

49.49

**SUBTOTAL** of Receipts This Page (optional) .....

153.16

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 161 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

RICHARD C. FERLAUTO

Mailing Address 2806 North Somerset Street

City

Arlington

State

VA

Zip Code

22213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

MANAGER, PENSION INVESTMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1031.37

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118290

Amount of Each Receipt this Period

49.49

**B.**

Full Name (Last, First, Middle Initial)

RICHARD C. FERLAUTO

Mailing Address 2806 North Somerset Street

City

Arlington

State

VA

Zip Code

22213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

MANAGER, PENSION INVESTMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.86

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119837

Amount of Each Receipt this Period

49.49

**C.**

Full Name (Last, First, Middle Initial)

JASPER FERRARO

Mailing Address 710 John Street

City

Rockford

State

IL

Zip Code

61103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

762.36

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118892

Amount of Each Receipt this Period

63.84

**SUBTOTAL** of Receipts This Page (optional) .....

162.82

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 162 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JOHN J. FILAK, Jr.

Mailing Address 6160 Clingan Road

City

Poland

State

OH

Zip Code

44514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

995.39

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118409

Amount of Each Receipt this Period

84.76

**B.**

Full Name (Last, First, Middle Initial)

DAVID FILLMAN

Mailing Address 2520 Helen Street

City

Hatboro

State

PA

Zip Code

19040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1921.61

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118119

Amount of Each Receipt this Period

14.00

**C.**

Full Name (Last, First, Middle Initial)

DAVID FILLMAN

Mailing Address 2520 Helen Street

City

Hatboro

State

PA

Zip Code

19040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2054.33

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118511

Amount of Each Receipt this Period

132.72

**SUBTOTAL** of Receipts This Page (optional) .....

231.48

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 163 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

DAVID FILLMAN

Mailing Address 2520 Helen Street

City

Hatboro

State

PA

Zip Code

19040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2068.33

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	1	/	2	0	0	8

Transaction ID: SA11AI.118791

Amount of Each Receipt this Period

14.00

**B.**

Full Name (Last, First, Middle Initial)

DIANE FIRKUS

Mailing Address 82203 Trails End Road

City

Bruno

State

MN

Zip Code

55712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/CN 14

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.54

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.118460

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

GERALD FIRKUS

Mailing Address 44935 Deerfield Rd.

City

Sturgeon Lake

State

MN

Zip Code

55783-3616

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/CN 14

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	0	8

Transaction ID: SA11AI.119645

Amount of Each Receipt this Period

17.37

SUBTOTAL of Receipts This Page (optional) .....

81.37

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 164 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

GERALD FIRKUS

Mailing Address 44935 Deerfield Rd.

City

Sturgeon Lake

State

MN

Zip Code

55783-3616

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/CN 14

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

397.14

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118461

Amount of Each Receipt this Period

34.74

**B.**

Full Name (Last, First, Middle Initial)

TODD FISHER

Mailing Address 219 N Willow Street

City

KENT

State

OH

Zip Code

44240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.120109

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

TODD FISHER

Mailing Address 219 N Willow Street

City

KENT

State

OH

Zip Code

44240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.120110

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

54.74

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 165 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

TODD FISHER

Mailing Address 219 N Willow Street

City

KENT

State

OH

Zip Code

44240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	1	/	2	0	0	8

Transaction ID: SA11AI.120111

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

VERDEL L FLORES

Mailing Address 3847 Westside Avenue

City

Los Angeles

State

CA

Zip Code

90008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
City of Los Angeles/CA CN  
36

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	0	8

Transaction ID: SA11AI.119763

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM F. FOGLE

Mailing Address 1534 Bernath Parkway

City

Toledo

State

OH

Zip Code

43615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

681.66

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.118410

Amount of Each Receipt this Period

62.30

SUBTOTAL of Receipts This Page (optional) .....

102.30

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 166 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

NANETTE FOLSOM

Mailing Address 5631 Swan Avenue NE

City

North Canton

State

OH

Zip Code

44721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

BUS DRIVER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.118608

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

NANETTE FOLSOM

Mailing Address 5631 Swan Avenue NE

City

North Canton

State

OH

Zip Code

44721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

BUS DRIVER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.118665

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

LARISSA R. FOOKS

Mailing Address 2622 Orchard Avenue

City

Los Angeles

State

CA

Zip Code

90002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CITY OF WEST HOLLYWOOD

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  
1 0 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.119752

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 167 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

LARISSA R. FOOKS

Mailing Address 2622 Orchard Avenue

City

Los Angeles

State

CA

Zip Code

90002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CITY OF WEST HOLLYWOOD

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.119753

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

LARISSA R. FOOKS

Mailing Address 2622 Orchard Avenue

City

Los Angeles

State

CA

Zip Code

90002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CITY OF WEST HOLLYWOOD

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.119755

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

LARISSA R. FOOKS

Mailing Address 2622 Orchard Avenue

City

Los Angeles

State

CA

Zip Code

90002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CITY OF WEST HOLLYWOOD

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.119756

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 168 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

SHERRI B. FORTIN

Mailing Address 1212 Jefferson St., SE  
Suite 300

City State Zip Code  
Olympia WA 98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119449

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

JEFFREY S. FOWLER

Mailing Address 7664 Hinton Avenue South  
Apt. #9

City State Zip Code  
Cottage Grove MN 55016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/CN14

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

477.24

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118462

Amount of Each Receipt this Period

44.80

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL E. FOX

Mailing Address 3818 Sheffield Lane

City State Zip Code  
Harrisburg PA 17110-3044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation  
COUNCIL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1816.26

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118120

Amount of Each Receipt this Period

70.00

**SUBTOTAL** of Receipts This Page (optional) .....

124.80

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 169 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL E. FOX

Mailing Address 3818 Sheffield Lane

City

Harrisburg

State

PA

Zip Code

17110-3044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

COUNCIL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.18

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118512

Amount of Each Receipt this Period

106.92

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL E. FOX

Mailing Address 3818 Sheffield Lane

City

Harrisburg

State

PA

Zip Code

17110-3044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

COUNCIL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1993.18

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.118792

Amount of Each Receipt this Period

70.00

**C.**

Full Name (Last, First, Middle Initial)

ADRIENNE FRALEY-MONILLAS

Mailing Address 1212 Jefferson St., SE  
Suite 300

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.119450

Amount of Each Receipt this Period

10.50

**SUBTOTAL** of Receipts This Page (optional) .....

187.42

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 170 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

ADRIENNE FRALEY-MONILLAS

Mailing Address 1212 Jefferson St., SE  
Suite 300

City State Zip Code  
Olympia WA 98501

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119451

Amount of Each Receipt this Period

10.50

**B.**

Full Name (Last, First, Middle Initial)

NICOLE FRANCIS

Mailing Address 1410 Bush Street  
Suite A

City State Zip Code  
Baltimore MD 21230

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MD CN 67

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.21

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119004

Amount of Each Receipt this Period

55.38

**C.**

Full Name (Last, First, Middle Initial)

WALTER FRANCIS

Mailing Address 1002 Cypress Rd.

City State Zip Code  
Wilmington DE 19810

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME PA CN 13

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

444.14

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118513

Amount of Each Receipt this Period

44.08

**SUBTOTAL** of Receipts This Page (optional) .....

109.96

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 171 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

GARETH J. FRANK

Mailing Address 2309 Parkway

City

Cheverly

State

MD

Zip Code

20785

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSOC DIRECTOR ORGANIZING &amp; FIELD SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1073.44

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	8

Transaction ID: SA11AI.118169

Amount of Each Receipt this Period

53.67

**B.**

Full Name (Last, First, Middle Initial)

GARETH J. FRANK

Mailing Address 2309 Parkway

City

Cheverly

State

MD

Zip Code

20785

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSOC DIRECTOR ORGANIZING &amp; FIELD SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1127.11

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	4		2	0	0	8

Transaction ID: SA11AI.118291

Amount of Each Receipt this Period

53.67

**C.**

Full Name (Last, First, Middle Initial)

GARETH J. FRANK

Mailing Address 2309 Parkway

City

Cheverly

State

MD

Zip Code

20785

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSOC DIRECTOR ORGANIZING &amp; FIELD SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1180.78

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	4		2	0	0	8

Transaction ID: SA11AI.119838

Amount of Each Receipt this Period

53.67

SUBTOTAL of Receipts This Page (optional) .....

161.01

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 172 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

DANIEL S. FRAZIER

Mailing Address 176 Merry Road

City

Bidwell

State

OH

Zip Code

45614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.120112

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

DANIEL S. FRAZIER

Mailing Address 176 Merry Road

City

Bidwell

State

OH

Zip Code

45614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.120113

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

DANIEL S. FRAZIER

Mailing Address 176 Merry Road

City

Bidwell

State

OH

Zip Code

45614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.120114

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 173 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JEFFREY B. FREEMAN

Mailing Address 30 E. Broad Street

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.120115

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

JEFFREY B. FREEMAN

Mailing Address 30 E. Broad Street

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.120116

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

JEFFREY B. FREEMAN

Mailing Address 30 E. Broad Street

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.120117

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 174 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JOHN G FREEMAN

Mailing Address 22451 White Sage Street

City

Corona

State

CA

Zip Code

92883

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36

Occupation

REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.119766

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

MARK J. FRYMOYER

Mailing Address 518 Reuel Avenue

City

Kellogg

State

IA

Zip Code

50134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119091

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MARIO FUENTES

Mailing Address 2201 Broadway  
Sutie 315

City

Oakland

State

CA

Zip Code

94612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA LOC 3299.HED

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  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119160

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

80.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 175 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

BRIAN FUITEN

Mailing Address 445 Mayfair Drive

City

Lincoln

State

IL

Zip Code

62656

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation

DATA PROCESSING SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

829.12

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118893

Amount of Each Receipt this Period

70.00

**B.**

Full Name (Last, First, Middle Initial)

GAIL FUJIMOTO

Mailing Address 888 Mililani Street  
Suite 601

City

Honolulu

State

HI

Zip Code

96813-2991

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

594.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.118842

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

SEAN FULKERSON

Mailing Address 29 N. Wacker Drive  
Suite 800

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.40

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118894

Amount of Each Receipt this Period

58.10

**SUBTOTAL** of Receipts This Page (optional) .....

158.10

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 176 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

AMY H. GALATIAN

Mailing Address 10925 Southern Highlands Parkway

City

Las Vegas

State

NV

Zip Code

89141

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

REGIONAL FIELD ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

776.74

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118170

Amount of Each Receipt this Period

34.08

**B.**

Full Name (Last, First, Middle Initial)

AMY H. GALATIAN

Mailing Address 10925 Southern Highlands Parkway

City

Las Vegas

State

NV

Zip Code

89141

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

REGIONAL FIELD ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

810.82

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118292

Amount of Each Receipt this Period

34.08

**C.**

Full Name (Last, First, Middle Initial)

AMY H. GALATIAN

Mailing Address 10925 Southern Highlands Parkway

City

Las Vegas

State

NV

Zip Code

89141

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

REGIONAL FIELD ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

844.90

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119839

Amount of Each Receipt this Period

34.08

**SUBTOTAL** of Receipts This Page (optional) .....

102.24

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 177 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

KERRI GALLAGHER

Mailing Address 8 South Main Street

City

Mountain Top

State

PA

Zip Code

18707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

433.64

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118514

Amount of Each Receipt this Period

44.08

**B.**

Full Name (Last, First, Middle Initial)

JOHN GALUSKA

Mailing Address 205 Green Vista Drive

City

Pittsburgh

State

PA

Zip Code

15237

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

438.89

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118515

Amount of Each Receipt this Period

44.08

**C.**

Full Name (Last, First, Middle Initial)

DONALD GARDNER

Mailing Address 513 E. Main

City

Flushing

State

MI

Zip Code

48433

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF SPECIALIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118754

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

98.16

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 178 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JAMES M. GARITY

Mailing Address 8033 Excelsior Drive  
#B

City State Zip Code  
Madison WI 53717-1903

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WI CN 40

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.119208

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

ALBERT GARRETT

Mailing Address 600 West Lafayette

City State Zip Code  
Detroit MI 48226

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MI CN 25

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2274.90

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.118713

Amount of Each Receipt this Period

110.20

**C.**

Full Name (Last, First, Middle Initial)

ALBERT GARRETT

Mailing Address 600 West Lafayette

City State Zip Code  
Detroit MI 48226

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MI CN 25

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2288.90

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118121

Amount of Each Receipt this Period

14.00

**SUBTOTAL** of Receipts This Page (optional) .....

149.20

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 179 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

ALBERT GARRETT

Mailing Address 600 West Lafayette

City

Detroit

State

MI

Zip Code

48226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2399.10

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118755

Amount of Each Receipt this Period

110.20

**B.**

Full Name (Last, First, Middle Initial)

ALBERT GARRETT

Mailing Address 600 West Lafayette

City

Detroit

State

MI

Zip Code

48226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2413.10

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.118793

Amount of Each Receipt this Period

14.00

**C.**

Full Name (Last, First, Middle Initial)

KATHLEEN P GARRISON

Mailing Address 9 Kings Road

City

Ganesvoort

State

NY

Zip Code

12831

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NY LOC 1000

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.119117

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

139.20

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 180 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

KATHLEEN P GARRISON

Mailing Address 9 Kings Road

City

Ganesvoort

State

NY

Zip Code

12831

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NY LOC 1000

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119118

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

DAVID GASH

Mailing Address 226 Hartley Road

City

Hershey

State

PA

Zip Code

17033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.70

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118516

Amount of Each Receipt this Period

66.30

**C.**

Full Name (Last, First, Middle Initial)

JUDITH E. GATLIN

Mailing Address 2007 Manor Court

City

Eau Claire

State

WI

Zip Code

54703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

ACADEMIC DEPT ASSOC. B

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.119348

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

91.30

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 181 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JUDITH E. GATLIN

Mailing Address 2007 Manor Court

City

Eau Claire

State

WI

Zip Code

54703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

ACADEMIC DEPT ASSOC. B

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	0	8

Transaction ID: SA11AI.119349

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

JUDITH E. GATLIN

Mailing Address 2007 Manor Court

City

Eau Claire

State

WI

Zip Code

54703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

ACADEMIC DEPT ASSOC. B

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	7		2	0	0	8

Transaction ID: SA11AI.119350

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

JUDITH E. GATLIN

Mailing Address 2007 Manor Court

City

Eau Claire

State

WI

Zip Code

54703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

ACADEMIC DEPT ASSOC. B

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	1		2	0	0	8

Transaction ID: SA11AI.119351

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional) .....

30.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 182 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

GEORGETTE M. GEHRING

Mailing Address 806 Marion Avenue

City

South Milwaukee

State

WI

Zip Code

53172

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	7	/	2	0	0	8

Transaction ID: SA11AI.119352

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

GEORGETTE M. GEHRING

Mailing Address 806 Marion Avenue

City

South Milwaukee

State

WI

Zip Code

53172

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	6	/	2	0	0	8

Transaction ID: SA11AI.119353

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

GEORGETTE M. GEHRING

Mailing Address 806 Marion Avenue

City

South Milwaukee

State

WI

Zip Code

53172

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	0	/	2	0	0	8

Transaction ID: SA11AI.119354

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

60.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 183 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

RAGLAN GEORGE

Mailing Address 75 Varick Street  
Suite #1404

City State Zip Code  
New York NY 10013-9902

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME NY CN 1707

Occupation  
EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1236.28

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118122

Amount of Each Receipt this Period

14.00

**B.**

Full Name (Last, First, Middle Initial)

RAGLAN GEORGE

Mailing Address 75 Varick Street  
Suite #1404

City State Zip Code  
New York NY 10013-9902

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME NY CN 1707

Occupation  
EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.28

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.118794

Amount of Each Receipt this Period

14.00

**C.**

Full Name (Last, First, Middle Initial)

THOMAS GIBBS

Mailing Address 152 Upper Claar Rd.

City State Zip Code  
Claysburg PA 16625

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME PA CN 13

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.70

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118517

Amount of Each Receipt this Period

66.30

**SUBTOTAL** of Receipts This Page (optional) .....

94.30

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 184 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

LEE W. GIERKE

Mailing Address 8033 Excelsior Drive  
#B

City State Zip Code  
Madison WI 53717-1903

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WI CN 40

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.119209

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

SAMUEL J. GIERYN

Mailing Address 222 Crocker Street

City State Zip Code  
Mazomanie WI 53560

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WI CN 40

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.119210

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

LENORA R. GILES

Mailing Address 6805 Oak Creek Drive

City State Zip Code  
Columbus OH 43229

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH LOC 4

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.118609

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 185 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

LENORA R. GILES

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.118666

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

KAREN GILGOFF

Mailing Address 3003 Van Ness Street, NW  
#W1023

City

Washington

State

DC

Zip Code

20008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASST. DIRECTOR, RETIREES PROGRAM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1166.17

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118171

Amount of Each Receipt this Period

58.96

**C.**

Full Name (Last, First, Middle Initial)

KAREN GILGOFF

Mailing Address 3003 Van Ness Street, NW  
#W1023

City

Washington

State

DC

Zip Code

20008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASST. DIRECTOR, RETIREES PROGRAM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1225.13

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118293

Amount of Each Receipt this Period

58.96

**SUBTOTAL** of Receipts This Page (optional) .....

137.92

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 186 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

KAREN GILGOFF

Mailing Address 3003 Van Ness Street, NW  
#W1023

City State Zip Code  
Washington DC 20008

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
ASST. DIRECTOR, RETIREES PROGRAM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1284.09

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119840

Amount of Each Receipt this Period

58.96

**B.**

Full Name (Last, First, Middle Initial)

GARY L. GILLESPIE

Mailing Address P.O. Box 1

City State Zip Code  
Eugene OR 97440

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OR CN 75/SOOR

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

426.13

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119696

Amount of Each Receipt this Period

27.69

**C.**

Full Name (Last, First, Middle Initial)

ANDREW GINGERY

Mailing Address 3424 SE 10th Avenue  
Unit #1

City State Zip Code  
Portland OR 97202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OR CN 75/SOOR

Occupation  
PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119697

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

116.65

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 187 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

STEVE GIORGI

Mailing Address 8386 Gardenia Street

City

Virginia

State

MN

Zip Code

55792

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 65

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.119960

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

GEORGE GISIN

Mailing Address 1410 Bush Street  
Suite A

City

Baltimore

State

MD

Zip Code

21230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MD CN 67

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

554.84

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.118989

Amount of Each Receipt this Period

75.66

**C.**

Full Name (Last, First, Middle Initial)

GEORGE GISIN

Mailing Address 1410 Bush Street  
Suite A

City

Baltimore

State

MD

Zip Code

21230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MD CN 67

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

605.28

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119005

Amount of Each Receipt this Period

50.44

**SUBTOTAL** of Receipts This Page (optional) .....

146.10

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 188 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

ROGER GLADDEN

Mailing Address 3412 Knipp Drive  
Suite 102

City State Zip Code  
Jefferson City MO 65109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MO CN 72

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.75

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.119174

Amount of Each Receipt this Period

13.25

**B.**

Full Name (Last, First, Middle Initial)

ROGER GLADDEN

Mailing Address 3412 Knipp Drive  
Suite 102

City State Zip Code  
Jefferson City MO 65109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MO CN 72

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.119180

Amount of Each Receipt this Period

13.25

**C.**

Full Name (Last, First, Middle Initial)

ROGER GLADDEN

Mailing Address 3412 Knipp Drive  
Suite 102

City State Zip Code  
Jefferson City MO 65109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MO CN 72

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

278.25

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.119185

Amount of Each Receipt this Period

13.25

**SUBTOTAL** of Receipts This Page (optional) .....

39.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 189 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JANICE K. GLENN

Mailing Address 30 E. Broad Street

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.120118

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

JANICE K. GLENN

Mailing Address 30 E. Broad Street

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.120119

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

JANICE K. GLENN

Mailing Address 30 E. Broad Street

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.120120

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 190 / 674

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

ANTHONY T. GLUMM

Mailing Address 403 W Jenny Street

City

State

Zip Code

Bay City

MI

48706

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25/GENESEE  
COUNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.120019

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

ANTHONY T. GLUMM

Mailing Address 403 W Jenny Street

City

State

Zip Code

Bay City

MI

48706

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25/GENESEE  
COUNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.120020

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

ANTHONY T. GLUMM

Mailing Address 403 W Jenny Street

City

State

Zip Code

Bay City

MI

48706

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25/GENESEE  
COUNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.120021

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 191 / 674

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

PATRICIA GLYNN

Mailing Address 55 Aberdeen Avenue

City

Cambridge

State

MA

Zip Code

02138-4646

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

AREA FIELD SERVICES DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1372.16

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118173

Amount of Each Receipt this Period

43.61

**B.**

Full Name (Last, First, Middle Initial)

PATRICIA GLYNN

Mailing Address 55 Aberdeen Avenue

City

Cambridge

State

MA

Zip Code

02138-4646

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

AREA FIELD SERVICES DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1415.77

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118295

Amount of Each Receipt this Period

43.61

**C.**

Full Name (Last, First, Middle Initial)

PATRICIA GLYNN

Mailing Address 55 Aberdeen Avenue

City

Cambridge

State

MA

Zip Code

02138-4646

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

AREA FIELD SERVICES DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1459.38

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119842

Amount of Each Receipt this Period

43.61

**SUBTOTAL** of Receipts This Page (optional) .....

130.83

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 192 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

SHERYL L. GOBLE

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229-1591

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4/BUCKEYE  
VLS

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.88

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.120357

Amount of Each Receipt this Period

30.88

**B.**

Full Name (Last, First, Middle Initial)

ALICE GOFF

Mailing Address 8124 Alix Avenue

City

Los Angeles

State

CA

Zip Code

90001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36

Occupation

BUSINESS REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

698.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.119712

Amount of Each Receipt this Period

80.00

**C.**

Full Name (Last, First, Middle Initial)

ALICE GOFF

Mailing Address 8124 Alix Avenue

City

Los Angeles

State

CA

Zip Code

90001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36

Occupation

BUSINESS REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

738.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.119731

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.88

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 193 / 674

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

MARK GOLDEN

Mailing Address 74 Ice Pond Road

City

Levittown

State

PA

Zip Code

19057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.70

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118518

Amount of Each Receipt this Period

66.30

**B.**

Full Name (Last, First, Middle Initial)

RICHARD GOLLIN

Mailing Address 900 Randolph Place

City

Union

State

NJ

Zip Code

07083-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NJ CN 52

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

937.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.119012

Amount of Each Receipt this Period

90.00

**C.**

Full Name (Last, First, Middle Initial)

RICHARD GOLLIN

Mailing Address 900 Randolph Place

City

Union

State

NJ

Zip Code

07083-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NJ CN 52

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

947.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118123

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

166.30

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 194 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

RICHARD GOLLIN

Mailing Address 900 Randolph Place

City

State

Zip Code

Union

NJ

07083-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NJ CN 52

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

957.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.118795

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

JAMES GOLLINGS

Mailing Address 6805 Oak Creek Drive

City

State

Zip Code

Columbus

OH

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.118610

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

JAMES GOLLINGS

Mailing Address 6805 Oak Creek Drive

City

State

Zip Code

Columbus

OH

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.118667

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

50.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 195 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

GARY E. GONZALES

Mailing Address 2631 Polvo De Oro Place NW

City

Albuquerque

State

NM

Zip Code

87120

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MN CN 18/ALBUQUERQ-  
UE

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.95

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.120294

Amount of Each Receipt this Period

12.95

**B.**

Full Name (Last, First, Middle Initial)

GARY E. GONZALES

Mailing Address 2631 Polvo De Oro Place NW

City

Albuquerque

State

NM

Zip Code

87120

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MN CN 18/ALBUQUERQ-  
UE

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

284.90

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.120295

Amount of Each Receipt this Period

12.95

**C.**

Full Name (Last, First, Middle Initial)

GARY E. GONZALES

Mailing Address 2631 Polvo De Oro Place NW

City

Albuquerque

State

NM

Zip Code

87120

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MN CN 18/ALBUQUERQ-  
UE

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.85

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.120296

Amount of Each Receipt this Period

12.95

**SUBTOTAL** of Receipts This Page (optional) .....

38.85

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 196 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

ANISSIA GOODWIN

Mailing Address 390 Worthington Road

City

Westerville

State

OH

Zip Code

43082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.120269

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

SHERRYL GORDON

Mailing Address 2930 South Broad Street

City

Trenton

State

NJ

Zip Code

08610-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NJ CN 1

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

387.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118124

Amount of Each Receipt this Period

14.00

**C.**

Full Name (Last, First, Middle Initial)

SHERRYL GORDON

Mailing Address 2930 South Broad Street

City

Trenton

State

NJ

Zip Code

08610-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NJ CN 1

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

407.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.119190

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

54.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 197 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

SHERRYL GORDON

Mailing Address 2930 South Broad Street

City

Trenton

State

NJ

Zip Code

08610-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NJ CN 1

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

421.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.118796

Amount of Each Receipt this Period

14.00

**B.**

Full Name (Last, First, Middle Initial)

ERIN GORMAN

Mailing Address 1212 Christopher Lane

City

Springfield

State

IL

Zip Code

62712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118895

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

DANA M. GOUIN

Mailing Address 9121 Knox Court

City

Laurel

State

MD

Zip Code

20723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

SUPPORT STAFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118174

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

44.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 198 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

DANA M. GOUIN

Mailing Address 9121 Knox Court

City

Laurel

State

MD

Zip Code

20723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

SUPPORT STAFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118296

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

DANA M. GOUIN

Mailing Address 9121 Knox Court

City

Laurel

State

MD

Zip Code

20723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

SUPPORT STAFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119843

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

MARY M. GOULDING

Mailing Address 2483 Hemlock Court

City

Green Bay

State

WI

Zip Code

54311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 40

Occupation

SECRETARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1134.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.119293

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional) .....

55.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 199 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

MARY M. GOULDING

Mailing Address 2483 Hemlock Court

City

Green Bay

State

WI

Zip Code

54311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 40

Occupation

SECRETARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1194.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.119211

Amount of Each Receipt this Period

60.00

**B.**

Full Name (Last, First, Middle Initial)

JOHN GRABEL

Mailing Address 1725 Fremont Avenue

City

Madison

State

WI

Zip Code

53704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WI CN 11

Occupation

REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.60

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.119281

Amount of Each Receipt this Period

51.06

**C.**

Full Name (Last, First, Middle Initial)

ELIZABETH GRACE

Mailing Address 4673 Bailey Road

City

Dimondale

State

MI

Zip Code

48821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

392.90

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.118714

Amount of Each Receipt this Period

19.72

**SUBTOTAL** of Receipts This Page (optional) .....

130.78

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 200 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

ELIZABETH GRACE

Mailing Address 4673 Bailey Road

City

Dimondale

State

MI

Zip Code

48821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

412.62

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118756

Amount of Each Receipt this Period

19.72

**B.**

Full Name (Last, First, Middle Initial)

STEPHEN M. GRAHAM

Mailing Address 10105 Baltimore Avenue  
Apt. 3407

City

College Park

State

MD

Zip Code

20740

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

PROJECT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

801.56

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118175

Amount of Each Receipt this Period

40.08

**C.**

Full Name (Last, First, Middle Initial)

STEPHEN M. GRAHAM

Mailing Address 10105 Baltimore Avenue  
Apt. 3407

City

College Park

State

MD

Zip Code

20740

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

PROJECT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

845.65

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118297

Amount of Each Receipt this Period

44.09

**SUBTOTAL** of Receipts This Page (optional) .....

103.89

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 201 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

STEPHEN M. GRAHAM

Mailing Address 10105 Baltimore Avenue  
Apt. 3407

City State Zip Code  
College Park MD 20740

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
PROJECT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

887.73

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119844

Amount of Each Receipt this Period

42.08

**B.**

Full Name (Last, First, Middle Initial)

PATRICIA K. GRANT

Mailing Address 17420 Aquasco Farm Road

City State Zip Code  
Aquasco MD 20608

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
EXECUTIVE OFFICE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

778.09

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118176

Amount of Each Receipt this Period

35.56

**C.**

Full Name (Last, First, Middle Initial)

PATRICIA K. GRANT

Mailing Address 17420 Aquasco Farm Road

City State Zip Code  
Aquasco MD 20608

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
EXECUTIVE OFFICE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

813.65

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118298

Amount of Each Receipt this Period

35.56

**SUBTOTAL** of Receipts This Page (optional) .....

113.20

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 202 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

PATRICIA K. GRANT

Mailing Address 17420 Aquasco Farm Road

City

Aquasco

State

MD

Zip Code

20608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

EXECUTIVE OFFICE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

849.21

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119845

Amount of Each Receipt this Period

35.56

**B.**

Full Name (Last, First, Middle Initial)

BEN GRANTHAM

Mailing Address 1110 Chestnut Street S.E.  
#202

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

317.27

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.119254

Amount of Each Receipt this Period

30.52

**C.**

Full Name (Last, First, Middle Initial)

BONNIE L GRANTZ

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229-1591

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4/AUSTINTOWN  
LSD

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.80

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.120358

Amount of Each Receipt this Period

184.80

**SUBTOTAL** of Receipts This Page (optional) .....

250.88

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 203 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

BONNIE L GRANTZ

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229-1591

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/AUSTINTOWN  
LSD

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.76

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.120359

Amount of Each Receipt this Period

76.96

**B.**

Full Name (Last, First, Middle Initial)

R. SEAN GRAYSON

Mailing Address 10201 Galena Pointe Drive

City

Galena

State

OH

Zip Code

43021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH CN 8

Occupation

GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1128.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118411

Amount of Each Receipt this Period

103.18

**C.**

Full Name (Last, First, Middle Initial)

JONATHAN GREBNER

Mailing Address 840 Randolph Avenue

City

Saint Paul

State

MN

Zip Code

55102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MN CN 5/CN14

Occupation

POLITICAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

651.19

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118463

Amount of Each Receipt this Period

56.60

**SUBTOTAL** of Receipts This Page (optional) .....

236.74

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 204 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

HERMANN T. GREEN

Mailing Address 324 E. Church Street

City

Frederick

State

MD

Zip Code

21701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.24

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118177

Amount of Each Receipt this Period

32.28

**B.**

Full Name (Last, First, Middle Initial)

HERMANN T. GREEN

Mailing Address 324 E. Church Street

City

Frederick

State

MD

Zip Code

21701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.52

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118299

Amount of Each Receipt this Period

32.28

**C.**

Full Name (Last, First, Middle Initial)

HERMANN T. GREEN

Mailing Address 324 E. Church Street

City

Frederick

State

MD

Zip Code

21701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.80

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119846

Amount of Each Receipt this Period

32.28

**SUBTOTAL** of Receipts This Page (optional) .....

96.84

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 205 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)  
LINDA GREEN

Mailing Address P.O. Box 142

City State Zip Code  
Sherrard IL 61281

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME IL CN 31/SOIL

Occupation  
REVENUE AUDITOR III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118948

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)  
PATRICIA GREEN

Mailing Address 4031 Executive Park Drive

City State Zip Code  
Harrisburg PA 17111

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME PA CN 13

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.68

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118519

Amount of Each Receipt this Period

44.98

**C.**

Full Name (Last, First, Middle Initial)  
RONALD J. GREEN

Mailing Address 16425 Bubbling View Drive

City State Zip Code  
Cerritos CA 90703

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME CA CN 36/Local 3634

Occupation  
TRANSIT SUPERVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.119767

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

169.98

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 206 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

RONALD J. GREEN

Mailing Address 16425 Bubbling View Drive

City

Cerritos

State

CA

Zip Code

90703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36/Local 3634

Occupation

TRANSIT SUPERVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.119768

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

FRANKLIN GREENE

Mailing Address 3709 Darcey Lane

City

Flint

State

MI

Zip Code

48506-5001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

392.90

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.118715

Amount of Each Receipt this Period

19.72

**C.**

Full Name (Last, First, Middle Initial)

FRANKLIN GREENE

Mailing Address 3709 Darcey Lane

City

Flint

State

MI

Zip Code

48506-5001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

412.62

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118757

Amount of Each Receipt this Period

19.72

**SUBTOTAL** of Receipts This Page (optional) .....

139.44

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 207 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

STEVE GRETSUK

Mailing Address 7803 Desiree Street

City

Alexandria

State

VA

Zip Code

22315

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

DIRECTOR, INFORMATION SYSTEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1584.61

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118178

Amount of Each Receipt this Period

77.23

**B.**

Full Name (Last, First, Middle Initial)

STEVE GRETSUK

Mailing Address 7803 Desiree Street

City

Alexandria

State

VA

Zip Code

22315

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

DIRECTOR, INFORMATION SYSTEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1661.84

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118300

Amount of Each Receipt this Period

77.23

**C.**

Full Name (Last, First, Middle Initial)

STEVE GRETSUK

Mailing Address 7803 Desiree Street

City

Alexandria

State

VA

Zip Code

22315

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

DIRECTOR, INFORMATION SYSTEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1739.07

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119847

Amount of Each Receipt this Period

77.23

**SUBTOTAL** of Receipts This Page (optional) .....

231.69

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 208 / 674

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

KIMBERLY GRIFFIN

Mailing Address 4109 Silver Park Terrace

City

Suitland

State

MD

Zip Code

20746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ADMINISTRATIVE ASSISTANT II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.76

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118179

Amount of Each Receipt this Period

25.54

**B.**

Full Name (Last, First, Middle Initial)

KIMBERLY GRIFFIN

Mailing Address 4109 Silver Park Terrace

City

Suitland

State

MD

Zip Code

20746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ADMINISTRATIVE ASSISTANT II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

536.30

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118301

Amount of Each Receipt this Period

25.54

**C.**

Full Name (Last, First, Middle Initial)

KIMBERLY GRIFFIN

Mailing Address 4109 Silver Park Terrace

City

Suitland

State

MD

Zip Code

20746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ADMINISTRATIVE ASSISTANT II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

561.84

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119848

Amount of Each Receipt this Period

25.54

**SUBTOTAL** of Receipts This Page (optional) .....

76.62

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 209 / 674

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

ALLA GRIFFING

Mailing Address 1212 Jefferson St. SE  
Suite 300

City State Zip Code  
Olympia WA 98501

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WA CN 28

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.119255

Amount of Each Receipt this Period

42.00

**B.**

Full Name (Last, First, Middle Initial)

THEODORE RALPH GROENER

Mailing Address 18709 Madrona Drive

City State Zip Code  
Oregon City OR 97045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OR CN 75

Occupation  
POLITICAL COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119681

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

OTTO GROENEWALD

Mailing Address ROUTE 9 BOX 154

City State Zip Code  
BLOOMFIELD IA 52537

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME IA CN 61

Occupation  
REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119092

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

102.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 210 / 674

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

DANIEL GROVE

Mailing Address 131 Scanlon Dirve

City

Franklin

State

PA

Zip Code

16323

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.70

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118520

Amount of Each Receipt this Period

66.30

**B.**

Full Name (Last, First, Middle Initial)

PATRICK J. GUERNSEY

Mailing Address 961 Tuscarora Avenue

City

St. Paul

State

MN

Zip Code

55102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/HENNEPIN  
COUNTY

Occupation

CORRECITONS OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119617

Amount of Each Receipt this Period

24.00

**C.**

Full Name (Last, First, Middle Initial)

JENNIFER GUERTIN

Mailing Address 1053 Hatch Avenue

City

St. Paul

State

MN

Zip Code

55103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/ST PAUL CSD

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119618

Amount of Each Receipt this Period

31.00

**SUBTOTAL** of Receipts This Page (optional) .....

121.30

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 211 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

CAROL GUTHRIE

Mailing Address 241 S San Gabriel Loop

City

Liberty Hill

State

TX

Zip Code

78642-5747

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME TX LOC 1624

Occupation

UNION REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.119307

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

CAROL GUTHRIE

Mailing Address 241 S San Gabriel Loop

City

Liberty Hill

State

TX

Zip Code

78642-5747

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME TX LOC 1624

Occupation

UNION REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.119308

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

JON A. GWYNNE

Mailing Address 2052 Sherwood Lake Drive

City

Schereville

State

IN

Zip Code

46375

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.76

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118896

Amount of Each Receipt this Period

46.54

**SUBTOTAL** of Receipts This Page (optional) .....

76.54

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 212 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL A. HAGGARD

Mailing Address 296 Churchmans Road

City

New Castle

State

DE

Zip Code

19720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME DE CN 81

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

429.52

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	8

Transaction ID: SA11AI.118815

Amount of Each Receipt this Period

40.80

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL A. HAGGARD

Mailing Address 296 Churchmans Road

City

New Castle

State

DE

Zip Code

19720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME DE CN 81

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	7	/	2	0	0	8

Transaction ID: SA11AI.118822

Amount of Each Receipt this Period

40.80

**C.**

Full Name (Last, First, Middle Initial)

DAVID M. HAINES

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61/SOIA

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
1	1	/	1	7	/	2	0	0	8

Transaction ID: SA11AI.119076

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional) .....

91.60

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 213 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

DERRYL HALL

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.52

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.118611

Amount of Each Receipt this Period

19.24

**B.**

Full Name (Last, First, Middle Initial)

DERRYL HALL

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.76

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.118668

Amount of Each Receipt this Period

19.24

**C.**

Full Name (Last, First, Middle Initial)

JANE E. HALL

Mailing Address 16606 Bealle Hill Rd.

City

Wardorf

State

MD

Zip Code

20601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.14

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.120287

Amount of Each Receipt this Period

31.14

**SUBTOTAL** of Receipts This Page (optional) .....

69.62

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 214 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JANE E. HALL

Mailing Address 16606 Bealle Hill Rd.

City

Wardorf

State

MD

Zip Code

20601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.18

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.120288

Amount of Each Receipt this Period

31.04

**B.**

Full Name (Last, First, Middle Initial)

JANE E. HALL

Mailing Address 16606 Bealle Hill Rd.

City

Wardorf

State

MD

Zip Code

20601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

293.22

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.120289

Amount of Each Receipt this Period

31.04

**C.**

Full Name (Last, First, Middle Initial)

JENNIFER E. HALL

Mailing Address 1205 Sweeney Drive  
Apt. 6

City

Middleton

State

WI

Zip Code

53562

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

616.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118181

Amount of Each Receipt this Period

30.43

**SUBTOTAL** of Receipts This Page (optional) .....

92.51

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 215 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JENNIFER E. HALL

Mailing Address 1205 Sweeney Drive  
Apt. 6

City State Zip Code  
Middleton WI 53562

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

646.51

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118303

Amount of Each Receipt this Period

30.43

**B.**

Full Name (Last, First, Middle Initial)

JENNIFER E. HALL

Mailing Address 1205 Sweeney Drive  
Apt. 6

City State Zip Code  
Middleton WI 53562

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

676.94

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119850

Amount of Each Receipt this Period

30.43

**C.**

Full Name (Last, First, Middle Initial)

TERRI L. HALL

Mailing Address 1212 Jefferson St., SE  
Suite 300

City State Zip Code  
Olympia WA 98501

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119465

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

70.86

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 216 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JAMES H. HALLER

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229-1591

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4/LIMA CSD

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.11

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	0	8

Transaction ID: SA11AI.120360

Amount of Each Receipt this Period

25.11

**B.**

Full Name (Last, First, Middle Initial)

ROGER B. HALLUM

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229-1591

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4/HAMILTON -  
COL

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	0	8

Transaction ID: SA11AI.120395

Amount of Each Receipt this Period

27.40

**C.**

Full Name (Last, First, Middle Initial)

DANIEL HAMILTON

Mailing Address 1417 Basswood Court

City

East Lansing

State

MI

Zip Code

48823

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.37

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	0	8

Transaction ID: SA11AI.118716

Amount of Each Receipt this Period

12.50

SUBTOTAL of Receipts This Page (optional) .....

65.01

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 217 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

DANIEL HAMILTON

Mailing Address 1417 Basswood Court

City

East Lansing

State

MI

Zip Code

48823

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.87

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118758

Amount of Each Receipt this Period

12.50

**B.**

Full Name (Last, First, Middle Initial)

DAVID HAMILTON

Mailing Address 1791 Spring Drive

City

Zanesville

State

OH

Zip Code

43701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OAPSE OH LOC 4

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.11

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.120362

Amount of Each Receipt this Period

25.11

**C.**

Full Name (Last, First, Middle Initial)

YANA HAMMONDS

Mailing Address 134 S. Sixth Avenue

City

Maywood

State

IL

Zip Code

60153

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31/SOIL

Occupation

HUMAN SERVICES CASEWORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118949

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

57.61

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 218 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)  
MARIE HANDT

Mailing Address 1101 Norton

City State Zip Code  
St. Paul MN 55117

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MN CN 5/RAMSEY COU-  
NTY

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.120297

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)  
DAWN HANDY

Mailing Address 2560 Edmondson Avenue

City State Zip Code  
Baltimore MD 21223

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MD CN 67

Occupation  
ADMIN ASST./TECH SUPERVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.118990

Amount of Each Receipt this Period

60.00

**C.**

Full Name (Last, First, Middle Initial)  
DAWN HANDY

Mailing Address 2560 Edmondson Avenue

City State Zip Code  
Baltimore MD 21223

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MD CN 67

Occupation  
ADMIN ASST./TECH SUPERVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119006

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 219 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

EUGINE HANKS

Mailing Address 296 Churchmans Road

City

New Castle

State

DE

Zip Code

19720-9930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME DE CN 81

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

354.07

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.118816

Amount of Each Receipt this Period

35.04

**B.**

Full Name (Last, First, Middle Initial)

EUGINE HANKS

Mailing Address 296 Churchmans Road

City

New Castle

State

DE

Zip Code

19720-9930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME DE CN 81

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

391.97

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.118823

Amount of Each Receipt this Period

37.90

**C.**

Full Name (Last, First, Middle Initial)

CHERYL HANNAH

Mailing Address 203 Thompson Avenue

City

Waterloo

State

IA

Zip Code

50703-3418

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61/DOCS

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.119974

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

87.94

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 220 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

CHERYL HANNAH

Mailing Address 203 Thompson Avenue

City

Waterloo

State

IA

Zip Code

50703-3418

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61/DOCS

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119975

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

CHERYL HANNAH

Mailing Address 203 Thompson Avenue

City

Waterloo

State

IA

Zip Code

50703-3418

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61/DOCS

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119976

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

RICHARD L. HANSON

Mailing Address P.O. Box 7925

City

Madison

State

WI

Zip Code

53707-7925

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.119355

Amount of Each Receipt this Period

18.00

**SUBTOTAL** of Receipts This Page (optional) .....

48.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 221 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

RICHARD L. HANSON

Mailing Address P.O. Box 7925

City

Madison

State

WI

Zip Code

53707-7925

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	6	/	2	0	0	8

Transaction ID: SA11AI.119356

Amount of Each Receipt this Period

18.00

**B.**

Full Name (Last, First, Middle Initial)

RICHARD L. HANSON

Mailing Address P.O. Box 7925

City

Madison

State

WI

Zip Code

53707-7925

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	0	/	2	0	0	8

Transaction ID: SA11AI.119357

Amount of Each Receipt this Period

18.00

**C.**

Full Name (Last, First, Middle Initial)

RYAN HANSON

Mailing Address 300 Hardman Avenue South

City

South St. Paul

State

MN

Zip Code

55075

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/CN14

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

464.43

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.118464

Amount of Each Receipt this Period

45.45

SUBTOTAL of Receipts This Page (optional) .....

81.45

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 222 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

STEVE HANSON

Mailing Address 8120 372nd Place SE

City

Snoqualmie

State

WA

Zip Code

98065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/UNIV OF  
WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.119599

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

GRANT L. HARDING

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229-1591

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4/VERMILLION  
LSD

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.64

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.120363

Amount of Each Receipt this Period

30.64

**C.**

Full Name (Last, First, Middle Initial)

YVONNE J. HARGROVE

Mailing Address 12832 Evansport PI

City

Woodbridge

State

VA

Zip Code

22192

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ADMINISTRATIVE ASSISTANT I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

621.76

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118182

Amount of Each Receipt this Period

32.44

**SUBTOTAL** of Receipts This Page (optional) .....

83.08

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 223 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

YVONNE J. HARGROVE

Mailing Address 12832 Evansport PI

City

Woodbridge

State

VA

Zip Code

22192

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ADMINISTRATIVE ASSISTANT I

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

654.20

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118304

Amount of Each Receipt this Period

32.44

**B.**

Full Name (Last, First, Middle Initial)

YVONNE J. HARGROVE

Mailing Address 12832 Evansport PI

City

Woodbridge

State

VA

Zip Code

22192

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ADMINISTRATIVE ASSISTANT I

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

686.64

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119851

Amount of Each Receipt this Period

32.44

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM HARPER

Mailing Address 5073 Rohns

City

Detroit

State

MI

Zip Code

48213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF SPECIALIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

599.79

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.118717

Amount of Each Receipt this Period

30.01

**SUBTOTAL** of Receipts This Page (optional) .....

94.89

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 224 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM HARPER

Mailing Address 5073 Rohns

City

Detroit

State

MI

Zip Code

48213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF SPECIALIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

629.80

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118759

Amount of Each Receipt this Period

30.01

**B.**

Full Name (Last, First, Middle Initial)

GLORIA D. HARRELL

Mailing Address 23701 Calle Hogar

City

Mission Viejo

State

CA

Zip Code

92691

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36/CITY OF  
LA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.119986

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

LORA HARRIS

Mailing Address 265 Forest Blvd

City

Park Forest

State

IL

Zip Code

60466-1750

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

740.16

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118897

Amount of Each Receipt this Period

61.98

**SUBTOTAL** of Receipts This Page (optional) .....

121.99

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 225 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

LOUIS HARRIS

Mailing Address 1516 172nd Street East

City

Spanaway

State

WA

Zip Code

98387

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

890.70

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.119713

Amount of Each Receipt this Period

128.10

**B.**

Full Name (Last, First, Middle Initial)

LOUIS HARRIS

Mailing Address 1516 172nd Street East

City

Spanaway

State

WA

Zip Code

98387

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

953.10

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.119732

Amount of Each Receipt this Period

62.40

**C.**

Full Name (Last, First, Middle Initial)

RAYMOND HARRIS

Mailing Address 3 Indigo Court

City

Bolingbrook

State

IL

Zip Code

60440

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation

DIRECTOR INT GOVERNMENT RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

839.28

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118898

Amount of Each Receipt this Period

70.28

**SUBTOTAL** of Receipts This Page (optional) .....

260.78

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 226 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

TERRY HARRIS

Mailing Address P.O. Box 592407

City

Stockton

State

CA

Zip Code

95269

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 57/SEQUOIA  
HS

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  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.119978

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

TERRY HARRIS

Mailing Address P.O. Box 592407

City

Stockton

State

CA

Zip Code

95269

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 57/SEQUOIA  
HS

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.119979

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

LAKESHA HARRISON

Mailing Address 13633 Doty Avenue  
#62

City

Hawthorne

State

CA

Zip Code

90250

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA LOC 3299.HED

Occupation

PATIENT CARE TECH.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119163

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 227 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

STEPHANIE HARRISON

Mailing Address 7824 Main Falls Creek

City

Catonsville

State

MD

Zip Code

21228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

EXECUTIVE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1688.39

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118183

Amount of Each Receipt this Period

81.57

**B.**

Full Name (Last, First, Middle Initial)

STEPHANIE HARRISON

Mailing Address 7824 Main Falls Creek

City

Catonsville

State

MD

Zip Code

21228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

EXECUTIVE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1769.96

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118305

Amount of Each Receipt this Period

81.57

**C.**

Full Name (Last, First, Middle Initial)

STEPHANIE HARRISON

Mailing Address 7824 Main Falls Creek

City

Catonsville

State

MD

Zip Code

21228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

EXECUTIVE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1851.53

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119852

Amount of Each Receipt this Period

81.57

**SUBTOTAL** of Receipts This Page (optional) .....

244.71

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 228 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

EDWARD HARTMAN

Mailing Address 710 County Road

City

Proctorville

State

WV

Zip Code

45669

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WV CN 77

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.119045

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

EDWARD HARTMAN

Mailing Address 710 County Road

City

Proctorville

State

WV

Zip Code

45669

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WV CN 77

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.119046

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

STEVE G. HARTMANN

Mailing Address P.O. Box 944

City

Nebinbue

State

WI

Zip Code

54751-0944

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 40

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.119213

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 229 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

MARY C. HARTWIG

Mailing Address 466 Prospect

City

Muir

State

MI

Zip Code

48860

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.69

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.118718

Amount of Each Receipt this Period

21.00

**B.**

Full Name (Last, First, Middle Initial)

MARY C. HARTWIG

Mailing Address 466 Prospect

City

Muir

State

MI

Zip Code

48860

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.69

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118760

Amount of Each Receipt this Period

21.00

**C.**

Full Name (Last, First, Middle Initial)

RAYDENE HARWICK

Mailing Address 2101-27 Hill Road  
Apt. #1

City

Sellersville

State

PA

Zip Code

18960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

388.53

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118521

Amount of Each Receipt this Period

40.24

**SUBTOTAL** of Receipts This Page (optional) .....

82.24

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 230 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL D. HATCHER

Mailing Address P. O. Box 231

City

Monticello

State

KY

Zip Code

42633

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

LEAD ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1142.56

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118184

Amount of Each Receipt this Period

57.92

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL D. HATCHER

Mailing Address P. O. Box 231

City

Monticello

State

KY

Zip Code

42633

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

LEAD ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.48

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118306

Amount of Each Receipt this Period

57.92

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL D. HATCHER

Mailing Address P. O. Box 231

City

Monticello

State

KY

Zip Code

42633

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

LEAD ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1258.40

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119853

Amount of Each Receipt this Period

57.92

**SUBTOTAL** of Receipts This Page (optional) .....

173.76

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 231 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

KAREN HATHAWAY

Mailing Address 29 Jenny Lind Street

City

Taunton

State

MA

Zip Code

02780-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MA CN 93

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

404.60

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118958

Amount of Each Receipt this Period

40.46

**B.**

Full Name (Last, First, Middle Initial)

JIMMIE HEARNS

Mailing Address 18509 Mendota

City

Detroit

State

MI

Zip Code

48221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

699.70

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.118719

Amount of Each Receipt this Period

32.99

**C.**

Full Name (Last, First, Middle Initial)

JIMMIE HEARNS

Mailing Address 18509 Mendota

City

Detroit

State

MI

Zip Code

48221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

732.69

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118761

Amount of Each Receipt this Period

32.99

**SUBTOTAL** of Receipts This Page (optional) .....

106.44

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 232 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

PHILIP W. HELMS

Mailing Address 4108 Menton

City

Flint

State

MI

Zip Code

48507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25Occupation  
EDITOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1016.85

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	0	8

Transaction ID: SA11AI.118720

Amount of Each Receipt this Period

50.86

**B.**

Full Name (Last, First, Middle Initial)

PHILIP W. HELMS

Mailing Address 4108 Menton

City

Flint

State

MI

Zip Code

48507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25Occupation  
EDITOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1067.71

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	8

Transaction ID: SA11AI.118762

Amount of Each Receipt this Period

50.86

**C.**

Full Name (Last, First, Middle Initial)

SIDNEY L. HELSETH

Mailing Address 6554 Craig Avenue

City

Inver Grove Hgts.

State

MN

Zip Code

55076-1700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/CN14Occupation  
BUSINESS REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

732.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.118465

Amount of Each Receipt this Period

66.72

SUBTOTAL of Receipts This Page (optional) .....

168.44

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 233 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

CAROL S. HENDERSON

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229-1591

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4/CELINA CS

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.24

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.120364

Amount of Each Receipt this Period

29.24

**B.**

Full Name (Last, First, Middle Initial)

DAVID J. HENDERSON

Mailing Address 2040 Spring Valley Raod

City

Pittsburgh

State

PA

Zip Code

15243-1422

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

792.70

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118522

Amount of Each Receipt this Period

66.30

**C.**

Full Name (Last, First, Middle Initial)

KAY HENDERSON

Mailing Address 1212 Jefferson St., SE  
Suite 300

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

401.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.119470

Amount of Each Receipt this Period

21.00

**SUBTOTAL** of Receipts This Page (optional) .....

116.54

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 234 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

KAY HENDERSON

Mailing Address 1212 Jefferson St., SE  
Suite 300

City State Zip Code  
Olympia WA 98501

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

422.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119471

Amount of Each Receipt this Period

21.00

**B.**

Full Name (Last, First, Middle Initial)

SUE HENRICKSEN

Mailing Address 1212 Jefferson St., SE  
Suite 300

City State Zip Code  
Olympia WA 98501

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.119472

Amount of Each Receipt this Period

10.50

**C.**

Full Name (Last, First, Middle Initial)

SUE HENRICKSEN

Mailing Address 1212 Jefferson St., SE  
Suite 300

City State Zip Code  
Olympia WA 98501

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119473

Amount of Each Receipt this Period

10.50

**SUBTOTAL** of Receipts This Page (optional) .....

42.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 235 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JOHN HENSON

Mailing Address P. O. Box 88593

City

Steilacoom

State

WA

Zip Code

98388

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.119474

Amount of Each Receipt this Period

12.50

**B.**

Full Name (Last, First, Middle Initial)

JOHN HENSON

Mailing Address P. O. Box 88593

City

Steilacoom

State

WA

Zip Code

98388

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119475

Amount of Each Receipt this Period

12.50

**C.**

Full Name (Last, First, Middle Initial)

RICK HENSON

Mailing Address 317 South F Street

City

Springfield

State

OR

Zip Code

97477

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75

Occupation

COUNCIL REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119682

Amount of Each Receipt this Period

85.00

**SUBTOTAL** of Receipts This Page (optional) .....

110.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 236 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

DANA E. HERMAN

Mailing Address 30 E. Broad Street

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.120127

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

DANA E. HERMAN

Mailing Address 30 E. Broad Street

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.120128

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

DANA E. HERMAN

Mailing Address 30 E. Broad Street

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.120129

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 237 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

RAMON L. HERNANDEZ

Mailing Address 1615 Stanley Street

City

New Britain

State

CT

Zip Code

06050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CT CN 4/SOCT

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.119102

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

RAMON L. HERNANDEZ

Mailing Address 1615 Stanley Street

City

New Britain

State

CT

Zip Code

06050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CT CN 4/SOCT

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119103

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

QUIDA L. HIGBEE

Mailing Address 799 East Blvd.

City

Cleveland

State

OH

Zip Code

44108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

JOB & FAMILY SVCS OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.120130

Amount of Each Receipt this Period

11.00

**SUBTOTAL** of Receipts This Page (optional) .....

31.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 238 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

QUIDA L. HIGBEE

Mailing Address 799 East Blvd.

City

Cleveland

State

OH

Zip Code

44108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

JOB &amp; FAMILY SVCS OPERATOR

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

334.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	7	/	2	0	0	8

Transaction ID: SA11AI.120131

Amount of Each Receipt this Period

11.00

**B.**

Full Name (Last, First, Middle Initial)

QUIDA L. HIGBEE

Mailing Address 799 East Blvd.

City

Cleveland

State

OH

Zip Code

44108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

JOB &amp; FAMILY SVCS OPERATOR

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	1	/	2	0	0	8

Transaction ID: SA11AI.120132

Amount of Each Receipt this Period

11.00

**C.**

Full Name (Last, First, Middle Initial)

DONALD J. HILL

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229-1591

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4/SPRINGFIE-  
LD SD

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

283.38

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	8

Transaction ID: SA11AI.120398

Amount of Each Receipt this Period

83.38

SUBTOTAL of Receipts This Page (optional) .....

105.38

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 239 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

DONALD J. HILL

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229-1591

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/SPRINGFIE-  
LD SD

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.74

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.120399

Amount of Each Receipt this Period

83.36

**B.**

Full Name (Last, First, Middle Initial)

TRACY A. HILL

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229-1591

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/SPRINGFIE-  
LD SD

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.120402

Amount of Each Receipt this Period

112.50

**C.**

Full Name (Last, First, Middle Initial)

TRACY A. HILL

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229-1591

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/SPRINGFIE-  
LD SD

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

412.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.120403

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

295.86

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 240 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

SHARON L HILLIS

Mailing Address 827 Cutlip Drive

City

Columbus

State

OH

Zip Code

43085

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.120271

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

JAMES N. HIMMELHAVER

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229-1591

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4/WINTON WO-  
ODS

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.13

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.120365

Amount of Each Receipt this Period

29.13

**C.**

Full Name (Last, First, Middle Initial)

ELIZABETH C. HO

Mailing Address 1511 Kalaniewai Street

City

Honolulu

State

HI

Zip Code

96821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

AREA FIELD SERVICES DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

904.16

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118185

Amount of Each Receipt this Period

43.61

**SUBTOTAL** of Receipts This Page (optional) .....

92.74

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 241 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

ELIZABETH C. HO

Mailing Address 1511 Kalaniewai Street

City

Honolulu

State

HI

Zip Code

96821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

AREA FIELD SERVICES DIRECTOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

947.77

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118307

Amount of Each Receipt this Period

43.61

**B.**

Full Name (Last, First, Middle Initial)

ELIZABETH C. HO

Mailing Address 1511 Kalaniewai Street

City

Honolulu

State

HI

Zip Code

96821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

AREA FIELD SERVICES DIRECTOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

991.38

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119854

Amount of Each Receipt this Period

43.61

**C.**

Full Name (Last, First, Middle Initial)

MARGARET HOAK

Mailing Address P.O. Box 264

City

Warren

State

PA

Zip Code

16365

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

743.70

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118524

Amount of Each Receipt this Period

66.30

**SUBTOTAL** of Receipts This Page (optional) .....

153.52

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 242 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

KARLA HODGE

Mailing Address 1212 N. 14th Street

City

Harrisburg

State

PA

Zip Code

17103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.70

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118525

Amount of Each Receipt this Period

66.30

**B.**

Full Name (Last, First, Middle Initial)

DONNA L. HOFLAND

Mailing Address 4032 Division Ave. W

City

Bremerton

State

WA

Zip Code

98312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.119476

Amount of Each Receipt this Period

10.50

**C.**

Full Name (Last, First, Middle Initial)

DONNA L. HOFLAND

Mailing Address 4032 Division Ave. W

City

Bremerton

State

WA

Zip Code

98312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119477

Amount of Each Receipt this Period

10.50

**SUBTOTAL** of Receipts This Page (optional) .....

87.30

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 243 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JOHN HOHLHEPP

Mailing Address 615 S. 2nd Street

City

Springfield

State

IL

Zip Code

62705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.67

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118900

Amount of Each Receipt this Period

60.56

**B.**

Full Name (Last, First, Middle Initial)

DAVID G. HOHNSTEIN

Mailing Address 10236 SE Harold Street

City

Portland

State

OR

Zip Code

97266

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75/SOOR

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119698

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

NECIA C. HOLERUD

Mailing Address 2150 Lacrosse

City

St. Paul

State

MN

Zip Code

55119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/ST PAUL CSD

Occupation

LIBRARY TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119621

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

110.56

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 244 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JAMES P. HOLIDAY

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229-1591

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4/CRESTVIEW  
LSD

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.12

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.120406

Amount of Each Receipt this Period

175.12

**B.**

Full Name (Last, First, Middle Initial)

JAMES P. HOLIDAY

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229-1591

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4/CRESTVIEW  
LSD

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.80

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.120407

Amount of Each Receipt this Period

41.68

**C.**

Full Name (Last, First, Middle Initial)

CHRISTINE D. HOLLAND

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229-1591

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4/OREGON BOE

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.99

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.120366

Amount of Each Receipt this Period

174.99

**SUBTOTAL** of Receipts This Page (optional) .....

391.79

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 245 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

CHRISTINE D. HOLLAND

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229-1591

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/OREGON BOE

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.33

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.120367

Amount of Each Receipt this Period

83.34

**B.**

Full Name (Last, First, Middle Initial)

LESLIE HOLMES

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229-1591

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/LIMA LIBR-  
ARY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.64

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.120368

Amount of Each Receipt this Period

11.64

**C.**

Full Name (Last, First, Middle Initial)

SYLVIA E. HOLMES

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229-1591

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/GIRARD CSD

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.02

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.120369

Amount of Each Receipt this Period

2.02

**SUBTOTAL** of Receipts This Page (optional) .....

97.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 246 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

DANNY HOMAN

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1958.68

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118125

Amount of Each Receipt this Period

42.00

**B.**

Full Name (Last, First, Middle Initial)

DANNY HOMAN

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2038.68

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119093

Amount of Each Receipt this Period

80.00

**C.**

Full Name (Last, First, Middle Initial)

DANNY HOMAN

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2080.68

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.118797

Amount of Each Receipt this Period

42.00

**SUBTOTAL** of Receipts This Page (optional) .....

164.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 247 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

DEBRA J. HONORE

Mailing Address 7589 Tayside Drive

City

State

Zip Code

Backlick

OH

43004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOHH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.120136

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

DEBRA J. HONORE

Mailing Address 7589 Tayside Drive

City

State

Zip Code

Backlick

OH

43004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOHH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.120137

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

DEBRA J. HONORE

Mailing Address 7589 Tayside Drive

City

State

Zip Code

Backlick

OH

43004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOHH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.120138

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 248 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JESSIE F R HOOMALU

Mailing Address P.O. Box 908

City

Haleiwa

State

HI

Zip Code

96712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.118844

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

JOHN D. HORN

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

424.04

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.118612

Amount of Each Receipt this Period

19.24

**C.**

Full Name (Last, First, Middle Initial)

JOHN D. HORN

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

443.28

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.118669

Amount of Each Receipt this Period

19.24

**SUBTOTAL** of Receipts This Page (optional) .....

88.48

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 249 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

DONNA R. HOWARD

Mailing Address 2462 Meredith Drive

City

Columbus

State

OH

Zip Code

43219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

CUSTOMER SERVICE ASSOCIATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.120142

Amount of Each Receipt this Period

9.00

**B.**

Full Name (Last, First, Middle Initial)

DONNA R. HOWARD

Mailing Address 2462 Meredith Drive

City

Columbus

State

OH

Zip Code

43219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

CUSTOMER SERVICE ASSOCIATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.120143

Amount of Each Receipt this Period

9.00

**C.**

Full Name (Last, First, Middle Initial)

DONNA R. HOWARD

Mailing Address 2462 Meredith Drive

City

Columbus

State

OH

Zip Code

43219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

CUSTOMER SERVICE ASSOCIATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.120144

Amount of Each Receipt this Period

9.00

**SUBTOTAL** of Receipts This Page (optional) .....

27.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 250 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

DONALD T. HOWELL

Mailing Address 165 Forest Avenue

City

West Babylon

State

NY

Zip Code

11704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME NY LOC 1000/NASSAU  
CNTY

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  
1 0 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.119133

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

DONALD T. HOWELL

Mailing Address 165 Forest Avenue

City

West Babylon

State

NY

Zip Code

11704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME NY LOC 1000/NASSAU  
CNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.119134

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

DONALD T. HOWELL

Mailing Address 165 Forest Avenue

City

West Babylon

State

NY

Zip Code

11704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME NY LOC 1000/NASSAU  
CNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.119135

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 251 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

ROBERT J. HUBBARD

Mailing Address 150 S. Iowa Avenue

City

Payette

State

ID

Zip Code

83661

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75/SOOR

Occupation

SECURITY GUARD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.119699

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

REGINA G. HUDSON

Mailing Address 1212 Jefferson St., SE  
Suite 300

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.119479

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

SAMUEL M. HUGGINS

Mailing Address 235 Scenic Hill Drive

City

Carnegie

State

PA

Zip Code

15106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

REGIONAL FIELD ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

451.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	8

Transaction ID: SA11AI.118186

Amount of Each Receipt this Period

21.73

SUBTOTAL of Receipts This Page (optional) .....

71.73

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 252 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

SAMUEL M. HUGGINS

Mailing Address 235 Scenic Hill Drive

City

Carnegie

State

PA

Zip Code

15106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

REGIONAL FIELD ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

473.33

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118308

Amount of Each Receipt this Period

21.73

**B.**

Full Name (Last, First, Middle Initial)

SAMUEL M. HUGGINS

Mailing Address 235 Scenic Hill Drive

City

Carnegie

State

PA

Zip Code

15106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

REGIONAL FIELD ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.06

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119855

Amount of Each Receipt this Period

21.73

**C.**

Full Name (Last, First, Middle Initial)

JEFFREY HUGHES

Mailing Address 190 W. Ostend Street  
Suite 101

City

Baltimore

State

MD

Zip Code

21230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MD CN 982

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.75

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118976

Amount of Each Receipt this Period

37.50

**SUBTOTAL** of Receipts This Page (optional) .....

80.96

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 253 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

STEVE HUGHES

Mailing Address 825 NE 80th Avenue

City

Portland

State

OR

Zip Code

97213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75

Occupation

COUNCIL REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119683

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM S. HURLOW

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229-1591

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4/GALION BOE

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.24

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.120370

Amount of Each Receipt this Period

29.24

**C.**

Full Name (Last, First, Middle Initial)

REIDUN C. INMAN

Mailing Address 7005 203rd Avenue East

City

Bonney Lake

State

WA

Zip Code

98391

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

SOCIAL WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.119480

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

89.24

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 254 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

REIDUN C. INMAN

Mailing Address 7005 203rd Avenue East

City

Bonney Lake

State

WA

Zip Code

98391

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

SOCIAL WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119481

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

CARLA INSINGA-MINSER

Mailing Address 4287 South Carolina Drive

City

Blue Ridge

State

PA

Zip Code

17112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

ORGANIZING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

973.46

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118526

Amount of Each Receipt this Period

88.18

**C.**

Full Name (Last, First, Middle Initial)

ANNE IRVING

Mailing Address 5243 N. Lind Avenue

City

Chicago

State

IL

Zip Code

60630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation

DIRECTOR OF PUBLIC POLICY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

801.52

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118901

Amount of Each Receipt this Period

67.12

**SUBTOTAL** of Receipts This Page (optional) .....

185.30

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 255 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM ISLER

Mailing Address 7708 Quest Lane

City

Bowie

State

MD

Zip Code

20720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASST DIRECTOR, GENERAL SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

788.49

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118187

Amount of Each Receipt this Period

37.97

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM ISLER

Mailing Address 7708 Quest Lane

City

Bowie

State

MD

Zip Code

20720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASST DIRECTOR, GENERAL SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

826.46

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118309

Amount of Each Receipt this Period

37.97

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM ISLER

Mailing Address 7708 Quest Lane

City

Bowie

State

MD

Zip Code

20720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASST DIRECTOR, GENERAL SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

864.43

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119856

Amount of Each Receipt this Period

37.97

**SUBTOTAL** of Receipts This Page (optional) .....

113.91

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 256 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

ALBERT JACKSON

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

327.08

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	0	8

Transaction ID: SA11AI.118613

Amount of Each Receipt this Period

19.24

**B.**

Full Name (Last, First, Middle Initial)

ALBERT JACKSON

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

346.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	8

Transaction ID: SA11AI.118670

Amount of Each Receipt this Period

19.24

**C.**

Full Name (Last, First, Middle Initial)

LEONARD JACKSON

Mailing Address 190 W. Ostend Street  
Suite 101

City

Baltimore

State

MD

Zip Code

21230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MD CN 982

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

352.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	8

Transaction ID: SA11AI.118977

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional) .....

73.48

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 257 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JUSTUS JAMES

Mailing Address 1705 Platt Court

City

Allentown

State

PA

Zip Code

18104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

444.14

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118527

Amount of Each Receipt this Period

44.08

**B.**

Full Name (Last, First, Middle Initial)

RODNEY E. JARRELLS

Mailing Address 1212 Jefferson St., SE  
Suite 300

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119483

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

EDWIN S. JAYNE

Mailing Address 3304 Alabama Avenue

City

Alexandria

State

VA

Zip Code

22305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSOCIATE DIRECTOR, LEGISLATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1073.44

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118188

Amount of Each Receipt this Period

53.67

**SUBTOTAL** of Receipts This Page (optional) .....

107.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 258 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

EDWIN S. JAYNE

Mailing Address 3304 Alabama Avenue

City

Alexandria

State

VA

Zip Code

22305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSOCIATE DIRECTOR, LEGISLATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1127.11

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118310

Amount of Each Receipt this Period

53.67

**B.**

Full Name (Last, First, Middle Initial)

EDWIN S. JAYNE

Mailing Address 3304 Alabama Avenue

City

Alexandria

State

VA

Zip Code

22305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSOCIATE DIRECTOR, LEGISLATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1180.78

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119857

Amount of Each Receipt this Period

53.67

**C.**

Full Name (Last, First, Middle Initial)

PAMELA L. JENKINS

Mailing Address 47604 Sandbank Square

City

Sterling

State

VA

Zip Code

20165

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

EXECUTIVE OFFICE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

834.62

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118189

Amount of Each Receipt this Period

39.73

**SUBTOTAL** of Receipts This Page (optional) .....

147.07

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 259 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

PAMELA L. JENKINS

Mailing Address 47604 Sandbank Square

City

Sterling

State

VA

Zip Code

20165

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

EXECUTIVE OFFICE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

874.35

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118311

Amount of Each Receipt this Period

39.73

**B.**

Full Name (Last, First, Middle Initial)

PAMELA L. JENKINS

Mailing Address 47604 Sandbank Square

City

Sterling

State

VA

Zip Code

20165

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

EXECUTIVE OFFICE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

914.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119858

Amount of Each Receipt this Period

39.73

**C.**

Full Name (Last, First, Middle Initial)

THERESA M. JENNEMAN

Mailing Address 8033 Excelsior Drive

City

Madison

State

WI

Zip Code

53717-1903

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

UNIVERSITY PROGRAM ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.18

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.119358

Amount of Each Receipt this Period

12.58

**SUBTOTAL** of Receipts This Page (optional) .....

92.04

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 260 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

THERESA M. JENNEMAN

Mailing Address 8033 Excelsior Drive

City

Madison

State

WI

Zip Code

53717-1903

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

UNIVERSITY PROGRAM ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.76

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.119359

Amount of Each Receipt this Period

12.58

**B.**

Full Name (Last, First, Middle Initial)

THERESA M. JENNEMAN

Mailing Address 8033 Excelsior Drive

City

Madison

State

WI

Zip Code

53717-1903

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

UNIVERSITY PROGRAM ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

289.34

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.119360

Amount of Each Receipt this Period

12.58

**C.**

Full Name (Last, First, Middle Initial)

THERESA M. JENNEMAN

Mailing Address 8033 Excelsior Drive

City

Madison

State

WI

Zip Code

53717-1903

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

UNIVERSITY PROGRAM ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.119361

Amount of Each Receipt this Period

12.58

**SUBTOTAL** of Receipts This Page (optional) .....

37.74

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 261 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

LYNDIA JENNINGS

Mailing Address 2138 Middlehurst Dr.

City

Columbus

State

OH

Zip Code

43219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

ATTORNEY GENERAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.120148

Amount of Each Receipt this Period

12.00

**B.**

Full Name (Last, First, Middle Initial)

LYNDIA JENNINGS

Mailing Address 2138 Middlehurst Dr.

City

Columbus

State

OH

Zip Code

43219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

ATTORNEY GENERAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.120149

Amount of Each Receipt this Period

12.00

**C.**

Full Name (Last, First, Middle Initial)

LYNDIA JENNINGS

Mailing Address 2138 Middlehurst Dr.

City

Columbus

State

OH

Zip Code

43219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

ATTORNEY GENERAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.120150

Amount of Each Receipt this Period

12.00

**SUBTOTAL** of Receipts This Page (optional) .....

36.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 262 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

RUTH JERELS

Mailing Address 1170 Winton Avenue

City

Akron

State

OH

Zip Code

44320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8/SUMMIT COU-  
NTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119243

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

RUTH JERELS

Mailing Address 1170 Winton Avenue

City

Akron

State

OH

Zip Code

44320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8/SUMMIT COU-  
NTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.119244

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

RUTH JERELS

Mailing Address 1170 Winton Avenue

City

Akron

State

OH

Zip Code

44320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8/SUMMIT COU-  
NTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.119245

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 263 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

FRANK X. JEREZ

Mailing Address 460 Center Street  
Apt. #3City State Zip Code  
Nutley NJ 07110-0000FEC ID number of contributing  
federal political committee.**C**Name of Employer  
AFSCME INT'LOccupation  
LEAD ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

654.56

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	8

Transaction ID: SA11AI.118190

Amount of Each Receipt this Period

32.95

**B.**

Full Name (Last, First, Middle Initial)

FRANK X. JEREZ

Mailing Address 460 Center Street  
Apt. #3City State Zip Code  
Nutley NJ 07110-0000FEC ID number of contributing  
federal political committee.**C**Name of Employer  
AFSCME INT'LOccupation  
LEAD ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

687.51

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	4	/	2	0	0	8

Transaction ID: SA11AI.118312

Amount of Each Receipt this Period

32.95

**C.**

Full Name (Last, First, Middle Initial)

FRANK X. JEREZ

Mailing Address 460 Center Street  
Apt. #3City State Zip Code  
Nutley NJ 07110-0000FEC ID number of contributing  
federal political committee.**C**Name of Employer  
AFSCME INT'LOccupation  
LEAD ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.46

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	4	/	2	0	0	8

Transaction ID: SA11AI.119859

Amount of Each Receipt this Period

32.95

SUBTOTAL of Receipts This Page (optional) .....

98.85

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 264 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

BRUCE C. JETT

Mailing Address 4503 Sandy Oak Terrace

City

Chester

State

VA

Zip Code

23831

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

AREA ORGANIZING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118191

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

BRUCE C. JETT

Mailing Address 4503 Sandy Oak Terrace

City

Chester

State

VA

Zip Code

23831

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

AREA ORGANIZING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118313

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

BRUCE C. JETT

Mailing Address 4503 Sandy Oak Terrace

City

Chester

State

VA

Zip Code

23831

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

AREA ORGANIZING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119860

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 265 / 674

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)  
ROBERT JOHANNESSEN

Mailing Address 912 E 11 Sreet

City State Zip Code  
Duluth MN 55805

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MN CN 5/ST. LOUIS  
CNTY

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.120298

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)  
DAVID JOHNSON

Mailing Address 12365 Woodfield Circle N

City State Zip Code  
Pickerington OH 43147

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH LOC 11

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.120272

Amount of Each Receipt this Period

24.00

**C.**

Full Name (Last, First, Middle Initial)  
EMILY M. JOHNSON

Mailing Address 444 Driftwood Drive

City State Zip Code  
Hobart IN 46342

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME IL CN 31

Occupation  
CONTRACT ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

777.88

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118902

Amount of Each Receipt this Period

65.14

**SUBTOTAL** of Receipts This Page (optional) .....

119.14

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 266 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

FRANCES E. JOHNSON

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229-1591

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4/LIMA CSD

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.11

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.120371

Amount of Each Receipt this Period

25.11

**B.**

Full Name (Last, First, Middle Initial)

GEORGE T. JOHNSON

Mailing Address 3853 Fairfax Square

City

Fairfax

State

VA

Zip Code

22031-4200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

AREA FIELD SERVICES DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

872.16

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118192

Amount of Each Receipt this Period

43.61

**C.**

Full Name (Last, First, Middle Initial)

GEORGE T. JOHNSON

Mailing Address 3853 Fairfax Square

City

Fairfax

State

VA

Zip Code

22031-4200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

AREA FIELD SERVICES DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

915.77

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118314

Amount of Each Receipt this Period

43.61

**SUBTOTAL** of Receipts This Page (optional) .....

112.33

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 267 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

GEORGE T. JOHNSON

Mailing Address 3853 Fairfax Square

City

Fairfax

State

VA

Zip Code

22031-4200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

AREA FIELD SERVICES DIRECTOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

959.38

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119861

Amount of Each Receipt this Period

43.61

**B.**

Full Name (Last, First, Middle Initial)

JEFFREY A. JOHNSON

Mailing Address 4522 Forest Valley Road

City

Wausau

State

WI

Zip Code

54403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

484.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.119362

Amount of Each Receipt this Period

22.00

**C.**

Full Name (Last, First, Middle Initial)

JEFFREY A. JOHNSON

Mailing Address 4522 Forest Valley Road

City

Wausau

State

WI

Zip Code

54403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

506.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.119363

Amount of Each Receipt this Period

22.00

**SUBTOTAL** of Receipts This Page (optional) .....

87.61

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 268 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JOAN C. JOHNSON

Mailing Address 5825 Rothrock Ct.

City

Galloway

State

OH

Zip Code

43119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.120151

Amount of Each Receipt this Period

9.00

**B.**

Full Name (Last, First, Middle Initial)

JOAN C. JOHNSON

Mailing Address 5825 Rothrock Ct.

City

Galloway

State

OH

Zip Code

43119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.120152

Amount of Each Receipt this Period

9.00

**C.**

Full Name (Last, First, Middle Initial)

JOAN C. JOHNSON

Mailing Address 5825 Rothrock Ct.

City

Galloway

State

OH

Zip Code

43119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.120153

Amount of Each Receipt this Period

9.00

**SUBTOTAL** of Receipts This Page (optional) .....

27.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 269 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)  
RICHARD JOHNSON

Mailing Address 157 Rose

City State Zip Code  
Plymouth MI 48170

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MI CN 25

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118763

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)  
RON JOHNSON

Mailing Address 514 Shatto Place  
3rd Floor

City State Zip Code  
Los Angeles CA 90020

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME CA CN 36

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.119714

Amount of Each Receipt this Period

60.00

**C.**

Full Name (Last, First, Middle Initial)  
RON JOHNSON

Mailing Address 514 Shatto Place  
3rd Floor

City State Zip Code  
Los Angeles CA 90020

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME CA CN 36

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.119733

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 270 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

SHARON R. JOHNSON

Mailing Address P.O. Box 1923

City

Gresham

State

OR

Zip Code

97030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75/SOOR

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119700

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

STEVE JOHNSON

Mailing Address 1607 Summit Lake Shore Road

City

Olympia

State

WA

Zip Code

98502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/WSECU

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119937

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

SYLVESTER JOHNSON

Mailing Address 190 W. Ostend Street  
Suite 101

City

Baltimore

State

MD

Zip Code

21230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MD CN 982

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118978

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

65.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 271 / 674  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

WINSTON JOHNSON

Mailing Address 14574 Longacre

City

Detroit

State

MI

Zip Code

48227-1448

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

544.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.118722

Amount of Each Receipt this Period

27.28

**B.**

Full Name (Last, First, Middle Initial)

WINSTON JOHNSON

Mailing Address 14574 Longacre

City

Detroit

State

MI

Zip Code

48227-1448

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

571.28

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118764

Amount of Each Receipt this Period

27.28

**C.**

Full Name (Last, First, Middle Initial)

JOANN JOHNTONY

Mailing Address 973 Shannon Road

City

Girard

State

OH

Zip Code

44420

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4/GIRARD CSD

Occupation

CUSTODIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.91

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.120453

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional) .....

73.79

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 272 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JOANN JOHNTONY

Mailing Address 973 Shannon Road

City

Girard

State

OH

Zip Code

44420

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4/GIRARD CSD

Occupation

CUSTODIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

524.14

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.120454

Amount of Each Receipt this Period

19.23

**B.**

Full Name (Last, First, Middle Initial)

ERIC R. JONES

Mailing Address 1175 County Road East  
#230

City

Vadnais Heights

State

MN

Zip Code

55109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/RAMSEY COU-  
NTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.120301

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

GRACE E. JONES

Mailing Address 2604 Brookview Drive

City

Burnsville

State

MN

Zip Code

55337

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/SOMN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.119650

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

69.23

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 273 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JUDY A. JONES

Mailing Address 115 S Oak Street

City

Falls Church

State

VA

Zip Code

22046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSOC. DIRECTOR, INFORMATION SYSTEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1090.44

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	8

Transaction ID: SA11AI.118193

Amount of Each Receipt this Period

53.67

**B.**

Full Name (Last, First, Middle Initial)

JUDY A. JONES

Mailing Address 115 S Oak Street

City

Falls Church

State

VA

Zip Code

22046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSOC. DIRECTOR, INFORMATION SYSTEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1144.11

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	4	/	2	0	0	8

Transaction ID: SA11AI.118315

Amount of Each Receipt this Period

53.67

**C.**

Full Name (Last, First, Middle Initial)

JUDY A. JONES

Mailing Address 115 S Oak Street

City

Falls Church

State

VA

Zip Code

22046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSOC. DIRECTOR, INFORMATION SYSTEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1197.78

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	4	/	2	0	0	8

Transaction ID: SA11AI.119862

Amount of Each Receipt this Period

53.67

SUBTOTAL of Receipts This Page (optional) .....

161.01

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 274 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

MARK JONES

Mailing Address 1201 Old Highway 63 South  
Apt. 105

City State Zip Code  
Columbia MO 65201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MO CN 72

Occupation  
CAMPAIGN MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.33

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.119175

Amount of Each Receipt this Period

26.07

**B.**

Full Name (Last, First, Middle Initial)

MARK JONES

Mailing Address 1201 Old Highway 63 South  
Apt. 105

City State Zip Code  
Columbia MO 65201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MO CN 72

Occupation  
CAMPAIGN MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

521.40

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.119181

Amount of Each Receipt this Period

26.07

**C.**

Full Name (Last, First, Middle Initial)

MARK JONES

Mailing Address 1201 Old Highway 63 South  
Apt. 105

City State Zip Code  
Columbia MO 65201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MO CN 72

Occupation  
CAMPAIGN MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

547.47

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.119186

Amount of Each Receipt this Period

26.07

**SUBTOTAL** of Receipts This Page (optional) .....

78.21

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 275 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

ROBERT D. JONES

Mailing Address 5036 S. K Street

City

Tacoma

State

WA

Zip Code

98408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.119485

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

JACQUELINE L. JONES-WALSH

Mailing Address 1212 Jefferson St., SE  
Suite 300

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	7	/	2	0	0	8

Transaction ID: SA11AI.119486

Amount of Each Receipt this Period

21.00

**C.**

Full Name (Last, First, Middle Initial)

JACQUELINE L. JONES-WALSH

Mailing Address 1212 Jefferson St., SE  
Suite 300

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.119487

Amount of Each Receipt this Period

21.00

SUBTOTAL of Receipts This Page (optional) .....

52.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 276 / 674  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

BLONDIE JORDAN

Mailing Address 7811 Bay Cedar Drive

City

Orlando

State

FL

Zip Code

32835

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L/STATE STREETOccupation  
RETIREE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	0	8

Transaction ID: SA11AI.119239

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

CHARLES JURGONIS

Mailing Address 11704 Bobs Ford Road

City

Fairfax

State

VA

Zip Code

22030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'LOccupation  
DIRECTOR, FINANCIAL SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3089.43

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	8

Transaction ID: SA11AI.118194

Amount of Each Receipt this Period

154.47

**C.**

Full Name (Last, First, Middle Initial)

CHARLES JURGONIS

Mailing Address 11704 Bobs Ford Road

City

Fairfax

State

VA

Zip Code

22030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'LOccupation  
DIRECTOR, FINANCIAL SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3243.90

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	4	/	2	0	0	8

Transaction ID: SA11AI.118316

Amount of Each Receipt this Period

154.47

SUBTOTAL of Receipts This Page (optional) .....

358.94

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 277 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

CHARLES JURGONIS

Mailing Address 11704 Bobs Ford Road

City

Fairfax

State

VA

Zip Code

22030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

DIRECTOR, FINANCIAL SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3398.37

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119863

Amount of Each Receipt this Period

154.47

**B.**

Full Name (Last, First, Middle Initial)

THOMAS KABUS, Jr.

Mailing Address 811 14th Street

City

Cloquet

State

MN

Zip Code

55720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/SOMN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.119651

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

MATT KADOW

Mailing Address 8033 Excelsior Drive  
Suite A

City

Madison

State

WI

Zip Code

53717-1903

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 11

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.40

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.119282

Amount of Each Receipt this Period

31.24

**SUBTOTAL** of Receipts This Page (optional) .....

215.71

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 278 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

TOTSUKO M. KAUAHI

Mailing Address 888 Mililani Street  
Suite 601

City State Zip Code  
Honolulu HI 96813-2991

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME HI LOC 152

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.60

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.118845

Amount of Each Receipt this Period

23.40

**B.**

Full Name (Last, First, Middle Initial)

JASON KAY

Mailing Address 2000 Cleveland

City State Zip Code  
Evanston IL 60202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME IL CN 31

Occupation  
POLITICAL ACTION DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

801.52

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118903

Amount of Each Receipt this Period

67.12

**C.**

Full Name (Last, First, Middle Initial)

RONALD T. KEENAN

Mailing Address 2012 N 36th Street

City State Zip Code  
Milwaukee WI 53208

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.119364

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

110.52

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 279 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

RONALD T. KEENAN

Mailing Address 2012 N 36th Street

City

Milwaukee

State

WI

Zip Code

53208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.119365

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

RONALD T. KEENAN

Mailing Address 2012 N 36th Street

City

Milwaukee

State

WI

Zip Code

53208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.119366

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

RONALD T. KEENAN

Mailing Address 2012 N 36th Street

City

Milwaukee

State

WI

Zip Code

53208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119943

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 280 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JOSEPH M. KELLY

Mailing Address 1212 Jefferson St., SE  
Suite 300City State Zip Code  
Olympia WA 98501FEC ID number of contributing  
federal political committee.**C**Name of Employer  
AFSCME WA CN 28/SOWAOccupation  
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
1	1	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.119491

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

LISA HARRIS KELLY

Mailing Address 9800 Muirfield Drive

City State Zip Code  
Upper Marlboro MD 20772FEC ID number of contributing  
federal political committee.**C**Name of Employer  
AFSCME INT'LOccupation  
SENIOR SPEECH WRITER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

989.83

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	8

Transaction ID: SA11AI.118195

Amount of Each Receipt this Period

49.49

**C.**

Full Name (Last, First, Middle Initial)

LISA HARRIS KELLY

Mailing Address 9800 Muirfield Drive

City State Zip Code  
Upper Marlboro MD 20772FEC ID number of contributing  
federal political committee.**C**Name of Employer  
AFSCME INT'LOccupation  
SENIOR SPEECH WRITER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1039.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	4	/	2	0	0	8

Transaction ID: SA11AI.118317

Amount of Each Receipt this Period

49.49

SUBTOTAL of Receipts This Page (optional) .....

108.98

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 281 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

LISA HARRIS KELLY

Mailing Address 9800 Muirfield Drive

City

Upper Marlboro

State

MD

Zip Code

20772

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

SENIOR SPEECH WRITER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1088.81

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119864

Amount of Each Receipt this Period

49.49

**B.**

Full Name (Last, First, Middle Initial)

LYNN E. KEMP

Mailing Address 390 Worthington Road

City

Westerville

State

OH

Zip Code

43082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.120274

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

DEBORAH KENNARD

Mailing Address 14955 Avenue Venusto  
#67

City

San Diego

State

CA

Zip Code

92128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA LOC 1199/COPE

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.119019

Amount of Each Receipt this Period

45.00

**SUBTOTAL** of Receipts This Page (optional) .....

114.49

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 282 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

DEBORAH KENNARD

Mailing Address 14955 Avenue Venusto  
#67

City State Zip Code  
San Diego CA 92128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA LOC 1199/COPE

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.119026

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

STUART KENNEDY

Mailing Address 705 Pearl Street

City State Zip Code  
Edgerton WI 53534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 40/DANE COUN-  
TY

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.119294

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

STUART KENNEDY

Mailing Address 705 Pearl Street

City State Zip Code  
Edgerton WI 53534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 40/DANE COUN-  
TY

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.119295

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

50.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 283 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

DEBORAH L. KERBEN

Mailing Address 852 66th Avenue

City

Brooklyn Center

State

MN

Zip Code

55430-1612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/UNIV OF MN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.119746

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

ADRIENNE J. KERN

Mailing Address P.O. Box 44

City

Hawthorne

State

WI

Zip Code

54842

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/CN14

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

427.90

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118466

Amount of Each Receipt this Period

38.90

**C.**

Full Name (Last, First, Middle Initial)

DEBRA KIDNEY

Mailing Address 6420 N. Willamette Blvd.

City

Portland

State

OR

Zip Code

97203-5655

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75

Occupation

ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119684

Amount of Each Receipt this Period

65.00

**SUBTOTAL** of Receipts This Page (optional) .....

153.90

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 284 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

LORI E. KIEF

Mailing Address 4413 Doe Crossing TR

City

Madison

State

WI

Zip Code

53704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CITY OF MADISON

Occupation

ADMINISTRATIVE CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.119285

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

LORI E. KIEF

Mailing Address 4413 Doe Crossing TR

City

Madison

State

WI

Zip Code

53704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CITY OF MADISON

Occupation

ADMINISTRATIVE CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.119296

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

LORI E. KIEF

Mailing Address 4413 Doe Crossing TR

City

Madison

State

WI

Zip Code

53704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CITY OF MADISON

Occupation

ADMINISTRATIVE CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.119297

Amount of Each Receipt this Period

82.00

**SUBTOTAL** of Receipts This Page (optional) .....

142.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 285 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

LORI E. KIEF

Mailing Address 4413 Doe Crossing TR

City

Madison

State

WI

Zip Code

53704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CITY OF MADISON

Occupation

ADMINISTRATIVE CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119286

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

LORI E. KIEF

Mailing Address 4413 Doe Crossing TR

City

Madison

State

WI

Zip Code

53704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CITY OF MADISON

Occupation

ADMINISTRATIVE CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

381.25

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119948

Amount of Each Receipt this Period

19.25

**C.**

Full Name (Last, First, Middle Initial)

JILL KIELBLOCK

Mailing Address 581 Gotzian Street

City

Saint Paul

State

MN

Zip Code

55106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/CN14

Occupation

BUSINESS REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.30

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118467

Amount of Each Receipt this Period

66.72

**SUBTOTAL** of Receipts This Page (optional) .....

95.97

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 286 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JOHN KIES

Mailing Address N5124 Fox River Lane

City

Princeton

State

WI

Zip Code

54968

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.119367

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

CAROLYN E. KING

Mailing Address 41 Ellis Road

City

Stoneboro

State

PA

Zip Code

16153

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13/SOPA

Occupation

CORRECTIONS OFFICER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.119320

Amount of Each Receipt this Period

42.00

**C.**

Full Name (Last, First, Middle Initial)

GREGORY J. KING

Mailing Address 147 W Linvale Street

City

Baltimore

State

MD

Zip Code

21217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1090.44

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118196

Amount of Each Receipt this Period

53.67

**SUBTOTAL** of Receipts This Page (optional) .....

110.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 287 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

GREGORY J. KING

Mailing Address 147 W Linvale Street

City

Baltimore

State

MD

Zip Code

21217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1144.11

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118318

Amount of Each Receipt this Period

53.67

**B.**

Full Name (Last, First, Middle Initial)

GREGORY J. KING

Mailing Address 147 W Linvale Street

City

Baltimore

State

MD

Zip Code

21217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1197.78

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119865

Amount of Each Receipt this Period

53.67

**C.**

Full Name (Last, First, Middle Initial)

R. MICHAEL KIRKPATRICK

Mailing Address 6131 Mifflin Avenue

City

Harrisburg

State

PA

Zip Code

17111-4259

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

DIRECTOR, GRIEVANCE DEPT.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1060.71

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118528

Amount of Each Receipt this Period

90.74

**SUBTOTAL** of Receipts This Page (optional) .....

198.08

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 288 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

SHIRLEY KIRKWOOD

Mailing Address 1232 Winding Way

City

Tobyhanna

State

PA

Zip Code

18466

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.70

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118529

Amount of Each Receipt this Period

66.30

**B.**

Full Name (Last, First, Middle Initial)

JOHN M. KIRWIN

Mailing Address 1426 Fairview Avenue

City

Columbus

State

OH

Zip Code

43212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

ENVIRONMENTAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.120154

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

JOHN M. KIRWIN

Mailing Address 1426 Fairview Avenue

City

Columbus

State

OH

Zip Code

43212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

ENVIRONMENTAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.120155

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

106.30

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 289 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JOHN M. KIRWIN

Mailing Address 1426 Fairview Avenue

City

Columbus

State

OH

Zip Code

43212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

ENVIRONMENTAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	1	/	2	0	0	8

Transaction ID: SA11AI.120156

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

CHRISTINE E. KISTNER

Mailing Address 501 High Street

City

Colfax

State

WI

Zip Code

54730

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 40

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

554.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	0	8

Transaction ID: SA11AI.119214

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

JOSEPH KLEMAN

Mailing Address 4031 Executive Park Drive

City

Harrisburg

State

PA

Zip Code

17111-1599

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

981.34

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.118530

Amount of Each Receipt this Period

83.26

SUBTOTAL of Receipts This Page (optional) .....

143.26

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 290 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

CAROLYN KLINGLESMTIH

Mailing Address 2812 Windsor Forest Drive

City

Louisville

State

KY

Zip Code

40272

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

AREA ORGANIZING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

866.36

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118197

Amount of Each Receipt this Period

43.61

**B.**

Full Name (Last, First, Middle Initial)

CAROLYN KLINGLESMTIH

Mailing Address 2812 Windsor Forest Drive

City

Louisville

State

KY

Zip Code

40272

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

AREA ORGANIZING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

909.97

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118319

Amount of Each Receipt this Period

43.61

**C.**

Full Name (Last, First, Middle Initial)

CAROLYN KLINGLESMTIH

Mailing Address 2812 Windsor Forest Drive

City

Louisville

State

KY

Zip Code

40272

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

AREA ORGANIZING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

953.58

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119866

Amount of Each Receipt this Period

43.61

**SUBTOTAL** of Receipts This Page (optional) .....

130.83

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 291 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

NANCY KNEPP

Mailing Address 22 Edgewood Drive

City

Mechanicsburg

State

PA

Zip Code

17055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

759.28

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118531

Amount of Each Receipt this Period

66.30

**B.**

Full Name (Last, First, Middle Initial)

LYNNETTE KNIGHT

Mailing Address 1212 Jefferson St. SE  
Suite 300

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.119262

Amount of Each Receipt this Period

21.00

**C.**

Full Name (Last, First, Middle Initial)

MARCIA R. KNOX

Mailing Address 1660 Newton Avenue

City

Dayton

State

OH

Zip Code

45406-4110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

978.14

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118413

Amount of Each Receipt this Period

86.01

**SUBTOTAL** of Receipts This Page (optional) .....

173.31

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 292 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**Full Name (Last, First, Middle Initial)  
STEVE KOFFROTH

Mailing Address 17824 Autry Ct

City	State	Zip Code
Chino Hills	CA	91709

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

788.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	0	8

Transaction ID: SA11AI.119715

Amount of Each Receipt this Period

124.80

**B.**Full Name (Last, First, Middle Initial)  
STEVE KOFFROTH

Mailing Address 17824 Autry Ct

City	State	Zip Code
Chino Hills	CA	91709

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

851.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	8		2	0	0	8

Transaction ID: SA11AI.119734

Amount of Each Receipt this Period

62.40

**C.**Full Name (Last, First, Middle Initial)  
KERRY KORPI

Mailing Address 8913 First Avenue

City	State	Zip Code
Silver Spring	MD	20910

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'LOccupation  
DIRECTOR, RESEARCH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1392.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	8

Transaction ID: SA11AI.118198

Amount of Each Receipt this Period

68.77

SUBTOTAL of Receipts This Page (optional) .....

255.97

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 293 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

KERRY KORPI

Mailing Address 8913 First Avenue

City

Silver Spring

State

MD

Zip Code

20910

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

DIRECTOR, RESEARCH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1461.13

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118320

Amount of Each Receipt this Period

68.77

**B.**

Full Name (Last, First, Middle Initial)

KERRY KORPI

Mailing Address 8913 First Avenue

City

Silver Spring

State

MD

Zip Code

20910

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

DIRECTOR, RESEARCH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1529.90

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119867

Amount of Each Receipt this Period

68.77

**C.**

Full Name (Last, First, Middle Initial)

THOMAS W. KRAUS

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229-1591

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4/LOGAN HOC-  
KING

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.75

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.120372

Amount of Each Receipt this Period

134.75

**SUBTOTAL** of Receipts This Page (optional) .....

272.29

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 294 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

THOMAS W. KRAUS

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229-1591

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/LOGAN HOC-  
KING

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.120373

Amount of Each Receipt this Period

127.25

**B.**

Full Name (Last, First, Middle Initial)

STEVEN KREISBERG

Mailing Address 9954 Whitewater Drive

City

Burke

State

VA

Zip Code

22015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSOCIATE DIRECTOR, RESEARCH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1489.44

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118199

Amount of Each Receipt this Period

74.67

**C.**

Full Name (Last, First, Middle Initial)

STEVEN KREISBERG

Mailing Address 9954 Whitewater Drive

City

Burke

State

VA

Zip Code

22015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSOCIATE DIRECTOR, RESEARCH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1564.11

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118321

Amount of Each Receipt this Period

74.67

**SUBTOTAL** of Receipts This Page (optional) .....

276.59

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 295 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

STEVEN KREISBERG

Mailing Address 9954 Whitewater Drive

City

Burke

State

VA

Zip Code

22015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSOCIATE DIRECTOR, RESEARCH

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1638.78

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119868

Amount of Each Receipt this Period

74.67

**B.**

Full Name (Last, First, Middle Initial)

BARBARA KREMP

Mailing Address 302 Donnelly Avenue

City

Aston

State

PA

Zip Code

19014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

742.28

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118532

Amount of Each Receipt this Period

66.30

**C.**

Full Name (Last, First, Middle Initial)

BEVERLY KRISS

Mailing Address 1410 Bush Street  
Suite A

City

Baltimore

State

MD

Zip Code

21230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MD CN 67

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.118991

Amount of Each Receipt this Period

57.69

**SUBTOTAL** of Receipts This Page (optional) .....

198.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 296 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)  
BEVERLY KRISS

Mailing Address 1410 Bush Street  
Suite A

City State Zip Code  
Baltimore MD 21230

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MD CN 67

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119007

Amount of Each Receipt this Period

38.46

**B.**

Full Name (Last, First, Middle Initial)  
CAROLEE C KUBO

Mailing Address 1919 Young Street

City State Zip Code  
Honolulu HI 96826

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME HI LOC 152

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.118846

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)  
RONALD D. KUCHLER

Mailing Address 1212 Jefferson St., SE  
Suite 300

City State Zip Code  
Olympia WA 98501

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.119492

Amount of Each Receipt this Period

21.00

**SUBTOTAL** of Receipts This Page (optional) .....

84.46

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 297 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

RONALD D. KUCHLER

Mailing Address 1212 Jefferson St., SE  
Suite 300

City State Zip Code  
Olympia WA 98501

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.50

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119493

Amount of Each Receipt this Period

21.00

**B.**

Full Name (Last, First, Middle Initial)

PAMELA J. KUDERIK

Mailing Address 39001 Wabash Street

City State Zip Code  
Romulus MI 48174

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MI CN 25/ROMULUS  
CS

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  
1 1 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.120024

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

ELIZABETH KUEHNEL

Mailing Address 444 East Main Street

City State Zip Code  
New Britain CT 06051

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME CT CN 4

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119801

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

51.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 298 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

THOMAS E. KULIKOSKY

Mailing Address 400 Old Dominion Avenue

City

Herndon

State

VA

Zip Code

20170

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

AUDITING MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1133.26

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	8

Transaction ID: SA11AI.118200

Amount of Each Receipt this Period

56.88

**B.**

Full Name (Last, First, Middle Initial)

THOMAS E. KULIKOSKY

Mailing Address 400 Old Dominion Avenue

City

Herndon

State

VA

Zip Code

20170

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

AUDITING MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1190.14

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	4	/	2	0	0	8

Transaction ID: SA11AI.118322

Amount of Each Receipt this Period

56.88

**C.**

Full Name (Last, First, Middle Initial)

THOMAS E. KULIKOSKY

Mailing Address 400 Old Dominion Avenue

City

Herndon

State

VA

Zip Code

20170

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

AUDITING MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1247.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	4	/	2	0	0	8

Transaction ID: SA11AI.119869

Amount of Each Receipt this Period

56.88

SUBTOTAL of Receipts This Page (optional) .....

170.64

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 299 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

RANDALL KURTZ

Mailing Address 8019 64th Drive NE

City

Marysville

State

WA

Zip Code

98270-6208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation  
FSS III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.119494

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

RANDALL KURTZ

Mailing Address 8019 64th Drive NE

City

Marysville

State

WA

Zip Code

98270-6208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation  
FSS III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119495

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

JEANINE LAKE

Mailing Address P.O. Box 1016

City

Carson City

State

NV

Zip Code

89702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NV LOC 4041

Occupation  
REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.120449

Amount of Each Receipt this Period

34.00

**SUBTOTAL** of Receipts This Page (optional) .....

64.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 300 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JEANINE LAKE

Mailing Address P.O. Box 1016

City

Carson City

State

NV

Zip Code

89702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NV LOC 4041

Occupation

REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.120450

Amount of Each Receipt this Period

34.00

**B.**

Full Name (Last, First, Middle Initial)

FRANCIS M. LALLY, III

Mailing Address 5 Vansant Rd., Deacon's Walk

City

Newark

State

DE

Zip Code

19711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME DE CN 81

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

621.34

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.118817

Amount of Each Receipt this Period

61.58

**C.**

Full Name (Last, First, Middle Initial)

FRANCIS M. LALLY, III

Mailing Address 5 Vansant Rd., Deacon's Walk

City

Newark

State

DE

Zip Code

19711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME DE CN 81

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

683.52

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.118824

Amount of Each Receipt this Period

62.18

**SUBTOTAL** of Receipts This Page (optional) .....

157.76

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 301 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

LEONARD LALUNA

Mailing Address 444 East Main Street

City

New Britain

State

CT

Zip Code

06051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CT CN 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.119802

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

JOSE A. LALUZ, JR.

Mailing Address 16 E 98 Street  
Apt. 6F

City

New York

State

NY

Zip Code

10029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

SPECIAL PROJECTS MANAGER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1134.59

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	8

Transaction ID: SA11AI.118201

Amount of Each Receipt this Period

56.73

**C.**

Full Name (Last, First, Middle Initial)

JOSE A. LALUZ, JR.

Mailing Address 16 E 98 Street  
Apt. 6F

City

New York

State

NY

Zip Code

10029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

SPECIAL PROJECTS MANAGER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1191.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	4	/	2	0	0	8

Transaction ID: SA11AI.118323

Amount of Each Receipt this Period

56.73

SUBTOTAL of Receipts This Page (optional) .....

133.46

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 302 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**Full Name (Last, First, Middle Initial)  
JOSE A. LALUZ, JR.Mailing Address 16 E 98 Street  
Apt. 6FCity State Zip Code  
New York NY 10029FEC ID number of contributing  
federal political committee.**C**Name of Employer  
AFSCME INT'LOccupation  
SPECIAL PROJECTS MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1248.05

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	4	/	2	0	0	8

Transaction ID: SA11AI.119870

Amount of Each Receipt this Period

56.73

**B.**Full Name (Last, First, Middle Initial)  
LOUISE A. LANGBERG

Mailing Address 2021 Sheridan Avenue

City State Zip Code  
St. Paul MN 55116FEC ID number of contributing  
federal political committee.**C**Name of Employer  
AFSCME MN CN 5/ST. PAUL  
CITYOccupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.120302

Amount of Each Receipt this Period

27.00

**C.**Full Name (Last, First, Middle Initial)  
CAROLE LANNI

Mailing Address 97 West 34th Street

City State Zip Code  
Bayonne NJ 07002FEC ID number of contributing  
federal political committee.**C**Name of Employer  
AFSCME NJ CN 52Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	0	8

Transaction ID: SA11AI.119015

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

113.73

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 303 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JERRY S. LARICCHIUTA

Mailing Address 117 Van Buren Street

City

Massapequa Park

State

NY

Zip Code

11762

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME NY LOC 1000/NASSAU  
CNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.119136

Amount of Each Receipt this Period

19.23

**B.**

Full Name (Last, First, Middle Initial)

JERRY S. LARICCHIUTA

Mailing Address 117 Van Buren Street

City

Massapequa Park

State

NY

Zip Code

11762

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME NY LOC 1000/NASSAU  
CNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.119137

Amount of Each Receipt this Period

19.23

**C.**

Full Name (Last, First, Middle Initial)

JERRY S. LARICCHIUTA

Mailing Address 117 Van Buren Street

City

Massapequa Park

State

NY

Zip Code

11762

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME NY LOC 1000/NASSAU  
CNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.46

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.119138

Amount of Each Receipt this Period

19.24

**SUBTOTAL** of Receipts This Page (optional) .....

57.70

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 304 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

ELIZABETH LARSEN

Mailing Address 900 Grant Street SW

City

Tumwater

State

WA

Zip Code

98512-6335

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

674.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.119263

Amount of Each Receipt this Period

80.00

**B.**

Full Name (Last, First, Middle Initial)

THOMAS LARSEN

Mailing Address 1734 Arrowhead Drive

City

Beloit

State

WI

Zip Code

53511

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 40

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.119215

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

DANA LARSON

Mailing Address 8111 Lake Plesant Rd

City

Erie

State

PA

Zip Code

16509

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

389.88

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118533

Amount of Each Receipt this Period

35.62

**SUBTOTAL** of Receipts This Page (optional) .....

165.62

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 305 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

S. J. LARUE

Mailing Address 106 Haskell Drive

City

Lancaster

State

PA

Zip Code

17601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13/SOPA

Occupation

CLERICAL/ADMINISTRATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.119322

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

LAWRENCE P. LAUTENSCHLAGER

Mailing Address 1215 Carr Place

City

Oshkosh

State

WI

Zip Code

54901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

392.48

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.119368

Amount of Each Receipt this Period

14.34

**C.**

Full Name (Last, First, Middle Initial)

LAWRENCE P. LAUTENSCHLAGER

Mailing Address 1215 Carr Place

City

Oshkosh

State

WI

Zip Code

54901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

406.82

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.119369

Amount of Each Receipt this Period

14.34

**SUBTOTAL** of Receipts This Page (optional) .....

58.68

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 306 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

LAWRENCE P. LAUTENSCHLAGER

Mailing Address 1215 Carr Place

City

Oshkosh

State

WI

Zip Code

54901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

421.16

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119944

Amount of Each Receipt this Period

14.34

**B.**

Full Name (Last, First, Middle Initial)

EARLENE LEDFORD

Mailing Address 2396 Highway 22 W

City

Muscatine

State

IA

Zip Code

52761

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61

Occupation

CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119095

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

ALAN L. LEE

Mailing Address 1539 Tigertail Court

City

Palmdale

State

CA

Zip Code

93551

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

INTERNATIONAL UNION REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

709.06

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118202

Amount of Each Receipt this Period

35.13

**SUBTOTAL** of Receipts This Page (optional) .....

89.47

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 307 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

ALAN L. LEE

Mailing Address 1539 Tigertail Court

City

Palmdale

State

CA

Zip Code

93551

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

INTERNATIONAL UNION REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

744.19

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118324

Amount of Each Receipt this Period

35.13

**B.**

Full Name (Last, First, Middle Initial)

ALAN L. LEE

Mailing Address 1539 Tigertail Court

City

Palmdale

State

CA

Zip Code

93551

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

INTERNATIONAL UNION REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

779.32

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119871

Amount of Each Receipt this Period

35.13

**C.**

Full Name (Last, First, Middle Initial)

NEILDA C. LEE

Mailing Address 1217 Gallatin Street, NW

City

Washington

State

DC

Zip Code

20011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

DIRECTOR, HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1787.02

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118203

Amount of Each Receipt this Period

88.50

**SUBTOTAL** of Receipts This Page (optional) .....

158.76

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 308 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

NEILDA C. LEE

Mailing Address 1217 Gallatin Street, NW

City

Washington

State

DC

Zip Code

20011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

DIRECTOR, HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1875.52

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118325

Amount of Each Receipt this Period

88.50

**B.**

Full Name (Last, First, Middle Initial)

NEILDA C. LEE

Mailing Address 1217 Gallatin Street, NW

City

Washington

State

DC

Zip Code

20011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

DIRECTOR, HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1964.02

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119872

Amount of Each Receipt this Period

88.50

**C.**

Full Name (Last, First, Middle Initial)

SUE C. LEE-ALLEN

Mailing Address 7935 SW Santolina Place

City

Beaverton

State

OR

Zip Code

97008-6272

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75

Occupation

ORGANIZING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

965.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119685

Amount of Each Receipt this Period

70.00

**SUBTOTAL** of Receipts This Page (optional) .....

247.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 309 / 674

(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

EDWARD LEHMAN

Mailing Address 7864 Misson Vista Drive

City

San Diego

State

CA

Zip Code

92120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36

Occupation

BUSINESS REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

512.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.119716

Amount of Each Receipt this Period

60.00

**B.**

Full Name (Last, First, Middle Initial)

EDWARD LEHMAN

Mailing Address 7864 Misson Vista Drive

City

San Diego

State

CA

Zip Code

92120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36

Occupation

BUSINESS REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

542.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.119735

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

ERIC N. LEHTO

Mailing Address 2122 West 2nd Street  
Apt. #2

City

Duluth

State

MN

Zip Code

55086

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/CN14

Occupation

DIRECTOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1152.42

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118468

Amount of Each Receipt this Period

103.22

**SUBTOTAL** of Receipts This Page (optional) .....

193.22

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 310 / 674

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JACQUALINE LEISURE

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229-1591

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/CANTON CSD

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.120374

Amount of Each Receipt this Period

40.50

**B.**

Full Name (Last, First, Middle Initial)

DINO LEONE

Mailing Address 9115 Turkey Hollow Rd.

City

Taylor Ridge

State

IL

Zip Code

61284-9646

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

762.36

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118904

Amount of Each Receipt this Period

63.84

**C.**

Full Name (Last, First, Middle Initial)

CECILIA LEWANDOWSKI

Mailing Address 1633 N Arlington Place  
#1907

City

Milwaukee

State

WI

Zip Code

53202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WI CN 24/SOWI

Occupation

UNIVERSITY PROGRAM ASSOCIATE II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.119370

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

124.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 311 / 674

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)  
CECILIA LEWANDOWSKI

Mailing Address 1633 N Arlington Place  
#1907

City State Zip Code  
Milwaukee WI 53202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation  
UNIVERSITY PROGRAM ASSOCIATE II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.119371

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)  
CECILIA LEWANDOWSKI

Mailing Address 1633 N Arlington Place  
#1907

City State Zip Code  
Milwaukee WI 53202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation  
UNIVERSITY PROGRAM ASSOCIATE II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.119372

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)  
CECILIA LEWANDOWSKI

Mailing Address 1633 N Arlington Place  
#1907

City State Zip Code  
Milwaukee WI 53202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation  
UNIVERSITY PROGRAM ASSOCIATE II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.119373

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 312 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

SARAH LEWERENZ

Mailing Address 6997 West Van Road

City

Duluth

State

MN

Zip Code

55803-9359

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/CN14

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

457.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.119961

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

BARBARA LEWIS

Mailing Address 2650 S. M-52 Highway

City

Owosso

State

MI

Zip Code

48867

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.60

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.118723

Amount of Each Receipt this Period

24.53

**C.**

Full Name (Last, First, Middle Initial)

BARBARA LEWIS

Mailing Address 2650 S. M-52 Highway

City

Owosso

State

MI

Zip Code

48867

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.13

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118765

Amount of Each Receipt this Period

24.53

**SUBTOTAL** of Receipts This Page (optional) .....

89.06

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 313 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)  
CORDELIA M. LEWIS

Mailing Address P.O. Box 5149

City State Zip Code  
Boston MA 02206-5149

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L/STATE STREET

Occupation  
RETIREE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.119240

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)  
GREG LEWIS

Mailing Address 1816 E. 22nd Street

City State Zip Code  
Des Moines IA 50317

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME IA CN 61

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119096

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)  
VALERY LIGHT

Mailing Address 32 Barley Lane

City State Zip Code  
Palmyra PA 17078

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME PA CN 13

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

681.14

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118534

Amount of Each Receipt this Period

63.08

**SUBTOTAL** of Receipts This Page (optional) .....

123.08

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 314 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

ANDERS LINDALL

Mailing Address 2524 West Hutchinson

City

Chicago

State

IL

Zip Code

60618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

751.54

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118905

Amount of Each Receipt this Period

66.70

**B.**

Full Name (Last, First, Middle Initial)

THERESA LIPKO

Mailing Address 117 South Main Street

City

Carbondale

State

PA

Zip Code

18407

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

513.66

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118535

Amount of Each Receipt this Period

40.24

**C.**

Full Name (Last, First, Middle Initial)

DEBORAH LIPPINCOTT

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

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

740.16

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118906

Amount of Each Receipt this Period

61.98

**SUBTOTAL** of Receipts This Page (optional) .....

168.92

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 315 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

ISMAEL LIRIANO

Mailing Address 6905 Victoria Drive  
#2

City State Zip Code  
Alexandria VA 22310

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
STAFF ACCOUNTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

561.66

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118204

Amount of Each Receipt this Period

28.72

**B.**

Full Name (Last, First, Middle Initial)

ISMAEL LIRIANO

Mailing Address 6905 Victoria Drive  
#2

City State Zip Code  
Alexandria VA 22310

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
STAFF ACCOUNTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.38

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118326

Amount of Each Receipt this Period

28.72

**C.**

Full Name (Last, First, Middle Initial)

ISMAEL LIRIANO

Mailing Address 6905 Victoria Drive  
#2

City State Zip Code  
Alexandria VA 22310

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
STAFF ACCOUNTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

619.10

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119873

Amount of Each Receipt this Period

28.72

**SUBTOTAL** of Receipts This Page (optional) .....

86.16

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 316 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

EARL W. LITTLEFIELD

Mailing Address 1322 Seymour Avenue

City

Columbus

State

OH

Zip Code

43206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

ATTORNEY GENERAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.120160

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

EARL W. LITTLEFIELD

Mailing Address 1322 Seymour Avenue

City

Columbus

State

OH

Zip Code

43206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

ATTORNEY GENERAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.120161

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

EARL W. LITTLEFIELD

Mailing Address 1322 Seymour Avenue

City

Columbus

State

OH

Zip Code

43206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

ATTORNEY GENERAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.120162

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 317 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)  
COREY LOCKARD

Mailing Address P.O. Box 22

City State Zip Code  
Benton PA 17814

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME PA CN 13

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.55

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118536

Amount of Each Receipt this Period

66.30

**B.**

Full Name (Last, First, Middle Initial)  
KIP LOCKHART

Mailing Address 139 Simpkins Drive

City State Zip Code  
Bristol CT 06010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME CT CN 4

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

741.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119803

Amount of Each Receipt this Period

62.02

**C.**

Full Name (Last, First, Middle Initial)  
PAMELA J. LOFQUIST

Mailing Address 43426 Birchview Road

City State Zip Code  
Sturgeon Lake MN 55783-9802

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MN CN 5/CN14

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118469

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

178.32

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 318 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JAMES N. LOMONACO

Mailing Address 107 Wormwood Hill Rd.

City

Mansfield

State

CT

Zip Code

06250

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CT CN 4/SOCT

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.119104

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

JAMES N. LOMONACO

Mailing Address 107 Wormwood Hill Rd.

City

Mansfield

State

CT

Zip Code

06250

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CT CN 4/SOCT

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119105

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

LISABETH LONG

Mailing Address P.O. Box 82

City

Falls Creek

State

PA

Zip Code

15840-0082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

EDUCATION DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

994.87

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118537

Amount of Each Receipt this Period

88.18

**SUBTOTAL** of Receipts This Page (optional) .....

108.18

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 319 / 674

(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

RANDY LORELLO

Mailing Address 3628 55th Court, SE

City

Olympia

State

WA

Zip Code

98503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28

Occupation

DIR. UNION / MGMT. ACTIV.

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.119264

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

NATALVA LOTKOVA

Mailing Address 5242 SE 115th Avenue

City

Portland

State

OR

Zip Code

97266

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75/SOOR

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119701

Amount of Each Receipt this Period

30.00

**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 ▼

1466.80

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118205

Amount of Each Receipt this Period

73.34

**SUBTOTAL** of Receipts This Page (optional) .....

153.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 320 / 674

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

CHARLES M. LOVELESS

Mailing Address 1112 Euclid Street NW

City

Washington

State

DC

Zip Code

20009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

DIRECTOR, LEGISLATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1540.14

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118327

Amount of Each Receipt this Period

73.34

**B.**

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 ▼

1613.48

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119874

Amount of Each Receipt this Period

73.34

**C.**

Full Name (Last, First, Middle Initial)

GEORGE LOVELL

Mailing Address RR 3 BOX 3403

City

Goshen

State

VT

Zip Code

05733-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MA CN 93

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

647.60

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118962

Amount of Each Receipt this Period

60.76

**SUBTOTAL** of Receipts This Page (optional) .....

207.44

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 321 / 674

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

SALVATORE LUCIANO

Mailing Address 444 East Main Street

City

New Britain

State

CT

Zip Code

06051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CT CN 4

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1257.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118126

Amount of Each Receipt this Period

14.00

**B.**

Full Name (Last, First, Middle Initial)

SALVATORE LUCIANO

Mailing Address 444 East Main Street

City

New Britain

State

CT

Zip Code

06051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CT CN 4

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1357.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119804

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

SALVATORE LUCIANO

Mailing Address 444 East Main Street

City

New Britain

State

CT

Zip Code

06051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CT CN 4

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1371.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.118798

Amount of Each Receipt this Period

14.00

**SUBTOTAL** of Receipts This Page (optional) .....

128.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 322 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM LUCY

Mailing Address 1831 Sudbury Lane NW

City

Washington

State

DC

Zip Code

20012-2202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

SECRETARY TREASURER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2607.20

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118206

Amount of Each Receipt this Period

133.06

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM LUCY

Mailing Address 1831 Sudbury Lane NW

City

Washington

State

DC

Zip Code

20012-2202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

SECRETARY TREASURER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2740.26

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118328

Amount of Each Receipt this Period

133.06

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM LUCY

Mailing Address 1831 Sudbury Lane NW

City

Washington

State

DC

Zip Code

20012-2202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

SECRETARY TREASURER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2873.32

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119875

Amount of Each Receipt this Period

133.06

**SUBTOTAL** of Receipts This Page (optional) .....

399.18

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 323 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JERRY LUGO

Mailing Address 30 E. Broad Street

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.120163

Amount of Each Receipt this Period

12.00

**B.**

Full Name (Last, First, Middle Initial)

JERRY LUGO

Mailing Address 30 E. Broad Street

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.120164

Amount of Each Receipt this Period

12.00

**C.**

Full Name (Last, First, Middle Initial)

JERRY LUGO

Mailing Address 30 E. Broad Street

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.120165

Amount of Each Receipt this Period

12.00

**SUBTOTAL** of Receipts This Page (optional) .....

36.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 324 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

WANDA LUNNING

Mailing Address 1014 12th Avenue SW

City

Austin

State

MN

Zip Code

55912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/SOMN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.120336

Amount of Each Receipt this Period

27.00

**B.**

Full Name (Last, First, Middle Initial)

CAROLE LUTNESS

Mailing Address 914 Shatto Place  
3rd Floor

City

Los Angeles

State

CA

Zip Code

90020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36/Local 2712

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.119769

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

JOHN A. LYALL

Mailing Address 383 Ashmoore Circle East

City

Powell

State

OH

Zip Code

43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1406.28

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118127

Amount of Each Receipt this Period

14.00

**SUBTOTAL** of Receipts This Page (optional) .....

61.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 325 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JOHN A. LYALL

Mailing Address 383 Ashmoore Circle East

City

Powell

State

OH

Zip Code

43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1531.94

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118414

Amount of Each Receipt this Period

125.66

**B.**

Full Name (Last, First, Middle Initial)

JOHN A. LYALL

Mailing Address 383 Ashmoore Circle East

City

Powell

State

OH

Zip Code

43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1545.94

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.118799

Amount of Each Receipt this Period

14.00

**C.**

Full Name (Last, First, Middle Initial)

RANDELL LYNCH

Mailing Address P O Box 3311

City

Peoria

State

IL

Zip Code

61612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

740.16

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118907

Amount of Each Receipt this Period

61.98

**SUBTOTAL** of Receipts This Page (optional) .....

201.64

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 326 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

ROBERTA LYNCH

Mailing Address 4650 N. Hermitage Street

City

Chicago

State

IL

Zip Code

60640

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation

DEPUTY DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1228.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118128

Amount of Each Receipt this Period

14.00

**B.**

Full Name (Last, First, Middle Initial)

ROBERTA LYNCH

Mailing Address 4650 N. Hermitage Street

City

Chicago

State

IL

Zip Code

60640

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation

DEPUTY DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1328.44

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118908

Amount of Each Receipt this Period

99.52

**C.**

Full Name (Last, First, Middle Initial)

ROBERTA LYNCH

Mailing Address 4650 N. Hermitage Street

City

Chicago

State

IL

Zip Code

60640

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation

DEPUTY DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1342.44

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.118800

Amount of Each Receipt this Period

14.00

**SUBTOTAL** of Receipts This Page (optional) .....

127.52

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 327 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

ROBERT LYONS

Mailing Address 1605 Parmenter Street

City

Middleton

State

WI

Zip Code

53562

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L/STATE STREET

Occupation

RETIREE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.119241

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL C. LYTER

Mailing Address P.O. Box 102

City

Elliottsburg

State

PA

Zip Code

17024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13/SOPA

Occupation

TRADESMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.119323

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

CHRISTOPHER A. MABE

Mailing Address 34291 Brokaw Road

City

Columbia Station

State

OH

Zip Code

44028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.120166

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

80.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 328 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

CHRISTOPHER A. MABE

Mailing Address 34291 Brokaw Road

City

Columbia Station

State

OH

Zip Code

44028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOCH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.120167

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

CHRISTOPHER A. MABE

Mailing Address 34291 Brokaw Road

City

Columbia Station

State

OH

Zip Code

44028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOCH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.120168

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

LONIE MACCONNELL

Mailing Address 618 Frances Drive

City

Harrisburg

State

PA

Zip Code

17109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118538

Amount of Each Receipt this Period

67.80

**SUBTOTAL** of Receipts This Page (optional) .....

107.80

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 329 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

TIMOTHY MACKEY

Mailing Address 2243 Ohio Avenue

City

Signal Hill

State

CA

Zip Code

90755

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

640.08

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	0	8

Transaction ID: SA11AI.119717

Amount of Each Receipt this Period

106.68

**B.**

Full Name (Last, First, Middle Initial)

TIMOTHY MACKEY

Mailing Address 2243 Ohio Avenue

City

Signal Hill

State

CA

Zip Code

90755

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

693.42

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	0	8

Transaction ID: SA11AI.119736

Amount of Each Receipt this Period

53.34

**C.**

Full Name (Last, First, Middle Initial)

JOHN P. MAGLIO

Mailing Address P.O. Box 624

City

Racine

State

WI

Zip Code

53401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 40

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	0	8

Transaction ID: SA11AI.119216

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional) .....

200.02

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 330 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

LOUIS J. MAHOLIC

Mailing Address 2726 Juno Place  
Apt. #2

City State Zip Code  
Fairlawn OH 44333

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH CN 8

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

586.58

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118415

Amount of Each Receipt this Period

54.70

**B.**

Full Name (Last, First, Middle Initial)

DENNIS MALLORY

Mailing Address P.O. Box 1016

City State Zip Code  
Carson City NV 89702

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME NV LOC 4041

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.120451

Amount of Each Receipt this Period

34.00

**C.**

Full Name (Last, First, Middle Initial)

DENNIS MALLORY

Mailing Address P.O. Box 1016

City State Zip Code  
Carson City NV 89702

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME NV LOC 4041

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.120452

Amount of Each Receipt this Period

34.00

**SUBTOTAL** of Receipts This Page (optional) .....

122.70

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 331 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

CURTICE A. MALONE

Mailing Address 30 E. Broad Street

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.120169

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

CURTICE A. MALONE

Mailing Address 30 E. Broad Street

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.120170

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

CURTICE A. MALONE

Mailing Address 30 E. Broad Street

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.120171

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 332 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

KATHRYN S. MALONE

Mailing Address 988 Circle On The Green

City

Columbus

State

OH

Zip Code

43235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

DIRECTOR OF PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

887.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.119242

Amount of Each Receipt this Period

77.00

**B.**

Full Name (Last, First, Middle Initial)

LARRY MALONE

Mailing Address 5185 Horseshoe Falls D

City

Dublin

State

OH

Zip Code

43016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

885.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.118616

Amount of Each Receipt this Period

38.50

**C.**

Full Name (Last, First, Middle Initial)

LARRY MALONE

Mailing Address 5185 Horseshoe Falls D

City

Dublin

State

OH

Zip Code

43016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

924.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.118672

Amount of Each Receipt this Period

38.50

**SUBTOTAL** of Receipts This Page (optional) .....

154.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 333 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

LINDA FAY MANN

Mailing Address 15103 Hunter Mountain Lane

City

Silver Spring

State

MD

Zip Code

20906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ADMINISTRATIVE ASSISTANT II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

771.13

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118207

Amount of Each Receipt this Period

34.22

**B.**

Full Name (Last, First, Middle Initial)

LINDA FAY MANN

Mailing Address 15103 Hunter Mountain Lane

City

Silver Spring

State

MD

Zip Code

20906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ADMINISTRATIVE ASSISTANT II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

805.35

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118329

Amount of Each Receipt this Period

34.22

**C.**

Full Name (Last, First, Middle Initial)

LINDA FAY MANN

Mailing Address 15103 Hunter Mountain Lane

City

Silver Spring

State

MD

Zip Code

20906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ADMINISTRATIVE ASSISTANT II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

839.57

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119876

Amount of Each Receipt this Period

34.22

**SUBTOTAL** of Receipts This Page (optional) .....

102.66

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 334 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL MANN

Mailing Address 15103 Hunter Mountain Lane

City

Silver Spring

State

MD

Zip Code

20906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, AUDITING

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1073.44

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	8

Transaction ID: SA11AI.118208

Amount of Each Receipt this Period

53.67

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL MANN

Mailing Address 15103 Hunter Mountain Lane

City

Silver Spring

State

MD

Zip Code

20906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, AUDITING

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1127.11

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	4	/	2	0	0	8

Transaction ID: SA11AI.118330

Amount of Each Receipt this Period

53.67

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL MANN

Mailing Address 15103 Hunter Mountain Lane

City

Silver Spring

State

MD

Zip Code

20906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, AUDITING

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1180.78

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	4	/	2	0	0	8

Transaction ID: SA11AI.119877

Amount of Each Receipt this Period

53.67

SUBTOTAL of Receipts This Page (optional) .....

161.01

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 335 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

TED MANNA

Mailing Address 510 45th Street

City

Altoona

State

PA

Zip Code

16601-9788

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.70

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118539

Amount of Each Receipt this Period

66.30

**B.**

Full Name (Last, First, Middle Initial)

JOSEPH J MARATEA

Mailing Address 6595 Kirkville Rd

City

East Syracuse

State

NY

Zip Code

13057-9672

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CSEA/NY LOC 1000

Occupation

Labor Relations Specialist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.119113

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

JOSEPH J MARATEA

Mailing Address 6595 Kirkville Rd

City

East Syracuse

State

NY

Zip Code

13057-9672

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CSEA/NY LOC 1000

Occupation

Labor Relations Specialist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.119114

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

86.30

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 336 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL A. MARETTE

Mailing Address P.O. Box 314

City

Charlestown

State

WV

Zip Code

25414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASST. DIRECTOR, ORG & FIELD SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1046.83

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118209

Amount of Each Receipt this Period

49.49

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL A. MARETTE

Mailing Address P.O. Box 314

City

Charlestown

State

WV

Zip Code

25414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASST. DIRECTOR, ORG & FIELD SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1096.32

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118331

Amount of Each Receipt this Period

49.49

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL A. MARETTE

Mailing Address P.O. Box 314

City

Charlestown

State

WV

Zip Code

25414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASST. DIRECTOR, ORG & FIELD SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1145.81

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119878

Amount of Each Receipt this Period

49.49

**SUBTOTAL** of Receipts This Page (optional) .....

148.47

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 337 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

STEPHEN MARINCEL

Mailing Address 247 Kennard Street

City

Saint Paul

State

MN

Zip Code

55106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/CN14

Occupation

BUSINESS REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.30

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118471

Amount of Each Receipt this Period

66.72

**B.**

Full Name (Last, First, Middle Initial)

ALIXETTA MARLOW

Mailing Address 3937 Blueberry Hollow Road

City

Gahanna

State

OH

Zip Code

43230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

ADMN. ASST. DIR. OF ACCTG.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.118617

Amount of Each Receipt this Period

38.50

**C.**

Full Name (Last, First, Middle Initial)

ALIXETTA MARLOW

Mailing Address 3937 Blueberry Hollow Road

City

Gahanna

State

OH

Zip Code

43230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

ADMN. ASST. DIR. OF ACCTG.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1014.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.118673

Amount of Each Receipt this Period

38.50

**SUBTOTAL** of Receipts This Page (optional) .....

143.72

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 338 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

TIM MARSHALL

Mailing Address 323 Division Street

City

Lacrosse

State

WI

Zip Code

54601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

CORRECTIONS OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.119374

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

TIM MARSHALL

Mailing Address 323 Division Street

City

Lacrosse

State

WI

Zip Code

54601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

CORRECTIONS OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.119375

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

TIM MARSHALL

Mailing Address 323 Division Street

City

Lacrosse

State

WI

Zip Code

54601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

CORRECTIONS OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.119376

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 339 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

DENIS J. MARTIN

Mailing Address 3485 Edsel Street

City

Trenton

State

MI

Zip Code

48183

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25/WAYNE COU-  
NTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.120026

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

GARY V. MARTIN

Mailing Address 255 Trail East

City

Pataskala

State

OH

Zip Code

43701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

ASSOCIATE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1017.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.118618

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

GARY V. MARTIN

Mailing Address 255 Trail East

City

Pataskala

State

OH

Zip Code

43701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

ASSOCIATE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.118674

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 340 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

OWEN C. MARTIN

Mailing Address 22208 Stablehouse Drive

City

Sterling

State

VA

Zip Code

20164-5320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

INTERNATIONAL AUDITOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.49

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118210

Amount of Each Receipt this Period

43.08

**B.**

Full Name (Last, First, Middle Initial)

OWEN C. MARTIN

Mailing Address 22208 Stablehouse Drive

City

Sterling

State

VA

Zip Code

20164-5320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

INTERNATIONAL AUDITOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.57

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118332

Amount of Each Receipt this Period

43.08

**C.**

Full Name (Last, First, Middle Initial)

OWEN C. MARTIN

Mailing Address 22208 Stablehouse Drive

City

Sterling

State

VA

Zip Code

20164-5320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

INTERNATIONAL AUDITOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

861.65

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119879

Amount of Each Receipt this Period

43.08

**SUBTOTAL** of Receipts This Page (optional) .....

129.24

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 341 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

KELLY MARTINEZ

Mailing Address 444 E. Main Steet

City

New Britain

State

CT

Zip Code

06051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CT CN 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119805

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

SUSAN J. MARTINEZ

Mailing Address 1212 Jefferson St., SE  
Suite 300

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119499

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL MARVIN

Mailing Address 2520 Sharon Drive

City

Omaha

State

NE

Zip Code

68112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NE LOC 61

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.119972

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

70.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 342 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

KIMBERLY A. MASSENGILL-BERNARDIN

Mailing Address 8000 Brookpoint Place

City

Westerville

State

OH

Zip Code

43081

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

ASSOCIATE COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.24

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118416

Amount of Each Receipt this Period

69.48

**B.**

Full Name (Last, First, Middle Initial)

ROBERT E. MASTERS

Mailing Address 1212 Jefferson St., SE  
Suite 300

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.119500

Amount of Each Receipt this Period

21.00

**C.**

Full Name (Last, First, Middle Initial)

ROBERT E. MASTERS

Mailing Address 1212 Jefferson St., SE  
Suite 300

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119501

Amount of Each Receipt this Period

21.00

**SUBTOTAL** of Receipts This Page (optional) .....

111.48

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 343 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

LEE MATSUI

Mailing Address P.O. Box 2052

City

Honolulu

State

HI

Zip Code

96805

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.118848

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

JEANETTE E. MATSUMOTO

Mailing Address 888 Mililani Street  
Suite 601

City

Honolulu

State

HI

Zip Code

96813

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.118849

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

GLORIA J. MATTHEWS

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229-1591

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4/CLEVELAND  
CSD

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.40

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.120410

Amount of Each Receipt this Period

32.61

**SUBTOTAL** of Receipts This Page (optional) .....

72.61

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 344 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JAMES E. MATTSON

Mailing Address 1701 E. 7th Street

City

Superior

State

WI

Zip Code

54880

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 40

Occupation

REPRESENTATIVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	0	8

Transaction ID: SA11AI.119217

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

CLYDE F. MAUK

Mailing Address 4842 Bridge Lane  
Apt. #1

City

Mason

State

OH

Zip Code

45050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

REGIONAL DIRECTOR

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1074.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	0	8

Transaction ID: SA11AI.118619

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

CLYDE F. MAUK

Mailing Address 4842 Bridge Lane  
Apt. #1

City

Mason

State

OH

Zip Code

45050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

REGIONAL DIRECTOR

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1114.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	8

Transaction ID: SA11AI.118675

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional) .....

105.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 345 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JAMES 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 ▼

912.64

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118909

Amount of Each Receipt this Period

76.56

**B.**

Full Name (Last, First, Middle Initial)

JEFF MAZUR

Mailing Address 503 Redwing Drive

City

Ashland

State

MO

Zip Code

65010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MO CN 72

Occupation

BUSINESS MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

533.09

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.119176

Amount of Each Receipt this Period

27.11

**C.**

Full Name (Last, First, Middle Initial)

JEFF MAZUR

Mailing Address 503 Redwing Drive

City

Ashland

State

MO

Zip Code

65010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MO CN 72

Occupation

BUSINESS MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.20

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.119182

Amount of Each Receipt this Period

27.11

**SUBTOTAL** of Receipts This Page (optional) .....

130.78

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 346 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JEFF MAZUR

Mailing Address 503 Redwing Drive

City

Ashland

State

MO

Zip Code

65010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MO CN 72

Occupation

BUSINESS MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

587.31

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.119187

Amount of Each Receipt this Period

27.11

**B.**

Full Name (Last, First, Middle Initial)

KATHLEEN MAZZOUCCOLO

Mailing Address 16 West 30th Street

City

Bayonne

State

NJ

Zip Code

07002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NJ CN 52

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.119014

Amount of Each Receipt this Period

30.00

**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 ▼

2062.99

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118211

Amount of Each Receipt this Period

103.15

**SUBTOTAL** of Receipts This Page (optional) .....

160.26

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 347 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

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 ▼

2166.14

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118333

Amount of Each Receipt this Period

103.15

**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 ▼

2269.29

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119880

Amount of Each Receipt this Period

103.15

**C.**

Full Name (Last, First, Middle Initial)

MARGARET MCCANN

Mailing Address 103 Lynnmore Drive

City

Silver Spring

State

MD

Zip Code

20901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSOCIATE GENERAL COUNSEL II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118212

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

256.30

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 348 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

MARGARET MCCANN

Mailing Address 103 Lynnmore Drive

City

Silver Spring

State

MD

Zip Code

20901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSOCIATE GENERAL COUNSEL II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118334

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MARGARET MCCANN

Mailing Address 103 Lynnmore Drive

City

Silver Spring

State

MD

Zip Code

20901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSOCIATE GENERAL COUNSEL II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119881

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

TARA MCCAULEY

Mailing Address 29 N. Wacker Drive  
Suite 800

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

452.95

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118910

Amount of Each Receipt this Period

53.38

**SUBTOTAL** of Receipts This Page (optional) .....

153.38

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 349 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

GARY MCCAULLEY

Mailing Address 84 Mic Nan Drive

City

Londonberry

State

PA

Zip Code

17057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

ASSISTANT DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

969.06

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118540

Amount of Each Receipt this Period

88.18

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM J. MCCLUNG

Mailing Address P.O. Box 12455

City

Salem

State

OR

Zip Code

97309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75/SOOR

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119702

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

SUZANNE MCCORMICK

Mailing Address 32 Harvest Lane

City

West Grove

State

PA

Zip Code

19390

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

406.99

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118541

Amount of Each Receipt this Period

40.04

**SUBTOTAL** of Receipts This Page (optional) .....

148.22

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 350 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

THOMAS F. MCCracken

Mailing Address 343 East Main Street

City

Mahaffey

State

PA

Zip Code

15757-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13/SOPA

Occupation

STATE SUPERVISOR DISTR II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.119324

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

TONY MCCUBBIN

Mailing Address 7740 Cordova Road

City

Erie

State

IL

Zip Code

61250

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

729.55

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118911

Amount of Each Receipt this Period

61.98

**C.**

Full Name (Last, First, Middle Initial)

JENNIFER A. MCCULLEY

Mailing Address 509 Ashton Drive

City

Fitchburg

State

WI

Zip Code

53593

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 40

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.119218

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

131.98

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 351 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

ELLIS R. MCDANIEL

Mailing Address 1180 South Lincoln Ave.

City

Monterey PK

State

CA

Zip Code

91755

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36

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  
1 1 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.119772

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

JANE MCDONALD

Mailing Address 2201 Broadway  
Suite 715

City

Oakland

State

CA

Zip Code

94612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA LOC 3299

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.119164

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

JANE MCDONALD

Mailing Address 2201 Broadway  
Suite 715

City

Oakland

State

CA

Zip Code

94612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA LOC 3299

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119165

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

95.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 352 / 674

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

BRIAN P. MCDONNELL

Mailing Address 1322 Myron Street

City

Niskayuna

State

NY

Zip Code

12309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

POLITICAL ACTION COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

901.24

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118213

Amount of Each Receipt this Period

43.23

**B.**

Full Name (Last, First, Middle Initial)

BRIAN P. MCDONNELL

Mailing Address 1322 Myron Street

City

Niskayuna

State

NY

Zip Code

12309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

POLITICAL ACTION COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

944.47

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118335

Amount of Each Receipt this Period

43.23

**C.**

Full Name (Last, First, Middle Initial)

BRIAN P. MCDONNELL

Mailing Address 1322 Myron Street

City

Niskayuna

State

NY

Zip Code

12309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

POLITICAL ACTION COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

987.70

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119882

Amount of Each Receipt this Period

43.23

**SUBTOTAL** of Receipts This Page (optional) .....

129.69

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 353 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

GERALD MCENTEE

Mailing Address 800 25th Street NW  
Apt. #406

City State Zip Code  
Washington DC 20037-2207

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3072.87

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118214

Amount of Each Receipt this Period

156.83

**B.**

Full Name (Last, First, Middle Initial)

GERALD MCENTEE

Mailing Address 800 25th Street NW  
Apt. #406

City State Zip Code  
Washington DC 20037-2207

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3229.70

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118336

Amount of Each Receipt this Period

156.83

**C.**

Full Name (Last, First, Middle Initial)

GERALD MCENTEE

Mailing Address 800 25th Street NW  
Apt. #406

City State Zip Code  
Washington DC 20037-2207

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3386.53

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119883

Amount of Each Receipt this Period

156.83

**SUBTOTAL** of Receipts This Page (optional) .....

470.49

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 354 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JERI MCEWEN

Mailing Address 4031 Executive Park Drive

City

Harrisburg

State

PA

Zip Code

17111-1599

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

496.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.118542

Amount of Each Receipt this Period

44.98

**B.**

Full Name (Last, First, Middle Initial)

NANCY MCGOVERN

Mailing Address 8 Beacon Street

City

Boston

State

MA

Zip Code

02108-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MA CN 93

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	8

Transaction ID: SA11AI.118964

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

FREDERICK A. MCGRAW

Mailing Address 1258 Summerset Way

City

Pickerington

State

OH

Zip Code

43147

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

EDUCATION &amp; RESEARCH DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

805.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	0	8

Transaction ID: SA11AI.118620

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional) .....

129.98

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 355 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

FREDERICK A. MCGRAW

Mailing Address 1258 Summerset Way

City

Pickerington

State

OH

Zip Code

43147

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

EDUCATION & RESEARCH DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.118676

Amount of Each Receipt this Period

35.00

**B.**

Full Name (Last, First, Middle Initial)

LYNNE E. MCGRAW

Mailing Address 1258 Somerset Way

City

Pickerington

State

OH

Zip Code

43147

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

DIRECTOR MEM. ACCTG.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.118621

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

LYNNE E. MCGRAW

Mailing Address 1258 Somerset Way

City

Pickerington

State

OH

Zip Code

43147

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

DIRECTOR MEM. ACCTG.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.118677

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

95.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 356 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JAMES P. MCGUIRE

Mailing Address 4163 Hazel Avenue

City

Lincoln Park

State

MI

Zip Code

48146

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25/WAYNE CNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.120028

Amount of Each Receipt this Period

21.00

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL MCGUIRE

Mailing Address 7222 134th Street

City

Puyallup

State

WA

Zip Code

98373

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WA CN 28/WSECU

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119938

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

DAVID W. MCINTOSH

Mailing Address 115 Mound Street

City

Lebanon

State

OH

Zip Code

45036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.79

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118417

Amount of Each Receipt this Period

49.74

**SUBTOTAL** of Receipts This Page (optional) .....

90.74

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 357 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

KRISTEN E. MCKINLEY

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

482.52

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	0	8

Transaction ID: SA11AI.118622

Amount of Each Receipt this Period

19.24

**B.**

Full Name (Last, First, Middle Initial)

KRISTEN E. MCKINLEY

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.76

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	8

Transaction ID: SA11AI.118678

Amount of Each Receipt this Period

19.24

**C.**

Full Name (Last, First, Middle Initial)

JEAN MCLAREN

Mailing Address 4301 Executive Park Drive

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.68

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.118543

Amount of Each Receipt this Period

44.98

SUBTOTAL of Receipts This Page (optional) .....

83.46

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 358 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

PETER M. MCLINDEN

Mailing Address 935 Pamela Road

City

Cincinnati

State

OH

Zip Code

45255

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

ASSOCIATE COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

927.39

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118418

Amount of Each Receipt this Period

84.76

**B.**

Full Name (Last, First, Middle Initial)

ROBERT W. MCLINN

Mailing Address 807 W. Brown Street

City

Waupun

State

WI

Zip Code

53963

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.57

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.119377

Amount of Each Receipt this Period

20.17

**C.**

Full Name (Last, First, Middle Initial)

ROBERT W. MCLINN

Mailing Address 807 W. Brown Street

City

Waupun

State

WI

Zip Code

53963

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.74

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.119378

Amount of Each Receipt this Period

20.17

**SUBTOTAL** of Receipts This Page (optional) .....

125.10

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 359 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

ROBERT W. MCLINN

Mailing Address 807 W. Brown Street

City

Waupun

State

WI

Zip Code

53963

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.91

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119379

Amount of Each Receipt this Period

20.17

**B.**

Full Name (Last, First, Middle Initial)

ROBERT W. MCLINN

Mailing Address 807 W. Brown Street

City

Waupun

State

WI

Zip Code

53963

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

561.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119945

Amount of Each Receipt this Period

20.17

**C.**

Full Name (Last, First, Middle Initial)

MARILYN MCMAHON

Mailing Address 7717 28th NW

City

Seattle

State

WA

Zip Code

98117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

NURSE CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.119502

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

55.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 360 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)  
MARILYN MCMAHON

Mailing Address 7717 28th NW

City State Zip Code  
Seattle WA 98117

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation  
NURSE CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119503

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)  
ORAN MCMICHAEL

Mailing Address 2777 Northtowne Lane  
Apt. #2088S

City State Zip Code  
Reno NV 89512

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
AREA FIELD SERVICES DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

872.16

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118215

Amount of Each Receipt this Period

43.61

**C.**

Full Name (Last, First, Middle Initial)  
ORAN MCMICHAEL

Mailing Address 2777 Northtowne Lane  
Apt. #2088S

City State Zip Code  
Reno NV 89512

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
AREA FIELD SERVICES DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

915.77

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118337

Amount of Each Receipt this Period

43.61

**SUBTOTAL** of Receipts This Page (optional) .....

102.22

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 361 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

ORAN MCMICHAEL

Mailing Address 2777 Northtowne Lane  
Apt. #2088S

City State Zip Code  
Reno NV 89512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation  
AREA FIELD SERVICES DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

959.38

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119884

Amount of Each Receipt this Period

43.61

**B.**

Full Name (Last, First, Middle Initial)

DINAH E. MCMILLON

Mailing Address 6805 Oak Creek Drive

City State Zip Code  
Columbus OH 43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.118623

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

DINAH E. MCMILLON

Mailing Address 6805 Oak Creek Drive

City State Zip Code  
Columbus OH 43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.118679

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

63.61

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 362 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

LEILA MCMULLEN

Mailing Address 3014 Laurel Avenue

City

Cheverly

State

MD

Zip Code

20785

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

EXECUTIVE ASST. TO SECRETARY TREASURER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1088.40

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118216

Amount of Each Receipt this Period

54.42

**B.**

Full Name (Last, First, Middle Initial)

LEILA MCMULLEN

Mailing Address 3014 Laurel Avenue

City

Cheverly

State

MD

Zip Code

20785

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

EXECUTIVE ASST. TO SECRETARY TREASURER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1142.82

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118338

Amount of Each Receipt this Period

54.42

**C.**

Full Name (Last, First, Middle Initial)

LEILA MCMULLEN

Mailing Address 3014 Laurel Avenue

City

Cheverly

State

MD

Zip Code

20785

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

EXECUTIVE ASST. TO SECRETARY TREASURER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1197.24

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119885

Amount of Each Receipt this Period

54.42

**SUBTOTAL** of Receipts This Page (optional) .....

163.26

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 363 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

SUSAN MCMURRAY

Mailing Address 5304 Trafalger Place

City

Madison

State

WI

Zip Code

53714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 11

Occupation

Staff Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.120308

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

THOMAS M. MCNAMARA

Mailing Address 2451 Minerva Street

City

Oshkosh

State

WI

Zip Code

54901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.119381

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

THOMAS M. MCNAMARA

Mailing Address 2451 Minerva Street

City

Oshkosh

State

WI

Zip Code

54901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.119382

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 364 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

THOMAS M. MCNAMARA

Mailing Address 2451 Minerva Street

City

Oshkosh

State

WI

Zip Code

54901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.119383

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

THOMAS M. MCNAMARA

Mailing Address 2451 Minerva Street

City

Oshkosh

State

WI

Zip Code

54901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.119384

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

EDWARD MCNEIL

Mailing Address 2546 Edison

City

Detroit

State

MI

Zip Code

48206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

767.89

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.118724

Amount of Each Receipt this Period

38.41

**SUBTOTAL** of Receipts This Page (optional) .....

58.41

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 365 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)  
EDWARD MCNEIL

Mailing Address 2546 Edison

City State Zip Code  
Detroit MI 48206

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MI CN 25

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

806.30

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118766

Amount of Each Receipt this Period

38.41

**B.**

Full Name (Last, First, Middle Initial)  
CARROLL McQUIRE

Mailing Address 29 N Wacker Drive  
Suite 800

City State Zip Code  
Chicago IL 60606

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME IL CN 31/SOIL

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118951

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)  
DONALD MEHREN

Mailing Address 6925 Woodland Blvd.

City State Zip Code  
Minnesota City MN 55959

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MN CN 5/SOMN

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.119656

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

88.41

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 366 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

VILMA MEJIA

Mailing Address 9248 Mandale Street

City

Bellflower

State

CA

Zip Code

90706

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.119718

Amount of Each Receipt this Period

32.00

**B.**

Full Name (Last, First, Middle Initial)

VILMA MEJIA

Mailing Address 9248 Mandale Street

City

Bellflower

State

CA

Zip Code

90706

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.119737

Amount of Each Receipt this Period

16.00

**C.**

Full Name (Last, First, Middle Initial)

JANICE MELDRUM

Mailing Address 2904 Sue Drive

City

Jefferson City

State

MO

Zip Code

65109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MO CN 72

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.86

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.119177

Amount of Each Receipt this Period

13.94

**SUBTOTAL** of Receipts This Page (optional) .....

61.94

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 367 / 674

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JANICE MELDRUM

Mailing Address 2904 Sue Drive

City

Jefferson City

State

MO

Zip Code

65109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MO CN 72

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

278.80

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.119183

Amount of Each Receipt this Period

13.94

**B.**

Full Name (Last, First, Middle Initial)

JANICE MELDRUM

Mailing Address 2904 Sue Drive

City

Jefferson City

State

MO

Zip Code

65109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MO CN 72

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

292.74

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.119188

Amount of Each Receipt this Period

13.94

**C.**

Full Name (Last, First, Middle Initial)

ROBYNE MELDRUM

Mailing Address 6001 Smiths Creek Rd

City

Kimball

State

MI

Zip Code

48074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25/ST. CLAIR

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.120031

Amount of Each Receipt this Period

140.00

**SUBTOTAL** of Receipts This Page (optional) .....

167.88

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 368 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

SUSAN A. MELDRUM

Mailing Address 1212 Jefferson St., SE  
Suite 300

City State Zip Code  
Olympia WA 98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119505

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

BRUCE D. MELIN

Mailing Address 1212 Jefferson St., SE  
Suite 300

City State Zip Code  
Olympia WA 98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119507

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

HAROLD T. MENTER

Mailing Address 581 Great Oaks Boulevard  
Apt. 29

City State Zip Code  
Rochester MI 48307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25/ROCHESTER  
CS

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  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.120033

Amount of Each Receipt this Period

60.00

**SUBTOTAL** of Receipts This Page (optional) .....

80.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 369 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

MITCH G. MENTER

Mailing Address 2377 Walton Blvd.  
Apt.#42

City State Zip Code  
Rochester MI 48309

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MI CN 25/ROCHESTER  
CS

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.120034

Amount of Each Receipt this Period

120.00

**B.**

Full Name (Last, First, Middle Initial)

PAUL MERCATANTI

Mailing Address 1306 Tarpan Circle

City State Zip Code  
New Hope PA 18938

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME NJ CN 73

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

317.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119173

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

JENNIFER MERLIN

Mailing Address 8931 67th Street

City State Zip Code  
Kenosha WI 53142

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.119385

Amount of Each Receipt this Period

12.00

**SUBTOTAL** of Receipts This Page (optional) .....

162.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 370 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JENNIFER MERLIN

Mailing Address 8931 67th Street

City

Kenosha

State

WI

Zip Code

53142

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.119386

Amount of Each Receipt this Period

12.00

**B.**

Full Name (Last, First, Middle Initial)

JENNIFER MERLIN

Mailing Address 8931 67th Street

City

Kenosha

State

WI

Zip Code

53142

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

274.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.119387

Amount of Each Receipt this Period

12.00

**C.**

Full Name (Last, First, Middle Initial)

GENEVIEVE N MERO

Mailing Address 41-678 Inoaole Street

City

Waimanalo

State

HI

Zip Code

96795

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.118850

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

44.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 371 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

LAURIE MERTA

Mailing Address 9829 59th Street, Court W

City

Tacoma

State

WA

Zip Code

98467-1007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28

Occupation

CONVENTION FUNDRAISER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.119265

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

CINDY A. MICHAEL

Mailing Address 331 Central Parkway

City

Warren

State

OH

Zip Code

44483

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.18

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118419

Amount of Each Receipt this Period

54.70

**C.**

Full Name (Last, First, Middle Initial)

JOHN MICHAELC

Mailing Address 1544 N. Hickory

City

Owosso

State

MI

Zip Code

48867

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.118725

Amount of Each Receipt this Period

21.00

**SUBTOTAL** of Receipts This Page (optional) .....

175.70

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 372 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JOHN MICHALEC

Mailing Address 1544 N. Hickory

City

Owosso

State

MI

Zip Code

48867

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

441.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118767

Amount of Each Receipt this Period

21.00

**B.**

Full Name (Last, First, Middle Initial)

LANCE D. MICHALSKI

Mailing Address 300 Hardman Avenue S.  
#2

City

South St. Paul

State

MN

Zip Code

55075

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119745

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

GLEN MIDDLETON

Mailing Address 1410 Bush Street  
Suite A

City

Baltimore

State

MD

Zip Code

21230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MD CN 67

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2068.70

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.118993

Amount of Each Receipt this Period

270.00

**SUBTOTAL** of Receipts This Page (optional) .....

331.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 373 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

GLEN MIDDLETON

Mailing Address 1410 Bush Street  
Suite A

City State Zip Code  
Baltimore MD 21230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MD CN 67

Occupation  
EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2082.70

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118129

Amount of Each Receipt this Period

14.00

**B.**

Full Name (Last, First, Middle Initial)

GLEN MIDDLETON

Mailing Address 1410 Bush Street  
Suite A

City State Zip Code  
Baltimore MD 21230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MD CN 67

Occupation  
EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2262.70

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119009

Amount of Each Receipt this Period

180.00

**C.**

Full Name (Last, First, Middle Initial)

GLEN MIDDLETON

Mailing Address 1410 Bush Street  
Suite A

City State Zip Code  
Baltimore MD 21230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MD CN 67

Occupation  
EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2276.70

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.118801

Amount of Each Receipt this Period

14.00

**SUBTOTAL** of Receipts This Page (optional) .....

208.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 374 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

DOROTHY MILLER

Mailing Address 2424 Locust Lane

City

Harrisburg

State

PA

Zip Code

17109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.68

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118544

Amount of Each Receipt this Period

44.98

**B.**

Full Name (Last, First, Middle Initial)

GEORGE MILLER

Mailing Address 105 Jose Lane

City

Martinez

State

CA

Zip Code

94553

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/SOMN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.119658

Amount of Each Receipt this Period

45.00

**C.**

Full Name (Last, First, Middle Initial)

SCOTT D. MILLER

Mailing Address 2056 W Hutchinson  
2nd Fl.

City

Chicago

State

IL

Zip Code

60618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation

LEGAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

823.52

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118912

Amount of Each Receipt this Period

68.96

**SUBTOTAL** of Receipts This Page (optional) .....

158.94

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 375 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

TIMOTHY MILLER

Mailing Address 2724 Pine Avenue

City

Altoona

State

PA

Zip Code

16601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

758.85

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118545

Amount of Each Receipt this Period

66.30

**B.**

Full Name (Last, First, Middle Initial)

KATHY S. MILLION

Mailing Address 3716 89TH Street  
Apt.#106

City

Kenosha

State

WI

Zip Code

53142

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WI CN 40

Occupation

Staff Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.119298

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

KATHY S. MILLION

Mailing Address 3716 89TH Street  
Apt.#106

City

Kenosha

State

WI

Zip Code

53142

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WI CN 40

Occupation

Staff Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.119299

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

86.30

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 376 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

BRUCE J. MINGUS

Mailing Address 1414 Rhonda Way

City

Louisville

State

KY

Zip Code

40216

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME KY CN 62/LOUISVILLE  
WC

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	0	8

Transaction ID: SA11AI.119968

Amount of Each Receipt this Period

268.00

**B.**

Full Name (Last, First, Middle Initial)

BRUCE J. MINGUS

Mailing Address 1414 Rhonda Way

City

Louisville

State

KY

Zip Code

40216

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME KY CN 62/LOUISVILLE  
WC

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	0	8

Transaction ID: SA11AI.119969

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

BRUCE J. MINGUS

Mailing Address 1414 Rhonda Way

City

Louisville

State

KY

Zip Code

40216

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME KY CN 62/LOUISVILLE  
WC

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	2		2	0	0	8

Transaction ID: SA11AI.119970

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

308.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 377 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

MICHELE MINOR

Mailing Address 190 W. Ostend Street  
Suite 101City State Zip Code  
Baltimore MD 21230FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MD CN 982Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.48

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	8

Transaction ID: SA11AI.118979

Amount of Each Receipt this Period

41.68

**B.**

Full Name (Last, First, Middle Initial)

GARY D. MITCHELL

Mailing Address 538 Maple Avenue

City State Zip Code  
Madison WI 53704FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWIOccupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

376.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	8

Transaction ID: SA11AI.119388

Amount of Each Receipt this Period

14.00

**C.**

Full Name (Last, First, Middle Initial)

GARY D. MITCHELL

Mailing Address 538 Maple Avenue

City State Zip Code  
Madison WI 53704FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWIOccupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	0	8

Transaction ID: SA11AI.119389

Amount of Each Receipt this Period

14.00

SUBTOTAL of Receipts This Page (optional) .....

69.68

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 378 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

GARY D. MITCHELL

Mailing Address 538 Maple Avenue

City

Madison

State

WI

Zip Code

53704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

404.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.119390

Amount of Each Receipt this Period

14.00

**B.**

Full Name (Last, First, Middle Initial)

GARY D. MITCHELL

Mailing Address 538 Maple Avenue

City

Madison

State

WI

Zip Code

53704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.119391

Amount of Each Receipt this Period

14.00

**C.**

Full Name (Last, First, Middle Initial)

HAROLD F. MITCHELL

Mailing Address 3999 Kensingwood Drive

City

Columbus

State

OH

Zip Code

43230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

ASSISTANT ORGANIZING DIRECTOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1306.61

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118420

Amount of Each Receipt this Period

111.74

**SUBTOTAL** of Receipts This Page (optional) .....

139.74

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 379 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

YOLANDA M. MITCHELL

Mailing Address 1227 Oberlin Boulevard

City

Cincinnati

State

OH

Zip Code

45237

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.24

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118421

Amount of Each Receipt this Period

54.70

**B.**

Full Name (Last, First, Middle Initial)

DEREK M. MIZUNO

Mailing Address 888 Mililani Street  
Suite 601

City

Honolulu

State

HI

Zip Code

96813-2991

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.118851

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

HARRY MOBLEY

Mailing Address 2635 Cranberry Circle

City

Harrisburg

State

PA

Zip Code

17110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.70

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118546

Amount of Each Receipt this Period

66.30

**SUBTOTAL** of Receipts This Page (optional) .....

171.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 380 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

KELLY MOBLEY

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.118624

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

KELLY MOBLEY

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.118680

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

DEBORAH MOEN

Mailing Address 1508 309th Avenue, NW

City

Cambridge

State

MN

Zip Code

55008-6939

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/SOMN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.119659

Amount of Each Receipt this Period

36.00

**SUBTOTAL** of Receipts This Page (optional) .....

76.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 381 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

TRINA MOLNAR

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF ATTORNEY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

492.36

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.118625

Amount of Each Receipt this Period

23.08

**B.**

Full Name (Last, First, Middle Initial)

TRINA MOLNAR

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF ATTORNEY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.44

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.118681

Amount of Each Receipt this Period

23.08

**C.**

Full Name (Last, First, Middle Initial)

KAREN MOMBERGER

Mailing Address 102 Manor Road

City

New Kensington

State

PA

Zip Code

15068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

742.70

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118547

Amount of Each Receipt this Period

66.30

**SUBTOTAL** of Receipts This Page (optional) .....

112.46

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 382 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

RICHARD A. MONK

Mailing Address P.O. Box 351130

City

Seattle

State

WA

Zip Code

98195-1130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/UNIV OF  
WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	8

Transaction ID: SA11AI.119601

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

RHONDA M. MONTGOMERY

Mailing Address 1602 Temperance

City

Indianapolis

State

IN

Zip Code

46203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

REGIONAL FIELD ADMINISTRATOR

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

698.54

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	8

Transaction ID: SA11AI.118217

Amount of Each Receipt this Period

34.08

**C.**

Full Name (Last, First, Middle Initial)

RHONDA M. MONTGOMERY

Mailing Address 1602 Temperance

City

Indianapolis

State

IN

Zip Code

46203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

REGIONAL FIELD ADMINISTRATOR

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

732.62

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	4	/	2	0	0	8

Transaction ID: SA11AI.118339

Amount of Each Receipt this Period

34.08

SUBTOTAL of Receipts This Page (optional) .....

88.16

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 383 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

RHONDA M. MONTGOMERY

Mailing Address 1602 Temperance

City

Indianapolis

State

IN

Zip Code

46203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

REGIONAL FIELD ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

766.70

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119886

Amount of Each Receipt this Period

34.08

**B.**

Full Name (Last, First, Middle Initial)

DENNIS L. MOORE

Mailing Address 4735 E B Avenue

City

Plainwell

State

MI

Zip Code

49080

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25/Local 1668

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  
1 0 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.120311

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

DENNIS L. MOORE

Mailing Address 4735 E B Avenue

City

Plainwell

State

MI

Zip Code

49080

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25/Local 1668

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.120312

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

54.08

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 384 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

ERIC D. MOORE

Mailing Address 810 Wildwood Drive  
Apt 22

City State Zip Code  
Jefferson City MO 65109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MO CN 72

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.57

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.119179

Amount of Each Receipt this Period

18.03

**B.**

Full Name (Last, First, Middle Initial)

ERIC D. MOORE

Mailing Address 810 Wildwood Drive  
Apt 22

City State Zip Code  
Jefferson City MO 65109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MO CN 72

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.60

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.119184

Amount of Each Receipt this Period

18.03

**C.**

Full Name (Last, First, Middle Initial)

ERIC D. MOORE

Mailing Address 810 Wildwood Drive  
Apt 22

City State Zip Code  
Jefferson City MO 65109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MO CN 72

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.63

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.119189

Amount of Each Receipt this Period

18.03

**SUBTOTAL** of Receipts This Page (optional) .....

54.09

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 385 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

GLADYS K. MOORE

Mailing Address 15104 Joppa Place

City

Bowie

State

MD

Zip Code

20721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

LEGAL ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.03

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	8

Transaction ID: SA11AI.118218

Amount of Each Receipt this Period

26.06

**B.**

Full Name (Last, First, Middle Initial)

GLADYS K. MOORE

Mailing Address 15104 Joppa Place

City

Bowie

State

MD

Zip Code

20721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

LEGAL ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

486.09

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	4	/	2	0	0	8

Transaction ID: SA11AI.118340

Amount of Each Receipt this Period

26.06

**C.**

Full Name (Last, First, Middle Initial)

GLADYS K. MOORE

Mailing Address 15104 Joppa Place

City

Bowie

State

MD

Zip Code

20721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

LEGAL ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

512.15

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	4	/	2	0	0	8

Transaction ID: SA11AI.119887

Amount of Each Receipt this Period

26.06

SUBTOTAL of Receipts This Page (optional) .....

78.18

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 386 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JULIANE MOORE

Mailing Address 304 North Wenas Avenue

City

Selah

State

WA

Zip Code

98942

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.119510

Amount of Each Receipt this Period

12.00

**B.**

Full Name (Last, First, Middle Initial)

MARILYN MOORE

Mailing Address 20527 114th Road

City

Saint Albans

State

NY

Zip Code

11412

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NY LOC 100

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	8

Transaction ID: SA11AI.120432

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

PATRICK G. MORAN

Mailing Address 415 U Street, NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

AREA ORGANIZING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

864.15

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	8

Transaction ID: SA11AI.118219

Amount of Each Receipt this Period

43.61

SUBTOTAL of Receipts This Page (optional) .....

305.61

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 387 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

PATRICK G. MORAN

Mailing Address 415 U Street, NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

AREA ORGANIZING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

907.76

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118341

Amount of Each Receipt this Period

43.61

**B.**

Full Name (Last, First, Middle Initial)

PATRICK G. MORAN

Mailing Address 415 U Street, NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

AREA ORGANIZING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

951.37

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119888

Amount of Each Receipt this Period

43.61

**C.**

Full Name (Last, First, Middle Initial)

DAYNETTE MORIKAWA

Mailing Address P. O. BOX 92

City

Lihue

State

HI

Zip Code

96766

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.118852

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

107.22

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 388 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

FRANCIS MORONEY

Mailing Address 14 Jamaica Road

City

State

Zip Code

Brookline

MA

02146-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MA CN 93

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118966

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

BRENDA MORRIS

Mailing Address 28 Beth Drive

City

State

Zip Code

Fairchance

PA

15436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

406.99

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118548

Amount of Each Receipt this Period

40.04

**C.**

Full Name (Last, First, Middle Initial)

JEANNE MORRIS

Mailing Address 2315 Reddings Run Road

City

State

Zip Code

Home

PA

15747

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

742.28

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118549

Amount of Each Receipt this Period

66.30

**SUBTOTAL** of Receipts This Page (optional) .....

146.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 389 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

LOIS MORRIS

Mailing Address 4031 Executive Park Drive

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.66

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118550

Amount of Each Receipt this Period

32.22

**B.**

Full Name (Last, First, Middle Initial)

SIMONE M. MORRISON

Mailing Address 2556 North 15th Street

City

Milwaukee

State

WI

Zip Code

53206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.119392

Amount of Each Receipt this Period

17.00

**C.**

Full Name (Last, First, Middle Initial)

SIMONE M. MORRISON

Mailing Address 2556 North 15th Street

City

Milwaukee

State

WI

Zip Code

53206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

391.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119393

Amount of Each Receipt this Period

17.00

**SUBTOTAL** of Receipts This Page (optional) .....

66.22

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 390 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

SIMONE M. MORRISON

Mailing Address 2556 North 15th Street

City

Milwaukee

State

WI

Zip Code

53206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

408.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119946

Amount of Each Receipt this Period

17.00

**B.**

Full Name (Last, First, Middle Initial)

RACHEL C. MORROW

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.52

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.118626

Amount of Each Receipt this Period

19.24

**C.**

Full Name (Last, First, Middle Initial)

RACHEL C. MORROW

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.76

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.118682

Amount of Each Receipt this Period

19.24

**SUBTOTAL** of Receipts This Page (optional) .....

55.48

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 391 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

HILARY MORTENSEN

Mailing Address 105 NE 61st Avenue  
Apt. #18

City State Zip Code  
Portland OR 97213

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OR CN 75

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119686

Amount of Each Receipt this Period

28.00

**B.**

Full Name (Last, First, Middle Initial)

MICHELLE MULHERIN

Mailing Address 2462 Cleveland Avenue

City State Zip Code  
Reading PA 19609

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME PA CN 13

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.70

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118551

Amount of Each Receipt this Period

66.30

**C.**

Full Name (Last, First, Middle Initial)

STEVEN C. MULLEN

Mailing Address 544 Clermont Drive

City State Zip Code  
Harrisburg PA 17112

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME PA CN 13

Occupation  
TRADES LABORER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

684.46

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118552

Amount of Each Receipt this Period

66.12

**SUBTOTAL** of Receipts This Page (optional) .....

160.42

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 392 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)  
EDWARD M MURPHY

Mailing Address 1541 North Martel Avenue  
APT. #212

City State Zip Code  
Los Angeles CA 90046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CITY OF LOS ANGELES

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.119774

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)  
KEVIN MURPHY

Mailing Address 25 High Gate Road #C-3

City State Zip Code  
Newington CT 06113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CT CN 4

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119806

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)  
MICHAEL P. MURPHY

Mailing Address 92 Eddington Avenue

City State Zip Code  
Harrisburg PA 17111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13/SOPA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.119325

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

70.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 393 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL D. MURPHY

Mailing Address 4221 Wanetah Trail

City

Madison

State

WI

Zip Code

53711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 40

Occupation

FIELD ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1166.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.119287

Amount of Each Receipt this Period

5.00

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL D. MURPHY

Mailing Address 4221 Wanetah Trail

City

Madison

State

WI

Zip Code

53711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 40

Occupation

FIELD ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1194.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118130

Amount of Each Receipt this Period

28.00

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL D. MURPHY

Mailing Address 4221 Wanetah Trail

City

Madison

State

WI

Zip Code

53711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 40

Occupation

FIELD ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1214.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.119220

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

53.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 394 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL D. MURPHY

Mailing Address 4221 Wanetah Trail

City

Madison

State

WI

Zip Code

53711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 40

Occupation

FIELD ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1284.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.119300

Amount of Each Receipt this Period

70.00

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL D. MURPHY

Mailing Address 4221 Wanetah Trail

City

Madison

State

WI

Zip Code

53711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 40

Occupation

FIELD ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1289.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119288

Amount of Each Receipt this Period

5.00

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL D. MURPHY

Mailing Address 4221 Wanetah Trail

City

Madison

State

WI

Zip Code

53711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 40

Occupation

FIELD ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1317.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.118802

Amount of Each Receipt this Period

28.00

**SUBTOTAL** of Receipts This Page (optional) .....

103.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 395 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL D. MURPHY

Mailing Address 4221 Wanetah Trail

City

Madison

State

WI

Zip Code

53711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 40

Occupation

FIELD ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1322.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	4	/	2	0	0	8

Transaction ID: SA11AI.119949

Amount of Each Receipt this Period

5.00

**B.**

Full Name (Last, First, Middle Initial)

JO MUSEL-PARR

Mailing Address 2488 Woodcrest Drive

City

Chaska

State

MN

Zip Code

55318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 65

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	0	8

Transaction ID: SA11AI.119964

Amount of Each Receipt this Period

18.34

**C.**

Full Name (Last, First, Middle Initial)

STEVEN L. MYERS

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

977.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	0	8

Transaction ID: SA11AI.118627

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional) .....

63.34

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 396 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

STEVEN L. MYERS

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1017.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.118683

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

DANI W. NA FEY

Mailing Address 1212 Jefferson St., SE  
Suite 300

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.119515

Amount of Each Receipt this Period

12.50

**C.**

Full Name (Last, First, Middle Initial)

DANI W. NA FEY

Mailing Address 1212 Jefferson St., SE  
Suite 300

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119516

Amount of Each Receipt this Period

12.50

**SUBTOTAL** of Receipts This Page (optional) .....

65.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 397 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

STEPHAINE M. NAHAS

Mailing Address 6344 Ridge Hollow Lane

City

Davisburg

State

MI

Zip Code

48350

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25/WARREN SC-  
HOOLS

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.120035

Amount of Each Receipt this Period

10.50

**B.**

Full Name (Last, First, Middle Initial)

STEPHAINE M. NAHAS

Mailing Address 6344 Ridge Hollow Lane

City

Davisburg

State

MI

Zip Code

48350

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25/WARREN SC-  
HOOLS

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.120036

Amount of Each Receipt this Period

10.50

**C.**

Full Name (Last, First, Middle Initial)

STEPHAINE M. NAHAS

Mailing Address 6344 Ridge Hollow Lane

City

Davisburg

State

MI

Zip Code

48350

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25/WARREN SC-  
HOOLS

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.120037

Amount of Each Receipt this Period

10.50

**SUBTOTAL** of Receipts This Page (optional) .....

31.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 398 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

PHYLLIS NAIAD

Mailing Address 13304 58th Drive NE

City

Marysville

State

WA

Zip Code

98271

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

522.60

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.119267

Amount of Each Receipt this Period

52.26

**B.**

Full Name (Last, First, Middle Initial)

REBECCA NASSARRE

Mailing Address 1701 S Norfolk Street

City

San Mateo

State

CA

Zip Code

94403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 57/SAN MATEO  
CNTY

Occupation

SOCIAL WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

657.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.119980

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

RACHEL E. NAUMAN

Mailing Address 11021 Horseshoe Drive

City

Frederick

State

MD

Zip Code

21701-3397

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

EXECUTIVE OFFICE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118342

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

137.26

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 399 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

RACHEL E. NAUMAN

Mailing Address 11021 Horseshoe Drive

City

Frederick

State

MD

Zip Code

21701-3397

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
AFSCME INT'L

Occupation

EXECUTIVE OFFICE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	4	/	2	0	0	8

Transaction ID: SA11AI.119889

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

JAMES NEBLETT

Mailing Address 17635 Greenview

City

Detroit

State

MI

Zip Code

48219-3588

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
AFSCME MI CN 25

Occupation

ADMINISTRATIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

699.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	0	8

Transaction ID: SA11AI.118726

Amount of Each Receipt this Period

35.05

**C.**

Full Name (Last, First, Middle Initial)

JAMES NEBLETT

Mailing Address 17635 Greenview

City

Detroit

State

MI

Zip Code

48219-3588

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
AFSCME MI CN 25

Occupation

ADMINISTRATIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

734.55

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	8

Transaction ID: SA11AI.118768

Amount of Each Receipt this Period

35.05

SUBTOTAL of Receipts This Page (optional) .....

80.10

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 400 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

RYAN NEIBAUER

Mailing Address 8033 Excelsior Drive  
Suite A

City State Zip Code  
Madison WI 53717-1903

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 11

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.40

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.119284

Amount of Each Receipt this Period

37.90

**B.**

Full Name (Last, First, Middle Initial)

M JONATHAN NEIDERBACH

Mailing Address 642 Polk Blvd

City State Zip Code  
Des Moines IA 50312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.119079

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

M JONATHAN NEIDERBACH

Mailing Address 642 Polk Blvd

City State Zip Code  
Des Moines IA 50312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.119080

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

57.90

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 401 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

CYNTHIA NELSON

Mailing Address 2648 Garfield Street, N.E.

City

Minneapolis

State

MN

Zip Code

55418

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/CN14

Occupation

BUSINESS REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

704.17

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.118473

Amount of Each Receipt this Period

64.16

**B.**

Full Name (Last, First, Middle Initial)

LINDA K. NELSON

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229-1591

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4/SCIOTO VL-SD

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.77

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	0	8

Transaction ID: SA11AI.120375

Amount of Each Receipt this Period

99.77

**C.**

Full Name (Last, First, Middle Initial)

MATTHEW NELSON

Mailing Address 3806 Edmund Boulevard

City

Minneapolis

State

MN

Zip Code

55406

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/CN14

Occupation

BUSINESS REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.18

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.118474

Amount of Each Receipt this Period

16.00

SUBTOTAL of Receipts This Page (optional) .....

179.93

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 402 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JESSE NEWCOMER, IV

Mailing Address 2109 Circle Road

City

Carlisle

State

PA

Zip Code

17013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.36

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118553

Amount of Each Receipt this Period

70.94

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL NEWMAN

Mailing Address 4031 N. Hermitage Avenue

City

Chicago

State

IL

Zip Code

60613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation

ASSOCIATE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1036.04

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118913

Amount of Each Receipt this Period

86.76

**C.**

Full Name (Last, First, Middle Initial)

CATHY L. NEWTON

Mailing Address 30 E. Broad Street

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

348.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.120181

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

177.70

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 403 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

CATHY L. NEWTON

Mailing Address 30 E. Broad Street

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOCH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

368.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.120182

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

CATHY L. NEWTON

Mailing Address 30 E. Broad Street

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOCH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

388.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.120183

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

RHONDA J. NICHOLS

Mailing Address 6233 - 12th Avenue NW

City

Marysville

State

WA

Zip Code

98271-6526

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119522

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

50.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 404 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

SHERYL L. NICHOLS

Mailing Address 2410 East Fifth Street

City

Dayton

State

OH

Zip Code

45403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.118422

Amount of Each Receipt this Period

41.49

**B.**

Full Name (Last, First, Middle Initial)

LORI NIELSEN-KANGAS

Mailing Address 713 6th Street

City

Moose Lake

State

MN

Zip Code

55767-9747

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/SOMN

Occupation

BENEFITS MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	0	8

Transaction ID: SA11AI.119662

Amount of Each Receipt this Period

45.00

**C.**

Full Name (Last, First, Middle Initial)

JAMES B. NILAND

Mailing Address 2728 Pleasant Ave

City

Minneapolis

State

MN

Zip Code

55408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/CN14

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1382.19

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.118475

Amount of Each Receipt this Period

130.00

SUBTOTAL of Receipts This Page (optional) .....

216.49

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 405 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JOSEPH NILSSON

Mailing Address 3215 Eastland CIR SE

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation  
CLERICAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

428.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.119523

Amount of Each Receipt this Period

21.00

**B.**

Full Name (Last, First, Middle Initial)

JOSEPH NILSSON

Mailing Address 3215 Eastland CIR SE

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation  
CLERICAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

449.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119524

Amount of Each Receipt this Period

21.00

**C.**

Full Name (Last, First, Middle Initial)

GARRY Y NITTA

Mailing Address 251 Nalani Street

City

Makawao

State

HI

Zip Code

96768

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME HI LOC 152

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.118853

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

67.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 406 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

NORA NOMURA

Mailing Address 2528 Komo Mai Drive

City

Pearl City

State

HI

Zip Code

96782

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.118854

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

LEE F. NOVAK

Mailing Address 1212 Jefferson St., SE  
Suite 300

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.119525

Amount of Each Receipt this Period

21.00

**C.**

Full Name (Last, First, Middle Initial)

LEE F. NOVAK

Mailing Address 1212 Jefferson St., SE  
Suite 300

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119526

Amount of Each Receipt this Period

21.00

**SUBTOTAL** of Receipts This Page (optional) .....

92.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 407 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

PAMELA R NOYER

Mailing Address 2575 Hazelwood Way

City

East Palo Alto

State

CA

Zip Code

94303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CA CN 57/Cty of San Mateo

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.119981

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

GEORGE NOYES

Mailing Address 10368 Lozita Way

City

Lakeside

State

CA

Zip Code

92040-2233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36

Occupation

BUSINESS REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.119775

Amount of Each Receipt this Period

80.00

**C.**

Full Name (Last, First, Middle Initial)

GEORGE NOYES

Mailing Address 10368 Lozita Way

City

Lakeside

State

CA

Zip Code

92040-2233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36

Occupation

BUSINESS REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.119776

Amount of Each Receipt this Period

60.00

**SUBTOTAL** of Receipts This Page (optional) .....

170.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 408 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

SHIRLEY A. NWACHUKWU

Mailing Address 19 Sunset Hill Road

City

Brookfield

State

CT

Zip Code

06804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CT CN 4/SOCT

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119108

Amount of Each Receipt this Period

9.00

**B.**

Full Name (Last, First, Middle Initial)

DENNIS M. O'BRIEN

Mailing Address 1226 RT 6

City

Rhineland

State

WI

Zip Code

54501-9813

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 40

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.119221

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

JESS H. O'BRIEN

Mailing Address 2998 MORGANDALE CT

City

SPRING VALLEY

State

CA

Zip Code

91977

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
City of San Diego

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.119778

Amount of Each Receipt this Period

42.56

**SUBTOTAL** of Receipts This Page (optional) .....

76.56

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 409 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JESS H. O'BRIEN

Mailing Address 2998 MORGANDALE CT

City

SPRING VALLEY

State

CA

Zip Code

91977

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
City of San Diego

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.119779

Amount of Each Receipt this Period

31.92

**B.**

Full Name (Last, First, Middle Initial)

EILEEN M. O'CONNELL

Mailing Address 1538 Madras Street, S.E.

City

Salem

State

OR

Zip Code

97306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119687

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

JANICE O'MALLEY

Mailing Address P.O. Box 12455

City

Salem

State

OR

Zip Code

97309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75

Occupation

POLITICAL COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119688

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

81.92

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 410 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

DENNIS O'NEIL

Mailing Address 124 East Street

City

Litchfield

State

CT

Zip Code

06759

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CT CN 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119807

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

MELISSA A. O'NEILL

Mailing Address 3427 West St. Paul Avenue

City

Milwaukee

State

WI

Zip Code

53208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 48

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119056

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

ROWNY M. OBORN

Mailing Address 1212 Jefferson Street SE

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/WSECU

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119939

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

70.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 411 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

HOWARD D. OCOBOCK

Mailing Address P. O. Box 10899

City

Yakima

State

WA

Zip Code

98909

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	7	/	2	0	0	8

Transaction ID: SA11AI.119527

Amount of Each Receipt this Period

21.00

**B.**

Full Name (Last, First, Middle Initial)

HOWARD D. OCOBOCK

Mailing Address P. O. Box 10899

City

Yakima

State

WA

Zip Code

98909

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.119528

Amount of Each Receipt this Period

21.00

**C.**

Full Name (Last, First, Middle Initial)

CHERYL L. OGBOZO

Mailing Address P. O. BOX 14788

City

Minneapolis

State

MN

Zip Code

55414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN LOC 1164

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	8

Transaction ID: SA11AI.120337

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

62.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 412 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

TRAVIS OHM

Mailing Address 8 Highland Road

City

Seven Valleys

State

PA

Zip Code

17360

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

823.10

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118554

Amount of Each Receipt this Period

76.24

**B.**

Full Name (Last, First, Middle Initial)

RUSSELL K. OKATA

Mailing Address 1015 Wilder Avenue #203

City

Honolulu

State

HI

Zip Code

96822-2655

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME HI LOC 152

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.118855

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

LATASHA A. OLIVER

Mailing Address 1610 Oakwood Avenue

City

Columbus

State

OH

Zip Code

43207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

234.19

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118423

Amount of Each Receipt this Period

31.43

**SUBTOTAL** of Receipts This Page (optional) .....

207.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 413 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

HOLLY OLSON

Mailing Address 15443 Martins Hundred Drive

City

Centerville

State

VA

Zip Code

20120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

DIRECTOR, GENERAL SERVICES

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1237.04

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118221

Amount of Each Receipt this Period

59.00

**B.**

Full Name (Last, First, Middle Initial)

HOLLY OLSON

Mailing Address 15443 Martins Hundred Drive

City

Centerville

State

VA

Zip Code

20120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

DIRECTOR, GENERAL SERVICES

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1296.04

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118343

Amount of Each Receipt this Period

59.00

**C.**

Full Name (Last, First, Middle Initial)

HOLLY OLSON

Mailing Address 15443 Martins Hundred Drive

City

Centerville

State

VA

Zip Code

20120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

DIRECTOR, GENERAL SERVICES

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1355.04

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119890

Amount of Each Receipt this Period

59.00

**SUBTOTAL** of Receipts This Page (optional) .....

177.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 414 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

RICHARD ONISHI

Mailing Address 888 Mililani Street  
Suite 601

City State Zip Code  
Honolulu HI 96813-2991

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME HI LOC 152

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.118856

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

KARMEN ORTLOFF

Mailing Address 3042 N. Christiana

City State Zip Code  
Chicago IL 60618

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME IL CN 31

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

679.19

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118914

Amount of Each Receipt this Period

58.10

**C.**

Full Name (Last, First, Middle Initial)

SUSAN M. OSTHUS

Mailing Address 5200 Deerwood Lake Drive

City State Zip Code  
Springfield IL 62703

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME IL CN 31

Occupation  
LEGAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

823.52

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118915

Amount of Each Receipt this Period

68.96

**SUBTOTAL** of Receipts This Page (optional) .....

147.06

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 415 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

VICTOR OSUNA

Mailing Address 615 S. Second Street

City

Springfield

State

IL

Zip Code

62705-2328

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

740.16

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	8

Transaction ID: SA11AI.118916

Amount of Each Receipt this Period

61.98

**B.**

Full Name (Last, First, Middle Initial)

DAVID G. OTT, Jr.

Mailing Address 3436 Swede Hill Road

City

Clinton

State

WA

Zip Code

98236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 2/SNOHOMISH  
CNTYOccupation  
PLANNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	8

Transaction ID: SA11AI.119197

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

GERALD OTTEN

Mailing Address 2905 Evergreen Way

City

Ellicott City

State

MD

Zip Code

21042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

BENEFITS MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

797.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	8

Transaction ID: SA11AI.118222

Amount of Each Receipt this Period

40.08

SUBTOTAL of Receipts This Page (optional) .....

122.06

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 416 / 674  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

GERALD OTTEN

Mailing Address 2905 Evergreen Way

City

Ellicott City

State

MD

Zip Code

21042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

BENEFITS MANAGER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

837.38

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118344

Amount of Each Receipt this Period

40.08

**B.**

Full Name (Last, First, Middle Initial)

GERALD OTTEN

Mailing Address 2905 Evergreen Way

City

Ellicott City

State

MD

Zip Code

21042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

BENEFITS MANAGER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

877.46

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119891

Amount of Each Receipt this Period

40.08

**C.**

Full Name (Last, First, Middle Initial)

BARBARA OWENS

Mailing Address 955 Overland Court  
Suite 150

City

San Dimas

State

CA

Zip Code

91773-1718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA LOC 1199/COPE

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.119030

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

110.16

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 417 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

BARBARA OWENS

Mailing Address 955 Overland Court  
Suite 150

City	State	Zip Code
San Dimas	CA	91773-1718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA LOC 1199/COPEOccupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	7	/	2	0	0	8

Transaction ID: SA11AI.119031

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

GINA R L PACHECO

Mailing Address P.O. Box 5488

City	State	Zip Code
Hilo	HI	96720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME HI LOC 152Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	0	8

Transaction ID: SA11AI.118857

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM M. PADISAK, Jr.

Mailing Address 4886 Pine Trace Drive

City	State	Zip Code
Austintown	OH	44515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

574.52

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	0	8

Transaction ID: SA11AI.118628

Amount of Each Receipt this Period

23.24

SUBTOTAL of Receipts This Page (optional) .....

243.24

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 418 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM M. PADISAK, Jr.

Mailing Address 4886 Pine Trace Drive

City

Austintown

State

OH

Zip Code

44515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

597.76

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.118684

Amount of Each Receipt this Period

23.24

**B.**

Full Name (Last, First, Middle Initial)

CHERYL A. PALMER

Mailing Address P.O. Box 216

City

West Winfield

State

NY

Zip Code

13491

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NY LOC 1000

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.54

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.119139

Amount of Each Receipt this Period

28.86

**C.**

Full Name (Last, First, Middle Initial)

HAROLD A. PALMER

Mailing Address 7565 Liddesdale Blvd.

City

Blacklick

State

OH

Zip Code

43004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

REGIONAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

977.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.118629

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

92.10

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 419 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

HAROLD A. PALMER

Mailing Address 7565 Liddesdale Blvd.

City

Blacklick

State

OH

Zip Code

43004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

REGIONAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1017.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	8

Transaction ID: SA11AI.118685

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

RACHEL S. PANCIERA

Mailing Address 5210 Biddison Lane

City

Baltimore

State

MD

Zip Code

21206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ORGANIZING RECRUITER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.91

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	8

Transaction ID: SA11AI.118223

Amount of Each Receipt this Period

31.42

**C.**

Full Name (Last, First, Middle Initial)

RACHEL S. PANCIERA

Mailing Address 5210 Biddison Lane

City

Baltimore

State

MD

Zip Code

21206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ORGANIZING RECRUITER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

657.33

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	4	/	2	0	0	8

Transaction ID: SA11AI.118345

Amount of Each Receipt this Period

31.42

SUBTOTAL of Receipts This Page (optional) .....

102.84

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 420 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

RACHEL S. PANCIERA

Mailing Address 5210 Biddison Lane

City

Baltimore

State

MD

Zip Code

21206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ORGANIZING RECRUITER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

688.75

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119892

Amount of Each Receipt this Period

31.42

**B.**

Full Name (Last, First, Middle Initial)

CHERYL PARISI

Mailing Address 1932 Walcott Way

City

Los Angeles

State

CA

Zip Code

90039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36

Occupation

BUSINESS REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1055.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.119719

Amount of Each Receipt this Period

140.00

**C.**

Full Name (Last, First, Middle Initial)

CHERYL PARISI

Mailing Address 1932 Walcott Way

City

Los Angeles

State

CA

Zip Code

90039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36

Occupation

BUSINESS REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.119738

Amount of Each Receipt this Period

70.00

**SUBTOTAL** of Receipts This Page (optional) .....

241.42

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 421 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

EDDIE L. PARKS

Mailing Address 7176 Nightshade Drive

City

Westerville

State

OH

Zip Code

43082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

631.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	4	/	2	0	0	8

Transaction ID: SA11AI.120187

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

EDDIE L. PARKS

Mailing Address 7176 Nightshade Drive

City

Westerville

State

OH

Zip Code

43082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

656.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	7	/	2	0	0	8

Transaction ID: SA11AI.120188

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

EDDIE L. PARKS

Mailing Address 7176 Nightshade Drive

City

Westerville

State

OH

Zip Code

43082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

681.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	1	/	2	0	0	8

Transaction ID: SA11AI.120189

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) .....

75.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 422 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

GLENN H. PARRISH

Mailing Address 609 East View Court

City

Fitchburg

State

WI

Zip Code

53593

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 40

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.119222

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

EDDIE D. PARSONS

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229-1591

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4/CRESTLINE  
EVS

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.88

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.120376

Amount of Each Receipt this Period

30.88

**C.**

Full Name (Last, First, Middle Initial)

MARY J. PASS

Mailing Address 3333 W Broad Street  
APT 16

City

Columbus

State

OH

Zip Code

43204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.120190

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.88

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 423 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

MARY J. PASS

Mailing Address 3333 W Broad Street  
APT 16City State Zip Code  
Columbus OH 43204FEC ID number of contributing  
federal political committee.**C**Name of Employer  
AFSCME OH LOC 11/SOOHOccupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	7	/	2	0	0	8

Transaction ID: SA11AI.120191

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

MARY J. PASS

Mailing Address 3333 W Broad Street  
APT 16City State Zip Code  
Columbus OH 43204FEC ID number of contributing  
federal political committee.**C**Name of Employer  
AFSCME OH LOC 11/SOOHOccupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	1	/	2	0	0	8

Transaction ID: SA11AI.120192

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

PERRY J. PATSON

Mailing Address 1212 Jefferson St., SE  
Suite 300City State Zip Code  
Olympia WA 98501FEC ID number of contributing  
federal political committee.**C**Name of Employer  
AFSCME WA CN 28/SOWAOccupation  
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
1	1	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.119530

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional) .....

30.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 424 / 674  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**Full Name (Last, First, Middle Initial)  
DEBORAH JO PATTON

Mailing Address 29 N Wacker

City	State	Zip Code
Chicago	IL	60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

801.52

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	8

Transaction ID: SA11AI.118917

Amount of Each Receipt this Period

67.12

**B.**Full Name (Last, First, Middle Initial)  
BARRY PEARCE

Mailing Address 130 N. Wilson Street

City	State	Zip Code
Bellefonte	PA	16823

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.118555

Amount of Each Receipt this Period

66.30

**C.**Full Name (Last, First, Middle Initial)  
MICHAEL S. PEGUES

Mailing Address 263 Goodwin Street

City	State	Zip Code
East Hartford	CT	06108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CT CN 4/SOCTOccupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	0	8

Transaction ID: SA11AI.119109

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional) .....

143.42

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 425 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL S. PEGUES

Mailing Address 263 Goodwin Street

City

East Hartford

State

CT

Zip Code

06108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CT CN 4/SOCT

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.119110

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

WILLIE L. PELOTE

Mailing Address 351 Ross Way

City

Sacramento

State

CA

Zip Code

95864

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, POLITICAL ACTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

989.83

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	8

Transaction ID: SA11AI.118224

Amount of Each Receipt this Period

49.49

**C.**

Full Name (Last, First, Middle Initial)

WILLIE L. PELOTE

Mailing Address 351 Ross Way

City

Sacramento

State

CA

Zip Code

95864

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, POLITICAL ACTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1039.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	4	/	2	0	0	8

Transaction ID: SA11AI.118346

Amount of Each Receipt this Period

49.49

SUBTOTAL of Receipts This Page (optional) .....

108.98

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 426 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

WILLIE L. PELOTE

Mailing Address 351 Ross Way

City

Sacramento

State

CA

Zip Code

95864

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, POLITICAL ACTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1088.81

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	4	/	2	0	0	8

Transaction ID: SA11AI.119893

Amount of Each Receipt this Period

49.49

**B.**

Full Name (Last, First, Middle Initial)

JOANNE M. PELS

Mailing Address 6987 County 38 N.W.

City

Walker

State

MN

Zip Code

56484

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/CN14

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

955.84

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.118476

Amount of Each Receipt this Period

79.16

**C.**

Full Name (Last, First, Middle Initial)

PAMELA PERILLO

Mailing Address 9270 Billingsley Road

City

White Plains

State

MD

Zip Code

20695

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	8

Transaction ID: SA11AI.118225

Amount of Each Receipt this Period

14.75

SUBTOTAL of Receipts This Page (optional) .....

143.40

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 427 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

PAMELA PERILLO

Mailing Address 9270 Billingsley Road

City

White Plains

State

MD

Zip Code

20695

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.75

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118347

Amount of Each Receipt this Period

14.75

**B.**

Full Name (Last, First, Middle Initial)

PAMELA PERILLO

Mailing Address 9270 Billingsley Road

City

White Plains

State

MD

Zip Code

20695

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

341.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119894

Amount of Each Receipt this Period

14.75

**C.**

Full Name (Last, First, Middle Initial)

RANDOLPH P. PERREIRA

Mailing Address 1044 Mokuhanu Street

City

Honolulu

State

HI

Zip Code

96825

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

826.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.118858

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

129.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 428 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

ELIZABETH PERROW

Mailing Address 958 N. Harrison Street

City

Arlington

State

VA

Zip Code

22205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT TO JUD. PANEL CHAIRPERSON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

801.56

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118226

Amount of Each Receipt this Period

40.08

**B.**

Full Name (Last, First, Middle Initial)

ELIZABETH PERROW

Mailing Address 958 N. Harrison Street

City

Arlington

State

VA

Zip Code

22205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT TO JUD. PANEL CHAIRPERSON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

841.64

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118348

Amount of Each Receipt this Period

40.08

**C.**

Full Name (Last, First, Middle Initial)

ELIZABETH PERROW

Mailing Address 958 N. Harrison Street

City

Arlington

State

VA

Zip Code

22205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT TO JUD. PANEL CHAIRPERSON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

881.72

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119895

Amount of Each Receipt this Period

40.08

**SUBTOTAL** of Receipts This Page (optional) .....

120.24

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 429 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL S. PERRY

Mailing Address 313 Sheridan Road

City

Wilmette

State

IL

Zip Code

60091

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation

DIRECTOR EMP. INV. DEV. & TRAINING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

801.52

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118918

Amount of Each Receipt this Period

67.12

**B.**

Full Name (Last, First, Middle Initial)

ANNIE P. PERSON

Mailing Address 30 E. Broad Street

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.120196

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

ANNIE P. PERSON

Mailing Address 30 E. Broad Street

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.120197

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

87.12

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 430 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

ANNIE P. PERSON

Mailing Address 30 E. Broad Street

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.120198

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

LAURA E. PETERS

Mailing Address 518 W. Hayes Street

City

Davenport

State

IA

Zip Code

52803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61/DAVENPORT  
CSD

Occupation

SCHOOL EMPLOYEE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.42

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.120333

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

LAURA E. PETERS

Mailing Address 518 W. Hayes Street

City

Davenport

State

IA

Zip Code

52803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61/DAVENPORT  
CSD

Occupation

SCHOOL EMPLOYEE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.82

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.120334

Amount of Each Receipt this Period

8.40

**SUBTOTAL** of Receipts This Page (optional) .....

68.40

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 431 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

MARYANN Z PETERS

Mailing Address P.O. Box 57037

City

Los Angeles

State

CA

Zip Code

90057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CITY OF LOS ANGELES

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	0	8

Transaction ID: SA11AI.119781

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

JANE ANN PETERSON

Mailing Address 2179 Shoreham Road

City

Columbus

State

OH

Zip Code

43220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

942.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	0	8

Transaction ID: SA11AI.118630

Amount of Each Receipt this Period

38.50

**C.**

Full Name (Last, First, Middle Initial)

JANE ANN PETERSON

Mailing Address 2179 Shoreham Road

City

Columbus

State

OH

Zip Code

43220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

981.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	8

Transaction ID: SA11AI.118686

Amount of Each Receipt this Period

38.50

SUBTOTAL of Receipts This Page (optional) .....

107.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 432 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

OZELL PETERSON

Mailing Address 1212 Jefferson St., SE  
Suite 300

City State Zip Code  
Olympia WA 98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.119531

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

OZELL PETERSON

Mailing Address 1212 Jefferson St., SE  
Suite 300

City State Zip Code  
Olympia WA 98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119532

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

DANIEL PFEIFER

Mailing Address 18990 Ibsen Road

City State Zip Code  
Sparta WI 54656

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 40

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.119223

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

80.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 433 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

STACY PFLUGMACHER

Mailing Address 4679 Timberview Drive

City

Auburn

State

IL

Zip Code

62615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

524.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118919

Amount of Each Receipt this Period

44.16

**B.**

Full Name (Last, First, Middle Initial)

CARRIE PHILLIPS

Mailing Address 4031 Executive Park Drive

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.07

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118556

Amount of Each Receipt this Period

24.90

**C.**

Full Name (Last, First, Middle Initial)

KEVIN L. PIATT

Mailing Address 300 Hardman Avenue South

City

South St. Paul

State

MN

Zip Code

55075

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/CN14

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.71

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118477

Amount of Each Receipt this Period

56.54

**SUBTOTAL** of Receipts This Page (optional) .....

125.60

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 434 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

STEVAN P. PICKARD

Mailing Address 3325 Capricio Street, NE

City

Canton

State

OH

Zip Code

44721-2702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

681.66

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118426

Amount of Each Receipt this Period

62.30

**B.**

Full Name (Last, First, Middle Initial)

RONALD W PITTS

Mailing Address 2001-A Industrial Drive

City

Marion

State

IL

Zip Code

62959

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

798.77

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118921

Amount of Each Receipt this Period

68.95

**C.**

Full Name (Last, First, Middle Initial)

JOSEPH PLUGER

Mailing Address 605 South Jackson

City

Gardner

State

IL

Zip Code

60424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

729.55

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118922

Amount of Each Receipt this Period

61.98

**SUBTOTAL** of Receipts This Page (optional) .....

193.23

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 435 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

KEVAN L. PLUMLEE

Mailing Address 14039 Allen Road

City

Carterville

State

IL

Zip Code

62918

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

740.16

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	8

Transaction ID: SA11AI.118923

Amount of Each Receipt this Period

61.98

**B.**

Full Name (Last, First, Middle Initial)

CLIFFORD T. POEHLER

Mailing Address 565 Glendale Street

City

Minneapolis

State

MN

Zip Code

55104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/HENNEPIN  
COUNTY

Occupation

LEGAL ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

563.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.119626

Amount of Each Receipt this Period

44.30

**C.**

Full Name (Last, First, Middle Initial)

NICOLE R. POLLARD

Mailing Address 9404 Nicklaus Lane

City

Laurel

State

MD

Zip Code

20708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSOCIATE GENERAL COUNSEL I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1065.24

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	8

Transaction ID: SA11AI.118227

Amount of Each Receipt this Period

49.26

SUBTOTAL of Receipts This Page (optional) .....

155.54

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 436 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

NICOLE R. POLLARD

Mailing Address 9404 Nicklaus Lane

City

Laurel

State

MD

Zip Code

20708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSOCIATE GENERAL COUNSEL I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1114.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118349

Amount of Each Receipt this Period

49.26

**B.**

Full Name (Last, First, Middle Initial)

NICOLE R. POLLARD

Mailing Address 9404 Nicklaus Lane

City

Laurel

State

MD

Zip Code

20708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSOCIATE GENERAL COUNSEL I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1163.76

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119896

Amount of Each Receipt this Period

49.26

**C.**

Full Name (Last, First, Middle Initial)

GEORGE POPYACK

Mailing Address 919 Ocean Drive

City

Mass Beach

State

CA

Zip Code

94038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 57

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118132

Amount of Each Receipt this Period

14.00

**SUBTOTAL** of Receipts This Page (optional) .....

112.52

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 437 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

GEORGE POPYACK

Mailing Address 919 Ocean Drive

City

Mass Beach

State

CA

Zip Code

94038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 57

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

279.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.118804

Amount of Each Receipt this Period

14.00

**B.**

Full Name (Last, First, Middle Initial)

KENNETH POTOCKI

Mailing Address 17614 Manhattan Road

City

Elwood

State

IL

Zip Code

60421-9419

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

912.64

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118925

Amount of Each Receipt this Period

76.56

**C.**

Full Name (Last, First, Middle Initial)

EDWARD POTTS

Mailing Address 240 Bentz Mill Road

City

Wellsville

State

PA

Zip Code

17365

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

CLERK

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

404.28

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118557

Amount of Each Receipt this Period

40.24

**SUBTOTAL** of Receipts This Page (optional) .....

130.80

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 438 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JEFFREY T. POTTS

Mailing Address 2623 Creekwillow PL.

City

Grove City

State

OH

Zip Code

43123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

INDUSTRIAL COMMISSIONER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.120199

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

JEFFREY T. POTTS

Mailing Address 2623 Creekwillow PL.

City

Grove City

State

OH

Zip Code

43123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

INDUSTRIAL COMMISSIONER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.120200

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

JEFFREY T. POTTS

Mailing Address 2623 Creekwillow PL.

City

Grove City

State

OH

Zip Code

43123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

INDUSTRIAL COMMISSIONER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.120201

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 439 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)  
GREGORY 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  
AFSCME TX LOC 1624

Occupation  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1134.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118133

Amount of Each Receipt this Period

70.00

**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  
AFSCME TX LOC 1624

Occupation  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1154.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.119312

Amount of Each Receipt this Period

20.00

**C.**

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  
AFSCME TX LOC 1624

Occupation  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1174.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.119313

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

110.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 440 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)  
GREGORY 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  
AFSCME TX LOC 1624

Occupation  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1194.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.119314

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  
AFSCME TX LOC 1624

Occupation  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1264.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.118805

Amount of Each Receipt this Period

70.00

**C.**

Full Name (Last, First, Middle Initial)  
SALLY A. POWLESS

Mailing Address 2410 Westbrook Drive

City State Zip Code  
Toledo OH 43613-3921

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH CN 8

Occupation  
LEAD STAFF ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

927.39

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118427

Amount of Each Receipt this Period

84.76

**SUBTOTAL** of Receipts This Page (optional) .....

174.76

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 441 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

STEVE PREBLE

Mailing Address P.O. Box 204

City

Colerain

State

MN

Zip Code

55722

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 65

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.119965

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

REBECCA A. PRICE

Mailing Address 79652 Second Lake Rd.

City

Willow River

State

MN

Zip Code

55795

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/SOMN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.64

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.119663

Amount of Each Receipt this Period

49.86

**C.**

Full Name (Last, First, Middle Initial)

ROBYN PRICE

Mailing Address 1034 N. Washington Avenue

City

Lansing

State

MI

Zip Code

48906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.118727

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

94.86

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 442 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

ROBYN PRICE

Mailing Address 1034 N. Washington Avenue

City

Lansing

State

MI

Zip Code

48906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118769

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

SHARON PRICE

Mailing Address 8705 59th Avenue SW

City

Lakewood

State

WA

Zip Code

98499

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME RETCHPT 10

Occupation

RETIREE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.119306

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

AMANDA M. PRINCE

Mailing Address 4894 Birchview Drive

City

Moose Lake

State

MN

Zip Code

55767

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/CN14

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

341.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118478

Amount of Each Receipt this Period

31.00

**SUBTOTAL** of Receipts This Page (optional) .....

276.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 443 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

MARCIA PROVOST

Mailing Address 555 Third Street, SE

City

Milaca

State

MN

Zip Code

56353

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/SOMN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

528.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	0	8

Transaction ID: SA11AI.119664

Amount of Each Receipt this Period

72.00

**B.**

Full Name (Last, First, Middle Initial)

JANET PULLEN

Mailing Address 8003 Alcoa Drive

City

Fort Washington

State

MD

Zip Code

20744

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

645.74

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	8

Transaction ID: SA11AI.118228

Amount of Each Receipt this Period

32.29

**C.**

Full Name (Last, First, Middle Initial)

JANET PULLEN

Mailing Address 8003 Alcoa Drive

City

Fort Washington

State

MD

Zip Code

20744

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

678.03

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	4	/	2	0	0	8

Transaction ID: SA11AI.118350

Amount of Each Receipt this Period

32.29

SUBTOTAL of Receipts This Page (optional) .....

136.58

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 444 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JANET PULLEN

Mailing Address 8003 Alcoa Drive

City

Fort Washington

State

MD

Zip Code

20744

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

710.32

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119897

Amount of Each Receipt this Period

32.29

**B.**

Full Name (Last, First, Middle Initial)

PHEDRA QUINCEY

Mailing Address 1212 Jefferson St. SE  
Suite 300

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.119270

Amount of Each Receipt this Period

42.00

**C.**

Full Name (Last, First, Middle Initial)

DAVID L. RAAHAHN

Mailing Address 123 NE 3rd Avenue  
Suite 505

City

Portland

State

OR

Zip Code

97232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119689

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

94.29

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 445 / 674

(check only one)

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

LLOYD L. RAINS

Mailing Address 15829 Narraganset Oval

City

Cleveland

State

OH

Zip Code

44130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

970.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.118631

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

LLOYD L. RAINS

Mailing Address 15829 Narraganset Oval

City

Cleveland

State

OH

Zip Code

44130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1010.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.118687

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

HOLLY A RAKOCY

Mailing Address 7250 Green Ridge Drive

City

Eden Prairie

State

MN

Zip Code

55346

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/HENNEPIN  
COUNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119627

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 446 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

ZOLLIE RAYNER

Mailing Address P.O. Box 51

City

Albion

State

PA

Zip Code

16401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.118558

Amount of Each Receipt this Period

66.30

**B.**

Full Name (Last, First, Middle Initial)

STEVEN E. REAMS

Mailing Address 3642 Shortridge Circle

City

Cincinnati

State

OH

Zip Code

45247

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.35

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.118428

Amount of Each Receipt this Period

52.15

**C.**

Full Name (Last, First, Middle Initial)

TERRY M. REED

Mailing Address 2737 Yellowrock Place

City

Hilliard

State

OH

Zip Code

43026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

AREA FIELD SERVICES DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

872.16

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	8

Transaction ID: SA11AI.118229

Amount of Each Receipt this Period

43.61

SUBTOTAL of Receipts This Page (optional) .....

162.06

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 447 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

TERRY M. REED

Mailing Address 2737 Yellowrock Place

City

Hilliard

State

OH

Zip Code

43026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

AREA FIELD SERVICES DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

915.77

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118351

Amount of Each Receipt this Period

43.61

**B.**

Full Name (Last, First, Middle Initial)

TERRY M. REED

Mailing Address 2737 Yellowrock Place

City

Hilliard

State

OH

Zip Code

43026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

AREA FIELD SERVICES DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

959.38

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119898

Amount of Each Receipt this Period

43.61

**C.**

Full Name (Last, First, Middle Initial)

JANINE A. REES

Mailing Address 5456 40th Avenue SW

City

Seattle

State

WA

Zip Code

98136

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28

Occupation

CONVENTION FUNDRAISER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.120318

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

107.22

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 448 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JANINE A. REES

Mailing Address 5456 40th Avenue SW

City

Seattle

State

WA

Zip Code

98136

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28

Occupation

CONVENTION FUNDRAISER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.120319

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

SHARON REESE

Mailing Address 390 Worthington Road

City

Westerville

State

OH

Zip Code

43082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.120277

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

STEVEN C. REEVES

Mailing Address 2566 Stillwater Road

City

Maplewood Road

State

MN

Zip Code

55119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/RAMSEY COU-  
NTY

Occupation

MAINTENANCE WORKER I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.120316

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 449 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

NICOLE R. REFFITT

Mailing Address 30 E. Broad Street

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOCH

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  
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.120205

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

NICOLE R. REFFITT

Mailing Address 30 E. Broad Street

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOCH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.120206

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

NICOLE R. REFFITT

Mailing Address 30 E. Broad Street

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOCH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.120207

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 450 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

PATRICK D. REGAN

Mailing Address 1730 37th Avenue NE

City

Minneapolis

State

MN

Zip Code

55421

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/HENNEPIN  
COUNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119629

Amount of Each Receipt this Period

28.00

**B.**

Full Name (Last, First, Middle Initial)

STEPHEN REGENSTREIF

Mailing Address 3214 38th Street NW

City

Washington

State

DC

Zip Code

20016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

DIRECTOR, RETIREE PROGRAMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1197.04

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118230

Amount of Each Receipt this Period

59.00

**C.**

Full Name (Last, First, Middle Initial)

STEPHEN REGENSTREIF

Mailing Address 3214 38th Street NW

City

Washington

State

DC

Zip Code

20016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

DIRECTOR, RETIREE PROGRAMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1256.04

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118352

Amount of Each Receipt this Period

59.00

**SUBTOTAL** of Receipts This Page (optional) .....

146.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 451 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

STEPHEN 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 ▼

1315.04

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119899

Amount of Each Receipt this Period

59.00

**B.**

Full Name (Last, First, Middle Initial)

DEAN REYNOLDS, III

Mailing Address 1025 Delaware Avenue

City

Crawford

State

PA

Zip Code

17740

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

776.85

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118559

Amount of Each Receipt this Period

66.30

**C.**

Full Name (Last, First, Middle Initial)

SANDRA L. REYNOLDS

Mailing Address 1212 Jefferson St., SE  
Suite 300

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.119537

Amount of Each Receipt this Period

21.00

**SUBTOTAL** of Receipts This Page (optional) .....

146.30

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 452 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

SANDRA L. REYNOLDS

Mailing Address 1212 Jefferson St., SE  
Suite 300

City State Zip Code  
Olympia WA 98501

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119538

Amount of Each Receipt this Period

21.00

**B.**

Full Name (Last, First, Middle Initial)

HARRY RHODES

Mailing Address 4031 Executive Park Drive

City State Zip Code  
Harrisburg PA 17111

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME PA CN 13

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.23

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118560

Amount of Each Receipt this Period

36.48

**C.**

Full Name (Last, First, Middle Initial)

TERRY A. RHODES

Mailing Address 6805 Oak Creek Drive

City State Zip Code  
Columbus OH 43229-1591

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH LOC 4/BEXLEY CSD

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.40

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.120377

Amount of Each Receipt this Period

8.40

**SUBTOTAL** of Receipts This Page (optional) .....

65.88

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 453 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

LISA E. RICE

Mailing Address 1456 Greenmont Court

City

Reston

State

VA

Zip Code

20190

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

PROJECT COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

761.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118231

Amount of Each Receipt this Period

36.95

**B.**

Full Name (Last, First, Middle Initial)

LISA E. RICE

Mailing Address 1456 Greenmont Court

City

Reston

State

VA

Zip Code

20190

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

PROJECT COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

797.95

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118353

Amount of Each Receipt this Period

36.95

**C.**

Full Name (Last, First, Middle Initial)

LISA E. RICE

Mailing Address 1456 Greenmont Court

City

Reston

State

VA

Zip Code

20190

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

PROJECT COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

834.90

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119900

Amount of Each Receipt this Period

36.95

**SUBTOTAL** of Receipts This Page (optional) .....

110.85

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 454 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

PATTY RICH

Mailing Address 2867 W. 10545 SO.

City

South Jordan

State

UT

Zip Code

84102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME UT LOC 1004

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.119193

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

PATTY RICH

Mailing Address 2867 W. 10545 SO.

City

South Jordan

State

UT

Zip Code

84102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME UT LOC 1004

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.119194

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

SHAWN E. RICHARDSON

Mailing Address 6688 Markwood St.

City

Worthington

State

OH

Zip Code

43085

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

TRANSPORTATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.120208

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 455 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

SHAWN E. RICHARDSON

Mailing Address 6688 Markwood St.

City

Worthington

State

OH

Zip Code

43085

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

TRANSPORTATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	7	/	2	0	0	8

Transaction ID: SA11AI.120209

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

SHAWN E. RICHARDSON

Mailing Address 6688 Markwood St.

City

Worthington

State

OH

Zip Code

43085

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

TRANSPORTATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	1	/	2	0	0	8

Transaction ID: SA11AI.120210

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

ALAN RICHTER

Mailing Address 6807 Greenspring Avenue

City

Baltimore

State

MD

Zip Code

21209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

539.22

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	8

Transaction ID: SA11AI.118232

Amount of Each Receipt this Period

26.54

SUBTOTAL of Receipts This Page (optional) .....

106.54

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 456 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

ALAN RICHTER

Mailing Address 6807 Greenspring Avenue

City

Baltimore

State

MD

Zip Code

21209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.76

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118354

Amount of Each Receipt this Period

26.54

**B.**

Full Name (Last, First, Middle Initial)

ALAN RICHTER

Mailing Address 6807 Greenspring Avenue

City

Baltimore

State

MD

Zip Code

21209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

592.30

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119901

Amount of Each Receipt this Period

26.54

**C.**

Full Name (Last, First, Middle Initial)

MICHELLE RIDER

Mailing Address 4031 Executive Park Drive

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

783.42

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118561

Amount of Each Receipt this Period

72.98

**SUBTOTAL** of Receipts This Page (optional) .....

126.06

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 457 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

LUNDA K. RIMER

Mailing Address 1008 Walker Drive NE

City

Albuquerque

State

NM

Zip Code

87112

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MN CN 18/ALBUQUERQ-  
UE

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.120320

Amount of Each Receipt this Period

13.00

**B.**

Full Name (Last, First, Middle Initial)

LUNDA K. RIMER

Mailing Address 1008 Walker Drive NE

City

Albuquerque

State

NM

Zip Code

87112

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MN CN 18/ALBUQUERQ-  
UE

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.120321

Amount of Each Receipt this Period

13.00

**C.**

Full Name (Last, First, Middle Initial)

LUNDA K. RIMER

Mailing Address 1008 Walker Drive NE

City

Albuquerque

State

NM

Zip Code

87112

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MN CN 18/ALBUQUERQ-  
UE

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.120322

Amount of Each Receipt this Period

13.00

**SUBTOTAL** of Receipts This Page (optional) .....

39.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 458 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

RUTH R. RITCHIE

Mailing Address 1644 Spaulding Road

City

Dayton

State

OH

Zip Code

45432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

ACCOUNTING CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.17

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	7	/	2	0	0	8

Transaction ID: SA11AI.119951

Amount of Each Receipt this Period

5.00

**B.**

Full Name (Last, First, Middle Initial)

RUTH R. RITCHIE

Mailing Address 1644 Spaulding Road

City

Dayton

State

OH

Zip Code

45432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

ACCOUNTING CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.67

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.118429

Amount of Each Receipt this Period

9.50

**C.**

Full Name (Last, First, Middle Initial)

RUTH R. RITCHIE

Mailing Address 1644 Spaulding Road

City

Dayton

State

OH

Zip Code

45432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

ACCOUNTING CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.67

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	4	/	2	0	0	8

Transaction ID: SA11AI.119952

Amount of Each Receipt this Period

5.00

SUBTOTAL of Receipts This Page (optional) .....

19.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 459 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

THOMAS J. RITCHIE, Sr.

Mailing Address 1644 Spaulding Road

City

Dayton

State

OH

Zip Code

45432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

REGIONAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1143.95

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118430

Amount of Each Receipt this Period

96.87

**B.**

Full Name (Last, First, Middle Initial)

GLADYS RIVERA

Mailing Address P.O. Box 1414

City

Lancaster

State

PA

Zip Code

17608-1414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13/SOPA

Occupation

INSPECTION SAFETY PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.119327

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

HOBERTA ROACH

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229-1591

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4/GALLIPOLIS  
CS

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.96

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.120378

Amount of Each Receipt this Period

76.96

**SUBTOTAL** of Receipts This Page (optional) .....

223.83

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 460 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

HOBERTA ROACH

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229-1591

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/GALLIPOLIS  
CS

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

346.31

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	0	8

Transaction ID: SA11AI.120379

Amount of Each Receipt this Period

69.35

**B.**

Full Name (Last, First, Middle Initial)

CLAUDIA ROBERSON

Mailing Address 7340 S. Yates  
2nd Fl.

City

Chicago

State

IL

Zip Code

60649

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IL CN 31

Occupation

ASSOCIATE DIRECTOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1036.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	8

Transaction ID: SA11AI.118926

Amount of Each Receipt this Period

86.76

**C.**

Full Name (Last, First, Middle Initial)

JOHN C. ROBERT

Mailing Address 444 East Main Street

City

New Britain

State

CT

Zip Code

06051

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME CT CN 4/SOCT

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	0	8

Transaction ID: SA11AI.119111

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional) .....

166.11

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 461 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JOHN C. ROBERT

Mailing Address 444 East Main Street

City

New Britain

State

CT

Zip Code

06051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CT CN 4/SOCT

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119112

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

SARAH ROBERTS

Mailing Address 1034 N. Washington Avenue

City

Lansing

State

MI

Zip Code

48906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.60

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.118728

Amount of Each Receipt this Period

14.33

**C.**

Full Name (Last, First, Middle Initial)

SARAH ROBERTS

Mailing Address 1034 N. Washington Avenue

City

Lansing

State

MI

Zip Code

48906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.93

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118770

Amount of Each Receipt this Period

14.33

**SUBTOTAL** of Receipts This Page (optional) .....

38.66

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 462 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

STEPHEN M. ROBERTS

Mailing Address 5661 Windsor Woods Drive

City

Columbus

State

OH

Zip Code

43230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.41

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.118431

Amount of Each Receipt this Period

63.55

**B.**

Full Name (Last, First, Middle Initial)

TIMOTHY W. ROBERTS

Mailing Address 5033 Ridgewood Road E

City

Springfield

State

OH

Zip Code

45503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	4	/	2	0	0	8

Transaction ID: SA11AI.120211

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

TIMOTHY W. ROBERTS

Mailing Address 5033 Ridgewood Road E

City

Springfield

State

OH

Zip Code

45503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	7	/	2	0	0	8

Transaction ID: SA11AI.120212

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional) .....

83.55

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 463 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

TIMOTHY W. ROBERTS

Mailing Address 5033 Ridgewood Road E

City

Springfield

State

OH

Zip Code

45503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.120213

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

HARRIETH L. ROBINSON

Mailing Address 1515 W Caldwell Street

City

Compton

State

CA

Zip Code

90220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36/COMPTON  
CITY

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  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.119785

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

HARRIETH L. ROBINSON

Mailing Address 1515 W Caldwell Street

City

Compton

State

CA

Zip Code

90220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36/COMPTON  
CITY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.119786

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 464 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JESSICA R. ROBINSON

Mailing Address 7901 Chicago Avenue

City

SilverSpring

State

MD

Zip Code

20910

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSOCIATE GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

945.33

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118233

Amount of Each Receipt this Period

46.92

**B.**

Full Name (Last, First, Middle Initial)

JESSICA R. ROBINSON

Mailing Address 7901 Chicago Avenue

City

SilverSpring

State

MD

Zip Code

20910

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSOCIATE GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

992.25

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118355

Amount of Each Receipt this Period

46.92

**C.**

Full Name (Last, First, Middle Initial)

JESSICA R. ROBINSON

Mailing Address 7901 Chicago Avenue

City

SilverSpring

State

MD

Zip Code

20910

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSOCIATE GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1039.17

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119902

Amount of Each Receipt this Period

46.92

**SUBTOTAL** of Receipts This Page (optional) .....

140.76

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 465 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

KATHRYN ROBINSON

Mailing Address 29 N. Wacker Drive  
Suite 800

City State Zip Code  
Chicago IL 60606

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME IL CN 31

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.26

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118927

Amount of Each Receipt this Period

42.14

**B.**

Full Name (Last, First, Middle Initial)

YVONNE T. ROBINSON

Mailing Address 501 Pulliam Street NW  
Suite 335

City State Zip Code  
Atlanta GA 30312

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.63

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118235

Amount of Each Receipt this Period

36.09

**C.**

Full Name (Last, First, Middle Initial)

YVONNE T. ROBINSON

Mailing Address 501 Pulliam Street NW  
Suite 335

City State Zip Code  
Atlanta GA 30312

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.72

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118356

Amount of Each Receipt this Period

36.09

**SUBTOTAL** of Receipts This Page (optional) .....

114.32

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 466 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

YVONNE T. ROBINSON

Mailing Address 501 Pulliam Street NW  
Suite 335

City State Zip Code  
Atlanta GA 30312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.81

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119904

Amount of Each Receipt this Period

36.09

**B.**

Full Name (Last, First, Middle Initial)

KIM R. RODDY

Mailing Address 1433 Venice Drive

City State Zip Code  
Columbus OH 43207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8/FRANKLIN  
COUNTY

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  
1 0 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.119042

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

KIM R. RODDY

Mailing Address 1433 Venice Drive

City State Zip Code  
Columbus OH 43207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8/FRANKLIN  
COUNTY

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.119043

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

56.09

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 467 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

KIM R. RODDY

Mailing Address 1433 Venice Drive

City

Columbus

State

OH

Zip Code

43207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8/FRANKLIN  
COUNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	4	/	2	0	0	8

Transaction ID: SA11AI.119044

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

LYNN ANN RODENHUIS

Mailing Address 9135 Cowenton Avenue

City

Perry Hall

State

MD

Zip Code

21128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

AREA ORGANIZING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

888.42

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	8

Transaction ID: SA11AI.118236

Amount of Each Receipt this Period

44.42

**C.**

Full Name (Last, First, Middle Initial)

LYNN ANN RODENHUIS

Mailing Address 9135 Cowenton Avenue

City

Perry Hall

State

MD

Zip Code

21128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

AREA ORGANIZING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

934.05

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	4	/	2	0	0	8

Transaction ID: SA11AI.118357

Amount of Each Receipt this Period

45.63

SUBTOTAL of Receipts This Page (optional) .....

100.05

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 468 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

LYNN ANN RODENHUIS

Mailing Address 9135 Cowenton Avenue

City State Zip Code

Perry Hall MD 21128

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
AREA ORGANIZING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

979.68

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119905

Amount of Each Receipt this Period

45.63

**B.**

Full Name (Last, First, Middle Initial)

LAURENCE RODENSTEIN

Mailing Address 8033 Excelsior Drive  
Suite B

City State Zip Code

Madison WI 53717-1903

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WI CN 40

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.119225

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

LAWRENCE ROEHRIG

Mailing Address 13084 Lia Court

City State Zip Code

Lindon MI 48451

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MI CN 25

Occupation  
SECRETARY-TREASURER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1949.22

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.118729

Amount of Each Receipt this Period

99.96

**SUBTOTAL** of Receipts This Page (optional) .....

165.59

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 469 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

LAWRENCE ROEHRIG

Mailing Address 13084 Lia Court

City

Lindon

State

MI

Zip Code

48451

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

SECRETARY-TREASURER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2049.18

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	8

Transaction ID: SA11AI.118771

Amount of Each Receipt this Period

99.96

**B.**

Full Name (Last, First, Middle Initial)

CHARLES ROGINSKI

Mailing Address 6124 Crystal Valley Drive

City

Galena

State

OH

Zip Code

43021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

REGIONAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	0	8

Transaction ID: SA11AI.118632

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

CHARLES ROGINSKI

Mailing Address 6124 Crystal Valley Drive

City

Galena

State

OH

Zip Code

43021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

REGIONAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	8

Transaction ID: SA11AI.118688

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional) .....

179.96

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 470 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

VICTORIA ROHRIG

Mailing Address 6220 E Fairbrook Street

City

Long Beach

State

CA

Zip Code

90815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA LOC 1199/COPE

Occupation

ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	0	8

Transaction ID: SA11AI.119037

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

VICTORIA ROHRIG

Mailing Address 6220 E Fairbrook Street

City

Long Beach

State

CA

Zip Code

90815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA LOC 1199/COPE

Occupation

ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	7	/	2	0	0	8

Transaction ID: SA11AI.119038

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

VICTORIA ROHRIG

Mailing Address 6220 E Fairbrook Street

City

Long Beach

State

CA

Zip Code

90815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA LOC 1199/COPE

Occupation

ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	1	/	2	0	0	8

Transaction ID: SA11AI.119039

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional) .....

60.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 471 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

ETHAN ROME

Mailing Address 1414 17th Street, NW  
Apt. #603City State Zip Code  
Washington DC 20036FEC ID number of contributing  
federal political committee.**C**Name of Employer  
AFSCME INT'LOccupation  
DIRECTOR, PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1392.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	8

Transaction ID: SA11AI.118237

Amount of Each Receipt this Period

68.77

**B.**

Full Name (Last, First, Middle Initial)

ETHAN ROME

Mailing Address 1414 17th Street, NW  
Apt. #603City State Zip Code  
Washington DC 20036FEC ID number of contributing  
federal political committee.**C**Name of Employer  
AFSCME INT'LOccupation  
DIRECTOR, PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1461.13

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	4	/	2	0	0	8

Transaction ID: SA11AI.118358

Amount of Each Receipt this Period

68.77

**C.**

Full Name (Last, First, Middle Initial)

ETHAN ROME

Mailing Address 1414 17th Street, NW  
Apt. #603City State Zip Code  
Washington DC 20036FEC ID number of contributing  
federal political committee.**C**Name of Employer  
AFSCME INT'LOccupation  
DIRECTOR, PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1529.90

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	4	/	2	0	0	8

Transaction ID: SA11AI.119906

Amount of Each Receipt this Period

68.77

SUBTOTAL of Receipts This Page (optional) .....

206.31

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 472 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JOYCE L. ROONEY

Mailing Address 13080 Dronfield Avenue  
#73

City State Zip Code  
Sylmar CA 91342

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36/Local 3339

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.119787

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

JOYCE L. ROONEY

Mailing Address 13080 Dronfield Avenue  
#73

City State Zip Code  
Sylmar CA 91342

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36/Local 3339

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.119788

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

JOYCE L. ROONEY

Mailing Address 13080 Dronfield Avenue  
#73

City State Zip Code  
Sylmar CA 91342

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36/Local 3339

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.119789

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 473 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JOYCE L. ROONEY

Mailing Address 13080 Dronfield Avenue  
#73

City State Zip Code  
Sylmar CA 91342

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME CA CN 36/Local 3339

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.119790

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL C. ROSS

Mailing Address 9432 S. Harding

City State Zip Code  
Evergreen Park IL 60805

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME IL CN 31

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

740.16

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118928

Amount of Each Receipt this Period

61.98

**C.**

Full Name (Last, First, Middle Initial)

JOSEPH K. ROWE

Mailing Address 34 Lakeside Drive

City State Zip Code  
Honesdale PA 18431

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME PA CN 13

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

926.74

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118562

Amount of Each Receipt this Period

85.84

**SUBTOTAL** of Receipts This Page (optional) .....

172.82

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 474 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JOSEPH P. RUGOLA

Mailing Address 4771 Powderhorn Lane

City

Westerville

State

OH

Zip Code

43081

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2031.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.118633

Amount of Each Receipt this Period

85.00

**B.**

Full Name (Last, First, Middle Initial)

JOSEPH P. RUGOLA

Mailing Address 4771 Powderhorn Lane

City

Westerville

State

OH

Zip Code

43081

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2045.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118135

Amount of Each Receipt this Period

14.00

**C.**

Full Name (Last, First, Middle Initial)

JOSEPH P. RUGOLA

Mailing Address 4771 Powderhorn Lane

City

Westerville

State

OH

Zip Code

43081

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2130.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.118689

Amount of Each Receipt this Period

85.00

**SUBTOTAL** of Receipts This Page (optional) .....

184.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 475 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JOSEPH P. RUGOLA

Mailing Address 4771 Powderhorn Lane

City

Westerville

State

OH

Zip Code

43081

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2144.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.118807

Amount of Each Receipt this Period

14.00

**B.**

Full Name (Last, First, Middle Initial)

VEDA RUGOLA

Mailing Address 4771 Powderhorn Lane

City

Westerville

State

OH

Zip Code

43081

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.118634

Amount of Each Receipt this Period

38.50

**C.**

Full Name (Last, First, Middle Initial)

VEDA RUGOLA

Mailing Address 4771 Powderhorn Lane

City

Westerville

State

OH

Zip Code

43081

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.118690

Amount of Each Receipt this Period

38.50

**SUBTOTAL** of Receipts This Page (optional) .....

91.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 476 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

VERA SAADE

Mailing Address 1309 Vine Street

City

Lansing

State

MI

Zip Code

48912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

ASSISTANT DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.80

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.118730

Amount of Each Receipt this Period

23.19

**B.**

Full Name (Last, First, Middle Initial)

VERA SAADE

Mailing Address 1309 Vine Street

City

Lansing

State

MI

Zip Code

48912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

ASSISTANT DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

483.99

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118772

Amount of Each Receipt this Period

23.19

**C.**

Full Name (Last, First, Middle Initial)

JEFFREY C. SABIN

Mailing Address 624 Cleveland Street

City

Eveleth

State

MN

Zip Code

55734

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/CN14

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

549.34

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118479

Amount of Each Receipt this Period

49.94

**SUBTOTAL** of Receipts This Page (optional) .....

96.32

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 477 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

GEORGE SACHARIAN

Mailing Address 126 S. Lynn Blvd.

City

Upper Darby

State

PA

Zip Code

19082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.70

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118565

Amount of Each Receipt this Period

66.30

**B.**

Full Name (Last, First, Middle Initial)

KATHY SACKMAN

Mailing Address 13029 Baltimore Court

City

Chino

State

CA

Zip Code

91710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118136

Amount of Each Receipt this Period

28.00

**C.**

Full Name (Last, First, Middle Initial)

KATHY SACKMAN

Mailing Address 13029 Baltimore Court

City

Chino

State

CA

Zip Code

91710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.118808

Amount of Each Receipt this Period

28.00

**SUBTOTAL** of Receipts This Page (optional) .....

122.30

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 478 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)  
WILLIAM SAMS

Mailing Address 34 Main Street  
Apt. A

City State Zip Code  
The Plains OH 45780

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH CN 8

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

919.91

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118432

Amount of Each Receipt this Period

84.76

**B.**

Full Name (Last, First, Middle Initial)  
ISABEL C. SANCHEZ

Mailing Address 33353 Cameo Lane

City State Zip Code  
Wildomar CA 92595

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME CA CN 36/PUBLIC TR-  
ANSP.

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.119992

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)  
BETHANY E. SANDERS

Mailing Address 836 Harrison Avenue  
Apt. #3

City State Zip Code  
Columbus OH 43215

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH CN 8

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

554.71

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118433

Amount of Each Receipt this Period

49.78

**SUBTOTAL** of Receipts This Page (optional) .....

154.54

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 479 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM SARVER

Mailing Address 1804 S. Country Club Road

City

Decatur

State

IL

Zip Code

62521-4462

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation

BUSINESS MANAGER

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

932.48

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	8

Transaction ID: SA11AI.118929

Amount of Each Receipt this Period

78.22

**B.**

Full Name (Last, First, Middle Initial)

EDWARD SASSO

Mailing Address 50 Knollwood Road

City

New Britain

State

CT

Zip Code

06052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CT CN 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

444.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.118908

Amount of Each Receipt this Period

37.38

**C.**

Full Name (Last, First, Middle Initial)

LEE ALAN SAUNDERS

Mailing Address 7510 Alaska Avenue, NW

City

Washington

State

DC

Zip Code

20012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

EXECUTIVE ASSISTANT TO PRESIDENT

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1797.39

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	8

Transaction ID: SA11AI.118238

Amount of Each Receipt this Period

89.87

SUBTOTAL of Receipts This Page (optional) .....

205.47

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 480 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

LEE ALAN SAUNDERS

Mailing Address 7510 Alaska Avenue, NW

City

Washington

State

DC

Zip Code

20012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

EXECUTIVE ASSISTANT TO PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1887.26

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118359

Amount of Each Receipt this Period

89.87

**B.**

Full Name (Last, First, Middle Initial)

LEE ALAN SAUNDERS

Mailing Address 7510 Alaska Avenue, NW

City

Washington

State

DC

Zip Code

20012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

EXECUTIVE ASSISTANT TO PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1977.13

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119907

Amount of Each Receipt this Period

89.87

**C.**

Full Name (Last, First, Middle Initial)

MARIANNE SAUNDERS

Mailing Address 48 Mullen Street

City

Uniontown

State

PA

Zip Code

15401-4060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

676.81

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118566

Amount of Each Receipt this Period

66.30

**SUBTOTAL** of Receipts This Page (optional) .....

246.04

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 481 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

SHELLIE A. SAVAGE

Mailing Address 11540 Waddell Creek Rd. SW

City

Olympia

State

WA

Zip Code

98512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.119539

Amount of Each Receipt this Period

10.50

**B.**

Full Name (Last, First, Middle Initial)

SHELLIE A. SAVAGE

Mailing Address 11540 Waddell Creek Rd. SW

City

Olympia

State

WA

Zip Code

98512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119540

Amount of Each Receipt this Period

10.50

**C.**

Full Name (Last, First, Middle Initial)

BELINDA C. SAVERINO

Mailing Address 11007 Pompey Drive

City

Upper Malboro

State

MD

Zip Code

20772

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

EXECUTIVE OFFICE ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1088.40

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118239

Amount of Each Receipt this Period

54.42

**SUBTOTAL** of Receipts This Page (optional) .....

75.42

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 482 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

BELINDA C. SAVERINO

Mailing Address 11007 Pompey Drive

City

Upper Malboro

State

MD

Zip Code

20772

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

EXECUTIVE OFFICE ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1142.82

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118360

Amount of Each Receipt this Period

54.42

**B.**

Full Name (Last, First, Middle Initial)

BELINDA C. SAVERINO

Mailing Address 11007 Pompey Drive

City

Upper Malboro

State

MD

Zip Code

20772

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

EXECUTIVE OFFICE ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1197.24

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119908

Amount of Each Receipt this Period

54.42

**C.**

Full Name (Last, First, Middle Initial)

MARY ANN SAYTAR

Mailing Address 609 Penn Street

City

Steelton

State

PA

Zip Code

17113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.68

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118567

Amount of Each Receipt this Period

44.98

**SUBTOTAL** of Receipts This Page (optional) .....

153.82

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 483 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

LORELEI SCAFARO

Mailing Address 945 N Lombard Avenue

City

Oak Park

State

IL

Zip Code

60302-1432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

607.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	8

Transaction ID: SA11AI.118930

Amount of Each Receipt this Period

51.00

**B.**

Full Name (Last, First, Middle Initial)

LAWRENCE SCANLON

Mailing Address 1108 Duke Street

City

Alexandria

State

VA

Zip Code

22314-3514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

DIRECTOR, POLITICAL ACTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1483.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	8

Transaction ID: SA11AI.118240

Amount of Each Receipt this Period

73.34

**C.**

Full Name (Last, First, Middle Initial)

LAWRENCE SCANLON

Mailing Address 1108 Duke Street

City

Alexandria

State

VA

Zip Code

22314-3514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

DIRECTOR, POLITICAL ACTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1557.14

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	4	/	2	0	0	8

Transaction ID: SA11AI.118361

Amount of Each Receipt this Period

73.34

SUBTOTAL of Receipts This Page (optional) .....

197.68

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 484 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

LAWRENCE SCANLON

Mailing Address 1108 Duke Street

City

Alexandria

State

VA

Zip Code

22314-3514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

DIRECTOR, POLITICAL ACTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1630.48

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119909

Amount of Each Receipt this Period

73.34

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM SCHLITZ

Mailing Address 2201 Broadway Street  
Suite #715

City

Oakland

State

CA

Zip Code

94612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA LOC 3299

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.119166

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM SCHLITZ

Mailing Address 2201 Broadway Street  
Suite #715

City

Oakland

State

CA

Zip Code

94612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA LOC 3299

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119167

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

148.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 485 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)

PETER SCHMALZ

Mailing Address 1227 N. Ridgeland Avenue

City

Oak Park

State

IL

Zip Code

60302

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 ▼

912.64

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118931

Amount of Each Receipt this Period

76.56

B.

Full Name (Last, First, Middle Initial)

JAMES SCHMITZ

Mailing Address 15237 Dufief Drive

City

North Potomac

State

MD

Zip Code

20878

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

DIRECTOR, ORGANIZING &amp; FIELD SVCS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1513.80

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118241

Amount of Each Receipt this Period

73.34

C.

Full Name (Last, First, Middle Initial)

JAMES SCHMITZ

Mailing Address 15237 Dufief Drive

City

North Potomac

State

MD

Zip Code

20878

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

DIRECTOR, ORGANIZING &amp; FIELD SVCS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1587.14

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118362

Amount of Each Receipt this Period

73.34

SUBTOTAL of Receipts This Page (optional) .....

223.24

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 486 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JAMES SCHMITZ

Mailing Address 15237 Dufief Drive

City

North Potomac

State

MD

Zip Code

20878

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

DIRECTOR, ORGANIZING &amp; FIELD SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1660.48

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	4	/	2	0	0	8

Transaction ID: SA11AI.119910

Amount of Each Receipt this Period

73.34

**B.**

Full Name (Last, First, Middle Initial)

ALBERT SCHNAUFER

Mailing Address 400 South Flower  
#65

City

Orange

State

CA

Zip Code

92868

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36

Occupation

BUSINESS REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.64

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	0	8

Transaction ID: SA11AI.119720

Amount of Each Receipt this Period

132.64

**C.**

Full Name (Last, First, Middle Initial)

ALBERT SCHNAUFER

Mailing Address 400 South Flower  
#65

City

Orange

State

CA

Zip Code

92868

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36

Occupation

BUSINESS REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

909.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	0	8

Transaction ID: SA11AI.119739

Amount of Each Receipt this Period

62.40

SUBTOTAL of Receipts This Page (optional) .....

268.38

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 487 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JON SCHOEB

Mailing Address 212 N 4th Street

City

Mankato

State

MN

Zip Code

56001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/SOMN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.119666

Amount of Each Receipt this Period

60.00

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL J. SCHOMISCH

Mailing Address 8935 Nicollet Avenue So.  
#213

City

Bloomington

State

MN

Zip Code

55420

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/HENNEPIN  
COUNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119630

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

ERIC SCHUBERT

Mailing Address 132 College Avenue

City

Elmhurst

State

PA

Zip Code

18416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

454.52

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118568

Amount of Each Receipt this Period

44.08

**SUBTOTAL** of Receipts This Page (optional) .....

124.08

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 488 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

HOWARD V. SCHUCK

Mailing Address 6617 Old Sauk Road

City

Madison

State

WI

Zip Code

53705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.119396

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

HOWARD V. SCHUCK

Mailing Address 6617 Old Sauk Road

City

Madison

State

WI

Zip Code

53705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.119397

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

HOWARD V. SCHUCK

Mailing Address 6617 Old Sauk Road

City

Madison

State

WI

Zip Code

53705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.119398

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

45.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 489 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

HOWARD V. SCHUCK

Mailing Address 6617 Old Sauk Road

City

Madison

State

WI

Zip Code

53705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	1	/	2	0	0	8

Transaction ID: SA11AI.119399

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

LINDSAY M. SCHWAB

Mailing Address 1532 Hague Avenue

City

St. Paul

State

MN

Zip Code

55104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/HENNEPIN  
COUNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.120323

Amount of Each Receipt this Period

18.00

**C.**

Full Name (Last, First, Middle Initial)

MARY SCHWANGER

Mailing Address 419 Valley Street

City

Marysville

State

PA

Zip Code

17053

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1288.28

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.118569

Amount of Each Receipt this Period

106.92

SUBTOTAL of Receipts This Page (optional) .....

139.92

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 490 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

RICHARD D. SCHWARTZ

Mailing Address 8300 Phillips Rd., SW  
#7

City State Zip Code  
Lakewood WA 98498

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119542

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

MARY SCOON

Mailing Address 8033 Excelsior Drive  
#B

City State Zip Code  
Madison WI 53717

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 40

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.119226

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

CATHERINE SCOTT

Mailing Address 1005 Chandler Street

City State Zip Code  
Philadelphia PA 19111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 47

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.119192

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 491 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

GAIL M. SCOTT

Mailing Address 751 Bulen Avenue

City

Columbus

State

OH

Zip Code

43205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

434.40

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118434

Amount of Each Receipt this Period

46.94

**B.**

Full Name (Last, First, Middle Initial)

MERVIS SCOTT

Mailing Address 41 West New Street

City

Rockaway

State

NJ

Zip Code

07866

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NJ CN 52

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

382.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.120305

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

VIRGINIA L. SCOTT

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229-1591

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4/SYCAMORE  
CCSD

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.64

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.120417

Amount of Each Receipt this Period

43.64

**SUBTOTAL** of Receipts This Page (optional) .....

120.58

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 492 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

VIRGINIA L. SCOTT

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229-1591

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4/SYCAMORE  
CCSD

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

317.68

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.120418

Amount of Each Receipt this Period

74.04

**B.**

Full Name (Last, First, Middle Initial)

SHELLEY K. SEEBERG

Mailing Address 13096 Charlston Way

City

Rosemount

State

MN

Zip Code

55068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

936.70

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118242

Amount of Each Receipt this Period

41.31

**C.**

Full Name (Last, First, Middle Initial)

SHELLEY K. SEEBERG

Mailing Address 13096 Charlston Way

City

Rosemount

State

MN

Zip Code

55068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

978.01

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118363

Amount of Each Receipt this Period

41.31

**SUBTOTAL** of Receipts This Page (optional) .....

156.66

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 493 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

SHELLEY K. SEEBERG

Mailing Address 13096 Charlston Way

City

Rosemount

State

MN

Zip Code

55068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1019.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	4	/	2	0	0	8

Transaction ID: SA11AI.119911

Amount of Each Receipt this Period

41.31

**B.**

Full Name (Last, First, Middle Initial)

JOHN SEFERIAN

Mailing Address 1425 Foxhall Road, NW

City

Washington

State

DC

Zip Code

20007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

CHAIRPERSON, JUDICIAL PANEL

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1768.63

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	8

Transaction ID: SA11AI.118243

Amount of Each Receipt this Period

85.88

**C.**

Full Name (Last, First, Middle Initial)

JOHN SEFERIAN

Mailing Address 1425 Foxhall Road, NW

City

Washington

State

DC

Zip Code

20007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

CHAIRPERSON, JUDICIAL PANEL

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1854.51

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	4	/	2	0	0	8

Transaction ID: SA11AI.118364

Amount of Each Receipt this Period

85.88

SUBTOTAL of Receipts This Page (optional) .....

213.07

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 494 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JOHN SEFERIAN

Mailing Address 1425 Foxhall Road, NW

City

Washington

State

DC

Zip Code

20007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

CHAIRPERSON, JUDICIAL PANEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1940.39

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119912

Amount of Each Receipt this Period

85.88

**B.**

Full Name (Last, First, Middle Initial)

RUTH SEID

Mailing Address 8036 Noble Avenue

City

Van Nuys

State

CA

Zip Code

91402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
City of Los Angeles/ CA  
CN 36

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.119792

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

ELIOT A. SEIDE

Mailing Address 300 Hardman Avenue South

City

South St. Paul

State

MN

Zip Code

55075

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/CN14

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1510.82

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118137

Amount of Each Receipt this Period

14.00

**SUBTOTAL** of Receipts This Page (optional) .....

129.88

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 495 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

ELIOT A. SEIDE

Mailing Address 300 Hardman Avenue South

City

South St. Paul

State

MN

Zip Code

55075

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/CN14

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1600.72

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.118480

Amount of Each Receipt this Period

89.90

**B.**

Full Name (Last, First, Middle Initial)

ELIOT A. SEIDE

Mailing Address 300 Hardman Avenue South

City

South St. Paul

State

MN

Zip Code

55075

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/CN14

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1614.72

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	1	/	2	0	0	8

Transaction ID: SA11AI.118809

Amount of Each Receipt this Period

14.00

**C.**

Full Name (Last, First, Middle Initial)

JASON T. SEIDNER

Mailing Address 8003 Excelsior Drive  
#B

City

Madison

State

WI

Zip Code

53717

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 40

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	0	8

Transaction ID: SA11AI.119227

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional) .....

148.90

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 496 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

STEPHEN G. SEQUIN

Mailing Address 715 N Seventh Street

City

Manitowoc

State

WI

Zip Code

54220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.119403

Amount of Each Receipt this Period

9.00

**B.**

Full Name (Last, First, Middle Initial)

STEPHEN G. SEQUIN

Mailing Address 715 N Seventh Street

City

Manitowoc

State

WI

Zip Code

54220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.119404

Amount of Each Receipt this Period

9.00

**C.**

Full Name (Last, First, Middle Initial)

JERRY SERFLING

Mailing Address 2388 Hidden Valley Lane

City

Stillwater

State

MN

Zip Code

55082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/CN14

Occupation

ASSISTANT DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.26

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118481

Amount of Each Receipt this Period

74.28

**SUBTOTAL** of Receipts This Page (optional) .....

92.28

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 497 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

MICHELLE A. SFORZA

Mailing Address 415 U Street, NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASST. DIRECTOR, STRATEGIC AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

878.90

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118244

Amount of Each Receipt this Period

44.42

**B.**

Full Name (Last, First, Middle Initial)

MICHELLE A. SFORZA

Mailing Address 415 U Street, NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASST. DIRECTOR, STRATEGIC AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.32

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118365

Amount of Each Receipt this Period

44.42

**C.**

Full Name (Last, First, Middle Initial)

MICHELLE A. SFORZA

Mailing Address 415 U Street, NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASST. DIRECTOR, STRATEGIC AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

967.74

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119913

Amount of Each Receipt this Period

44.42

**SUBTOTAL** of Receipts This Page (optional) .....

133.26

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 498 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

DOMINIC SGRO

Mailing Address 144 Stormer Road

City

Indiana

State

PA

Zip Code

15701-0144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1197.23

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.118570

Amount of Each Receipt this Period

106.92

**B.**

Full Name (Last, First, Middle Initial)

TIMOTHY P. SHAFER

Mailing Address P. O. Box 322

City

Waverly

State

OH

Zip Code

45690

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	0	8

Transaction ID: SA11AI.120278

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

DONALD G. SHAFFER

Mailing Address R. D. #5, Box 82

City

Brookeville

State

PA

Zip Code

15825-9501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.118571

Amount of Each Receipt this Period

66.30

SUBTOTAL of Receipts This Page (optional) .....

223.22

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 499 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

DIANE SHANNON

Mailing Address 8 Beacon Street

City

Boston

State

MA

Zip Code

02108-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MA CN 93

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118967

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

SABRINA SHAPIRO

Mailing Address 123 Newport Bridge Road

City

Warwick

State

NY

Zip Code

10990

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NY LOC 1000/ORANGE  
CNTY

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  
1 0 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.119145

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

SABRINA SHAPIRO

Mailing Address 123 Newport Bridge Road

City

Warwick

State

NY

Zip Code

10990

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NY LOC 1000/ORANGE  
CNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.119146

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

50.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 500 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

SABRINA SHAPIRO

Mailing Address 123 Newport Bridge Road

City

Warwick

State

NY

Zip Code

10990

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NY LOC 1000/ORANGE  
CNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	0	8

Transaction ID: SA11AI.119147

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

SCOTT O. SHARP

Mailing Address 136 13th Avenue

City

Union Grove

State

WI

Zip Code

53182

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 40

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

347.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	0	8

Transaction ID: SA11AI.119228

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

BETHANY D. SHEETS

Mailing Address 570 Friendly Ridge Rd

City

Crown City

State

OH

Zip Code

45623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

CHILDCARE PROVIDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	4	/	2	0	0	8

Transaction ID: SA11AI.120217

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional) .....

40.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 501 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

BETHANY D. SHEETS

Mailing Address 570 Friendly Ridge Rd

City

State

Zip Code

Crown City

OH

45623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOCH

Occupation

CHILDCARE PROVIDER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.120218

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

BETHANY D. SHEETS

Mailing Address 570 Friendly Ridge Rd

City

State

Zip Code

Crown City

OH

45623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOCH

Occupation

CHILDCARE PROVIDER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.120219

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

WANDA SHELTON-MARTIN

Mailing Address 1410 Bush Street  
Suite A

City

State

Zip Code

Baltimore

MD

21230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MD CN 67

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

371.49

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.118994

Amount of Each Receipt this Period

35.38

**SUBTOTAL** of Receipts This Page (optional) .....

55.38

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 502 / 674

(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)  
KATHLEEN SHERRILL

Mailing Address 2396 Niagara

City State Zip Code  
Troy MI 48083

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MI CN 25

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.118732

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)  
KATHLEEN SHERRILL

Mailing Address 2396 Niagara

City State Zip Code  
Troy MI 48083

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MI CN 25

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118774

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)  
CRYSTAL SHREFFLER

Mailing Address 4031 Executive Park Drive

City State Zip Code  
Harrisburg PA 17111-1599

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME PA CN 13

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.86

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118572

Amount of Each Receipt this Period

32.22

**SUBTOTAL** of Receipts This Page (optional) .....

52.22

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 503 / 674

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

MARK SIEGEL

Mailing Address 514 Shatto Place  
3rd Floor

City State Zip Code  
Los Angeles CA 90020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36

Occupation  
LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.119721

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

MARK SIEGEL

Mailing Address 514 Shatto Place  
3rd Floor

City State Zip Code  
Los Angeles CA 90020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36

Occupation  
LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.119740

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

STEVE SIEGEL

Mailing Address 411 North Court

City State Zip Code  
Ottumwa IA 52501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119098

Amount of Each Receipt this Period

24.00

**SUBTOTAL** of Receipts This Page (optional) .....

84.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 504 / 674

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

ROWENA L. SILVA

Mailing Address 888 Mililani Street  
Suite 601

City State Zip Code  
Honolulu HI 96813-2991

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME HI LOC 152

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.118859

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

CARLA SIMMONS

Mailing Address 444 East Main Street

City State Zip Code  
New Britain CT 06051

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME CT CN 4

Occupation  
ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119809

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

LESILE SIMON

Mailing Address 514 Shatto Place  
3rd Floor

City State Zip Code  
Los Angeles CA 90020

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME CA CN 36

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.119722

Amount of Each Receipt this Period

60.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 505 / 674

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)  
LESILE SIMON

Mailing Address 514 Shatto Place  
3rd Floor

City State Zip Code  
Los Angeles CA 90020

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME CA CN 36

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

358.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.119741

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)  
ISSA J. SIMPSON

Mailing Address 1139 S.E. 16th Avenue

City State Zip Code  
Portland OR 97214-3705

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OR CN 75

Occupation  
OFFICE SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119690

Amount of Each Receipt this Period

60.00

**C.**

Full Name (Last, First, Middle Initial)  
ANTHONY L. SIMS

Mailing Address 6284 Shackelford Terrace

City State Zip Code  
Alexandria VA 22312

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
ASSISTANT DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

848.81

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118245

Amount of Each Receipt this Period

40.96

**SUBTOTAL** of Receipts This Page (optional) .....

130.96

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 506 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

ANTHONY L. SIMS

Mailing Address 6284 Shackelford Terrace

City

Alexandria

State

VA

Zip Code

22312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

889.77

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118366

Amount of Each Receipt this Period

40.96

**B.**

Full Name (Last, First, Middle Initial)

ANTHONY L. SIMS

Mailing Address 6284 Shackelford Terrace

City

Alexandria

State

VA

Zip Code

22312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

930.73

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119914

Amount of Each Receipt this Period

40.96

**C.**

Full Name (Last, First, Middle Initial)

CAROL ANN SIMS

Mailing Address 7337 S. Shore Drive  
#724

City

Chicago

State

IL

Zip Code

60649

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

762.36

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118932

Amount of Each Receipt this Period

63.84

**SUBTOTAL** of Receipts This Page (optional) .....

145.76

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 507 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

DAVID M. SINE

Mailing Address 6709 NE Sumner Street

City

Portland

State

OR

Zip Code

97218

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75/SOOR

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119703

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

TODD L. SINGER

Mailing Address 1030 6th Avenue

City

Steelton

State

PA

Zip Code

17113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13/SOPA

Occupation

ADMINISTRATIVE/CLERICAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.119328

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

LOU M. SINNIGER

Mailing Address 123 NE 3rd Avenue  
Suite 505

City

Portland

State

OR

Zip Code

97232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119691

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

80.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 508 / 674

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

ROBERTA J. SKOK

Mailing Address 775 Township Road  
#2204

City State Zip Code  
Perrysville OH 44864

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH CN 8

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

927.39

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118436

Amount of Each Receipt this Period

84.76

**B.**

Full Name (Last, First, Middle Initial)

TERRY SKULTETY

Mailing Address 222 Meade Street

City State Zip Code  
Homer City PA 15748

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME PA CN 13

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

448.46

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118573

Amount of Each Receipt this Period

44.08

**C.**

Full Name (Last, First, Middle Initial)

SUSAN SLABAUGH

Mailing Address 2135 Michelle Drive

City State Zip Code  
Grove City OH 43123

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH LOC 4

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.118635

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

138.84

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 509 / 674

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

SUSAN SLABAUGH

Mailing Address 2135 Michelle Drive

City

Grove City

State

OH

Zip Code

43123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.118691

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

BETTY SMITH

Mailing Address 600 West Lafayette  
Suite 500

City

Detroit

State

MI

Zip Code

48226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

ASSISTANT TO THE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

622.77

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.118733

Amount of Each Receipt this Period

31.15

**C.**

Full Name (Last, First, Middle Initial)

BETTY SMITH

Mailing Address 600 West Lafayette  
Suite 500

City

Detroit

State

MI

Zip Code

48226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

ASSISTANT TO THE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118775

Amount of Each Receipt this Period

31.15

**SUBTOTAL** of Receipts This Page (optional) .....

72.30

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 510 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

CAITLIN SMITH

Mailing Address 1722 Suffolk Avenue

City

Schenectady

State

NY

Zip Code

12303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NY LOC 1000/SONY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.60

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.119119

Amount of Each Receipt this Period

13.80

**B.**

Full Name (Last, First, Middle Initial)

CAITLIN SMITH

Mailing Address 1722 Suffolk Avenue

City

Schenectady

State

NY

Zip Code

12303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NY LOC 1000/SONY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

317.40

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119120

Amount of Each Receipt this Period

13.80

**C.**

Full Name (Last, First, Middle Initial)

CONNIE SMITH

Mailing Address 1739 E 24th Street

City

Capitol Heights

State

IA

Zip Code

50317

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

371.43

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119099

Amount of Each Receipt this Period

45.10

**SUBTOTAL** of Receipts This Page (optional) .....

72.70

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 511 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

DAVID SMITH

Mailing Address 621 Cypress

City

Chatham

State

IL

Zip Code

62629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

762.36

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118933

Amount of Each Receipt this Period

63.84

**B.**

Full Name (Last, First, Middle Initial)

NEFERTITI SMITH

Mailing Address 2013 S. 16th Avenue

City

Broadview

State

IL

Zip Code

60155

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

740.16

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118934

Amount of Each Receipt this Period

61.98

**C.**

Full Name (Last, First, Middle Initial)

CHRISTOPHER SMUDE

Mailing Address 1821 Clearview Drive

City

Springfield

State

IL

Zip Code

62704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation

MIS SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

801.52

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118935

Amount of Each Receipt this Period

67.12

**SUBTOTAL** of Receipts This Page (optional) .....

192.94

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 512 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

BESSIE SNIDER

Mailing Address 1034 N Washington Avenue

City  
Lansing

State  
MI

Zip Code  
48906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.118734

Amount of Each Receipt this Period

21.00

**B.**

Full Name (Last, First, Middle Initial)

BESSIE SNIDER

Mailing Address 1034 N Washington Avenue

City  
Lansing

State  
MI

Zip Code  
48906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118776

Amount of Each Receipt this Period

21.00

**C.**

Full Name (Last, First, Middle Initial)

JOYCE SNYDER

Mailing Address 6805 Oak Drive

City  
Columbus

State  
OH

Zip Code  
43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.118636

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

52.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 513 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JOYCE SNYDER

Mailing Address 6805 Oak Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.118692

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

NORMAN L. SNYDER

Mailing Address 139 Sycamore Street East  
#4

City

St. Paul

State

MN

Zip Code

55117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/RAMSEY COU-  
NTY

Occupation

COUNSELOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119632

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

SHARON SOBER

Mailing Address 212 5th Street

City

Catawissa

State

PA

Zip Code

17820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1194.28

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118574

Amount of Each Receipt this Period

106.92

**SUBTOTAL** of Receipts This Page (optional) .....

156.92

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 514 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

DARRIN SPANN

Mailing Address 6130 Springford Drive  
#C6

City State Zip Code  
Harrisburg PA 17111

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME PA CN 13

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

970.13

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118575

Amount of Each Receipt this Period

83.26

**B.**

Full Name (Last, First, Middle Initial)

DOLORES SPEARS

Mailing Address 2023 West 31st Street

City State Zip Code  
Los Angeles CA 90018

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME CA CN 36

Occupation  
BUSINESS REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.119723

Amount of Each Receipt this Period

60.00

**C.**

Full Name (Last, First, Middle Initial)

DOLORES SPEARS

Mailing Address 2023 West 31st Street

City State Zip Code  
Los Angeles CA 90018

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME CA CN 36

Occupation  
BUSINESS REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.119742

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

173.26

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 515 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

EDITHIA M. SPEARS

Mailing Address 4690 Ascot Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.56

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118438

Amount of Each Receipt this Period

58.36

**B.**

Full Name (Last, First, Middle Initial)

HARRIETT SPENCER

Mailing Address 49 Fulliam Circle

City

Allenstown

State

NH

Zip Code

03275-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MA CN 93

Occupation

COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118968

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

BEVERLY J. SPETZ

Mailing Address 112 Elmwood Street

City

Delta

State

OH

Zip Code

43515-1126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

482.52

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.118637

Amount of Each Receipt this Period

19.24

**SUBTOTAL** of Receipts This Page (optional) .....

107.60

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 516 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

BEVERLY J. SPETZ

Mailing Address 112 Elmwood Street

City

Delta

State

OH

Zip Code

43515-1126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.76

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	8

Transaction ID: SA11AI.118693

Amount of Each Receipt this Period

19.24

**B.**

Full Name (Last, First, Middle Initial)

JOHN SPIEGELHOFF

Mailing Address 8033 Excelsior Drive  
Suite A

City

Madison

State

WI

Zip Code

53717-1903

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 40

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	0	8

Transaction ID: SA11AI.119229

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

LARRY SPIVACK

Mailing Address 733 S. Lombard Avenue

City

Oak Park

State

IL

Zip Code

60304-1607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation

COLLECTIVE BARGAINING SUPERVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

912.64

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	8

Transaction ID: SA11AI.118936

Amount of Each Receipt this Period

76.56

SUBTOTAL of Receipts This Page (optional) .....

115.80

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 517 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

SHIRLEY A SPIVEY

Mailing Address P. O. Box 090365

City

Brown Deer

State

WI

Zip Code

53209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 48

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.119057

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

JENNIFER SPRINGER

Mailing Address 8 Beacon Street

City

Boston

State

MA

Zip Code

02108-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MA CN 93

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	8

Transaction ID: SA11AI.118969

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

KAMALA B. SRIKAR

Mailing Address 9908 Colebrook Avenue

City

Potomac

State

MD

Zip Code

20854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

MANAGER, CONFERENCE &amp; TRAVEL SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1333.59

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	8

Transaction ID: SA11AI.118246

Amount of Each Receipt this Period

42.08

SUBTOTAL of Receipts This Page (optional) .....

102.08

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 518 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

KAMALA B. SRIKAR

Mailing Address 9908 Colebrook Avenue

City

Potomac

State

MD

Zip Code

20854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

MANAGER, CONFERENCE &amp; TRAVEL SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1375.67

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	4	/	2	0	0	8

Transaction ID: SA11AI.118367

Amount of Each Receipt this Period

42.08

**B.**

Full Name (Last, First, Middle Initial)

KAMALA B. SRIKAR

Mailing Address 9908 Colebrook Avenue

City

Potomac

State

MD

Zip Code

20854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

MANAGER, CONFERENCE &amp; TRAVEL SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1417.75

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	4	/	2	0	0	8

Transaction ID: SA11AI.119915

Amount of Each Receipt this Period

42.08

**C.**

Full Name (Last, First, Middle Initial)

DAVID M. STARK

Mailing Address 8003 Excelsior Drive  
#B

City

Madison

State

WI

Zip Code

53717

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 40

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

298.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	0	8

Transaction ID: SA11AI.119230

Amount of Each Receipt this Period

21.00

SUBTOTAL of Receipts This Page (optional) .....

105.16

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 519 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

MATTHEW P. STAUDENMAIER

Mailing Address 8003 Excelsior Drive  
#B

City State Zip Code  
Madison WI 53717

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WI CN 40

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.119231

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MATTHEW P. STAUDENMAIER

Mailing Address 8003 Excelsior Drive  
#B

City State Zip Code  
Madison WI 53717

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WI CN 40

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.119301

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

MARIANNE STEGER

Mailing Address 2930 Woodson Drive

City State Zip Code  
Hilliard OH 43026-1925

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH CN 8

Occupation  
DIRECTOR OF ADMINISTRATIVE SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

982.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118439

Amount of Each Receipt this Period

86.64

**SUBTOTAL** of Receipts This Page (optional) .....

141.64

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 520 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

KATHY A. STEICHEN

Mailing Address 830 W. 18th Street  
3rd Fl.

City	State	Zip Code
Chicago	IL	60608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31Occupation  
PROJECT STAFF ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

592.34

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	8

Transaction ID: SA11AI.118937

Amount of Each Receipt this Period

50.38

**B.**

Full Name (Last, First, Middle Initial)

JOSEPH W. STEIN

Mailing Address 4330 Crawford Drive

City	State	Zip Code
Madison	WI	53711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 40/CTY OF MA-  
DISONOccupation  
INSPECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.119291

Amount of Each Receipt this Period

9.00

**C.**

Full Name (Last, First, Middle Initial)

JOSEPH W. STEIN

Mailing Address 4330 Crawford Drive

City	State	Zip Code
Madison	WI	53711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 40/CTY OF MA-  
DISONOccupation  
INSPECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	4	/	2	0	0	8

Transaction ID: SA11AI.119950

Amount of Each Receipt this Period

9.00

SUBTOTAL of Receipts This Page (optional) .....

68.38

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 521 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

MICHELE STELOVICH

Mailing Address 21114 77th Place West  
APT #102City State Zip Code  
Edmonds WA 98026FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWAOccupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	7	/	2	0	0	8

Transaction ID: SA11AI.119545

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

MICHELE STELOVICH

Mailing Address 21114 77th Place West  
APT #102City State Zip Code  
Edmonds WA 98026FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWAOccupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.119546

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

CAROL STEMLER

Mailing Address 891 Park Street  
#201City State Zip Code  
Oregon WI 53575FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 40/BAGER PRA-  
IRIEOccupation  
LPN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	3	/	2	0	0	8

Transaction ID: SA11AI.119302

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional) .....

45.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 522 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)  
CAROL STEMLER

Mailing Address 891 Park Street  
#201

City State Zip Code  
Oregon WI 53575

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 40/BAGER PRA-  
IRIE

Occupation  
LPN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.119303

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)  
CAROL STEMLER

Mailing Address 891 Park Street  
#201

City State Zip Code  
Oregon WI 53575

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 40/BAGER PRA-  
IRIE

Occupation  
LPN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.119304

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)  
BECKY STEPHENS

Mailing Address 4637 Olympia Way

City State Zip Code  
Longview WA 98632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.120327

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

55.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 523 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

BECKY STEPHENS

Mailing Address 4637 Olympia Way

City

Longview

State

WA

Zip Code

98632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.120329

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

BECKY STEPHENS

Mailing Address 4637 Olympia Way

City

Longview

State

WA

Zip Code

98632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.120330

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

BRADLEY STEVENS

Mailing Address 514 Shatto Place  
3rd Floor

City

Los Angeles

State

CA

Zip Code

90020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36/Local 2712

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.119793

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

70.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 524 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

KATHLEEN M. STEWART

Mailing Address 7326 S. R. 19

City

Mc Gilead

State

OH

Zip Code

43338

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOHOccupation  
EXAMINER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

387.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	0	8

Transaction ID: SA11AI.120223

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

KATHLEEN M. STEWART

Mailing Address 7326 S. R. 19

City

Mc Gilead

State

OH

Zip Code

43338

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOHOccupation  
EXAMINER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

397.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	7		2	0	0	8

Transaction ID: SA11AI.120224

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

KATHLEEN M. STEWART

Mailing Address 7326 S. R. 19

City

Mc Gilead

State

OH

Zip Code

43338

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOHOccupation  
EXAMINER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

407.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	1		2	0	0	8

Transaction ID: SA11AI.120225

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional) .....

30.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 525 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

MITCHELL STILLE

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.16

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119101

Amount of Each Receipt this Period

46.16

**B.**

Full Name (Last, First, Middle Initial)

STEVEN STOKES

Mailing Address 1249 W. Chase

City

Chicago

State

IL

Zip Code

60626

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation

ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

601.64

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118938

Amount of Each Receipt this Period

50.38

**C.**

Full Name (Last, First, Middle Initial)

ROY STONE

Mailing Address 1119 Congwood Place

City

Los Angeles

State

CA

Zip Code

90019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36/CITY OF  
LA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.119794

Amount of Each Receipt this Period

36.00

**SUBTOTAL** of Receipts This Page (optional) .....

132.54

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 526 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM STOUFFER

Mailing Address 29B - 2nd Street

City

North Irwin

State

PA

Zip Code

15642

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.70

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118576

Amount of Each Receipt this Period

66.30

**B.**

Full Name (Last, First, Middle Initial)

VIVIAN STOVALL

Mailing Address 4600 w 9th Avenue  
#304

City

Denver

State

CO

Zip Code

80204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CO CN 76

Occupation

Retiree

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.120306

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

VIVIAN STOVALL

Mailing Address 4600 w 9th Avenue  
#304

City

Denver

State

CO

Zip Code

80204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CO CN 76

Occupation

Retiree

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.120307

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

116.30

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 527 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

TIMOTHY J. STRECKER

Mailing Address 1603 E Street, SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

PROJECT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

917.63

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118247

Amount of Each Receipt this Period

46.88

**B.**

Full Name (Last, First, Middle Initial)

TIMOTHY J. STRECKER

Mailing Address 1603 E Street, SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

PROJECT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

964.51

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118368

Amount of Each Receipt this Period

46.88

**C.**

Full Name (Last, First, Middle Initial)

TIMOTHY J. STRECKER

Mailing Address 1603 E Street, SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

PROJECT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1011.39

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119916

Amount of Each Receipt this Period

46.88

**SUBTOTAL** of Receipts This Page (optional) .....

140.64

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 528 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

MICHELE S. STREET

Mailing Address 16808 Westbourne Terrace

City

Gaithersburg

State

MD

Zip Code

20878

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ADMINISTRATIVE ASSISTANT II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

707.59

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118248

Amount of Each Receipt this Period

30.75

**B.**

Full Name (Last, First, Middle Initial)

MICHELE S. STREET

Mailing Address 16808 Westbourne Terrace

City

Gaithersburg

State

MD

Zip Code

20878

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ADMINISTRATIVE ASSISTANT II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

738.34

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118369

Amount of Each Receipt this Period

30.75

**C.**

Full Name (Last, First, Middle Initial)

MICHELE S. STREET

Mailing Address 16808 Westbourne Terrace

City

Gaithersburg

State

MD

Zip Code

20878

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ADMINISTRATIVE ASSISTANT II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.09

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119917

Amount of Each Receipt this Period

30.75

**SUBTOTAL** of Receipts This Page (optional) .....

92.25

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 529 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

BARBARA STRUNGE

Mailing Address 11221 Southwestern Ave.

City

Chicago

State

IL

Zip Code

60643

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/SOMN

Occupation  
RETIREE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.119670

Amount of Each Receipt this Period

36.00

**B.**

Full Name (Last, First, Middle Initial)

WANDA M. SUBER

Mailing Address 805 Broderick Dr.

City

Oxon Hill

State

MD

Zip Code

20745

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation  
STAFF SPECIALIST, HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118249

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

WANDA M. SUBER

Mailing Address 805 Broderick Dr.

City

Oxon Hill

State

MD

Zip Code

20745

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation  
STAFF SPECIALIST, HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118370

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

76.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 530 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

WANDA M. SUBER

Mailing Address 805 Broderick Dr.

City

Oxon Hill

State

MD

Zip Code

20745

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

STAFF SPECIALIST, HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	4	/	2	0	0	8

Transaction ID: SA11AI.119918

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL E. SUKAL

Mailing Address 852 Darlington Drive

City

Avon

State

IN

Zip Code

46123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT TO REGIONAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.76

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	8

Transaction ID: SA11AI.118250

Amount of Each Receipt this Period

52.96

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL E. SUKAL

Mailing Address 852 Darlington Drive

City

Avon

State

IN

Zip Code

46123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT TO REGIONAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1110.72

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	4	/	2	0	0	8

Transaction ID: SA11AI.118371

Amount of Each Receipt this Period

52.96

SUBTOTAL of Receipts This Page (optional) .....

125.92

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 531 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL E. SUKAL

Mailing Address 852 Darlington Drive

City

Avon

State

IN

Zip Code

46123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT TO REGIONAL DIRECTOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1163.68

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119919

Amount of Each Receipt this Period

52.96

**B.**

Full Name (Last, First, Middle Initial)

MARY SULLIVAN

Mailing Address 61 Woodside Drive

City

Albany

State

NY

Zip Code

12208-1157

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NY LOC 1000

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1497.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.119115

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

MARY SULLIVAN

Mailing Address 61 Woodside Drive

City

Albany

State

NY

Zip Code

12208-1157

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NY LOC 1000

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1597.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118138

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

167.96

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 532 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

MARY SULLIVAN

Mailing Address 61 Woodside Drive

City

Albany

State

NY

Zip Code

12208-1157

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NY LOC 1000

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1612.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.119116

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

MARY SULLIVAN

Mailing Address 61 Woodside Drive

City

Albany

State

NY

Zip Code

12208-1157

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NY LOC 1000

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1712.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.118810

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

SARA SUMMERS

Mailing Address 3418 Weyburn Court

City

Columbus

State

OH

Zip Code

43232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.38

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.120229

Amount of Each Receipt this Period

13.06

**SUBTOTAL** of Receipts This Page (optional) .....

128.06

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 533 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

SARA SUMMERS

Mailing Address 3418 Weyburn Court

City

Columbus

State

OH

Zip Code

43232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.44

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.120230

Amount of Each Receipt this Period

13.06

**B.**

Full Name (Last, First, Middle Initial)

SARA SUMMERS

Mailing Address 3418 Weyburn Court

City

Columbus

State

OH

Zip Code

43232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.120231

Amount of Each Receipt this Period

13.06

**C.**

Full Name (Last, First, Middle Initial)

JACKIE L. SURBER

Mailing Address 1900 SW Campus Dr.  
Apt.33-103

City

Federal Way

State

WA

Zip Code

98023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119548

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

36.12

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 534 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL SVEDA

Mailing Address 439 Willow Circle  
#D

City State Zip Code  
Allentown PA 18102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME PA CN 13

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

363.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118577

Amount of Each Receipt this Period

36.48

**B.**

Full Name (Last, First, Middle Initial)

STEPHANIE SWAN

Mailing Address 11850 S.E. Broyles Court

City State Zip Code  
Clackamas OR 97015

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OR CN 75

Occupation  
EXECUTIVE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119692

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

JANICE E. SWANUM

Mailing Address 5121 Norwood Street

City State Zip Code  
Duluth MN 55804

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MN CN 5/ST. LOUIS  
CNTY

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.120324

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

91.48

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 535 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

YVONNE J. SYPHAX

Mailing Address 1625 L. Street, NW

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.48

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118251

Amount of Each Receipt this Period

42.08

**B.**

Full Name (Last, First, Middle Initial)

YVONNE J. SYPHAX

Mailing Address 1625 L. Street, NW

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.56

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118372

Amount of Each Receipt this Period

42.08

**C.**

Full Name (Last, First, Middle Initial)

YVONNE J. SYPHAX

Mailing Address 1625 L. Street, NW

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.64

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119920

Amount of Each Receipt this Period

42.08

**SUBTOTAL** of Receipts This Page (optional) .....

126.24

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 536 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JAMES TACKETT

Mailing Address 6805 Oak Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	0	8

Transaction ID: SA11AI.118638

Amount of Each Receipt this Period

19.24

**B.**

Full Name (Last, First, Middle Initial)

JAMES TACKETT

Mailing Address 6805 Oak Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

269.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	8

Transaction ID: SA11AI.118694

Amount of Each Receipt this Period

19.24

**C.**

Full Name (Last, First, Middle Initial)

JEFFREY M. TAGGART

Mailing Address 12001 Market Street  
Unit 450

City

Reston

State

VA

Zip Code

20190

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSOCIATE DIRECTOR, ACCOUNTING

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2106.71

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	8

Transaction ID: SA11AI.118252

Amount of Each Receipt this Period

107.34

SUBTOTAL of Receipts This Page (optional) .....

145.82

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 537 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JEFFREY M. TAGGART

Mailing Address 12001 Market Street  
Unit 450

City State Zip Code  
Reston VA 20190

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
ASSOCIATE DIRECTOR, ACCOUNTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2214.05

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118373

Amount of Each Receipt this Period

107.34

**B.**

Full Name (Last, First, Middle Initial)

JEFFREY M. TAGGART

Mailing Address 12001 Market Street  
Unit 450

City State Zip Code  
Reston VA 20190

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
ASSOCIATE DIRECTOR, ACCOUNTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2321.39

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119921

Amount of Each Receipt this Period

107.34

**C.**

Full Name (Last, First, Middle Initial)

JAMES TAIT

Mailing Address 119 Hells Kitchen Court

City State Zip Code  
Drums PA 18222

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME PA CN 13

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.85

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118578

Amount of Each Receipt this Period

66.30

**SUBTOTAL** of Receipts This Page (optional) .....

280.98

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 538 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

MOLLY M. TALLEY

Mailing Address 4084 Leap Road

City

Hilliard

State

OH

Zip Code

43026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.118639

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

MOLLY M. TALLEY

Mailing Address 4084 Leap Road

City

Hilliard

State

OH

Zip Code

43026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.118695

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

MIGUEL TAMAYO

Mailing Address 2201 Broadway  
Suite 715

City

Oakland

State

CA

Zip Code

94612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME LOC 3299, HED

Occupation

REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.119168

Amount of Each Receipt this Period

65.00

**SUBTOTAL** of Receipts This Page (optional) .....

85.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 539 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)  
MIGUEL TAMAYO

Mailing Address 2201 Broadway  
Suite 715

City State Zip Code  
Oakland CA 94612

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME LOC 3299, HED

Occupation  
REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

682.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119169

Amount of Each Receipt this Period

32.50

**B.**

Full Name (Last, First, Middle Initial)  
AMANDA TANDBERG

Mailing Address 421 14th Avenue North

City State Zip Code  
South St. Paul MN 55075

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MN CN 5/SOMN

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.119671

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)  
CHERILYN M. TATE

Mailing Address 12103 SE 164th Street

City State Zip Code  
Renton WA 98058

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.119549

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

77.50

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 540 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

CHERYLYN M. TATE

Mailing Address 12103 SE 164th Street

City

Renton

State

WA

Zip Code

98058

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.119550

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

DALE TAYLOR

Mailing Address 1513 Edgewood Drive  
P.O. Box 2274

City

Lodi

State

CA

Zip Code

95240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 57/LOCAL 146

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	8

Transaction ID: SA11AI.120436

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

NANCY P. TAYLOR

Mailing Address 55 Northwest Drive

City

Huntingtown

State

MD

Zip Code

20639

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

AFFILIATE RELATIONS, MANAGER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

790.89

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	8

Transaction ID: SA11AI.118253

Amount of Each Receipt this Period

40.08

SUBTOTAL of Receipts This Page (optional) .....

305.08

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 541 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

DAVID TESTER

Mailing Address 6955 H New Oxford Road

City

Harrisburg

State

PA

Zip Code

17112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

TRANSPORTATION EQUIPMENT OPERATOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

442.27

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.118579

Amount of Each Receipt this Period

44.08

**B.**

Full Name (Last, First, Middle Initial)

EDWARD THIBODEAU

Mailing Address 444 East Main Street

City

New Britain

State

CT

Zip Code

06051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CT CN 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.119810

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

BETTY A. THOMAS

Mailing Address 5841 Spring Run Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

527.78

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.118441

Amount of Each Receipt this Period

43.94

SUBTOTAL of Receipts This Page (optional) .....

108.02

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 542 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JOHN THOMAS

Mailing Address 1034 N Washington Avenue

City

Lansing

State

MI

Zip Code

48906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

413.94

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.118735

Amount of Each Receipt this Period

21.37

**B.**

Full Name (Last, First, Middle Initial)

JOHN THOMAS

Mailing Address 1034 N Washington Avenue

City

Lansing

State

MI

Zip Code

48906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.31

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118777

Amount of Each Receipt this Period

21.37

**C.**

Full Name (Last, First, Middle Initial)

RAYMOND THOMAS

Mailing Address 7609 Union Street NE

City

Albuquerque

State

NM

Zip Code

87109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MD CN 67

Occupation

TRANSIT SUPERVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

338.36

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.118995

Amount of Each Receipt this Period

46.14

**SUBTOTAL** of Receipts This Page (optional) .....

88.88

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 543 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

RAYMOND THOMAS

Mailing Address 7609 Union Street NE

City

Albuquerque

State

NM

Zip Code

87109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MD CN 67

Occupation

TRANSIT SUPERVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.12

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119010

Amount of Each Receipt this Period

30.76

**B.**

Full Name (Last, First, Middle Initial)

PATRICK S. THOMASSON

Mailing Address 1347 Marot Drive

City

Trotwood

State

OH

Zip Code

45427

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

LEAD STAFF ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

681.66

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118442

Amount of Each Receipt this Period

62.30

**C.**

Full Name (Last, First, Middle Initial)

GLENN M. THOMPSON

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229-1591

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4/ASHLAND  
CS

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.26

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.120380

Amount of Each Receipt this Period

21.26

**SUBTOTAL** of Receipts This Page (optional) .....

114.32

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 544 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

MARY E. THOMPSON

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229-1591

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4/ASHLAND

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.26

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.120381

Amount of Each Receipt this Period

21.26

**B.**

Full Name (Last, First, Middle Initial)

RENO THOMPSON

Mailing Address 1034 N. Washington Avenue

City

Lansing

State

MI

Zip Code

48906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118778

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

ROBERT L. THOMPSON

Mailing Address 927 Gibbs Avenue, NE

City

Canton

State

OH

Zip Code

44705-1074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

REGIONAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

957.39

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118443

Amount of Each Receipt this Period

84.76

**SUBTOTAL** of Receipts This Page (optional) .....

116.02

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 545 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

PETER THOR

Mailing Address 4 Betts Place

City

East Norwalk

State

CT

Zip Code

06855

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CT CN 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.77

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119811

Amount of Each Receipt this Period

41.38

**B.**

Full Name (Last, First, Middle Initial)

HELEN THORNTON

Mailing Address 500 N. Elmwood

City

Oak Park

State

IL

Zip Code

60302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

823.52

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118940

Amount of Each Receipt this Period

68.96

**C.**

Full Name (Last, First, Middle Initial)

JOHN THORSON

Mailing Address 555 Selby Avenue

City

Saint Paul

State

MN

Zip Code

55102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/CN14

Occupation

POLITICAL ACTION REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

704.19

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118483

Amount of Each Receipt this Period

64.16

**SUBTOTAL** of Receipts This Page (optional) .....

174.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 546 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JALANA L. TINCER

Mailing Address 4175 South Old State Road

City

Lewis Center

State

OH

Zip Code

43035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4/OLENTANGY  
LSD

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.64

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.120382

Amount of Each Receipt this Period

11.64

**B.**

Full Name (Last, First, Middle Initial)

AUDREY L. TISDALE

Mailing Address 5900 Bridge Road 502

City

Ypsilanti

State

MI

Zip Code

48197

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25/WASHTENAW  
CNTY

Occupation

OFFICE COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.120038

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

PAUL E. TOALSTON

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229-1591

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4/OSNABURG  
LSD

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.64

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.120383

Amount of Each Receipt this Period

11.64

**SUBTOTAL** of Receipts This Page (optional) .....

43.28

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 547 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

TAMARA L. TOCHER

Mailing Address 321 E. 19th Street

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

AREA FIELD SERVICES DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

877.33

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118254

Amount of Each Receipt this Period

40.21

**B.**

Full Name (Last, First, Middle Initial)

TAMARA L. TOCHER

Mailing Address 321 E. 19th Street

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

AREA FIELD SERVICES DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

917.54

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118374

Amount of Each Receipt this Period

40.21

**C.**

Full Name (Last, First, Middle Initial)

TAMARA L. TOCHER

Mailing Address 321 E. 19th Street

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

AREA FIELD SERVICES DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

957.75

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119922

Amount of Each Receipt this Period

40.21

**SUBTOTAL** of Receipts This Page (optional) .....

120.63

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 548 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

ADDLEY TOLE

Mailing Address 41628 MTN View Place E

City

Gold Bar

State

WA

Zip Code

98251

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.119273

Amount of Each Receipt this Period

21.00

**B.**

Full Name (Last, First, Middle Initial)

VANESSA TOLLIVER

Mailing Address 1121 Wellington Blvd.

City

Columbus

State

OH

Zip Code

43219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.120238

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

VANESSA TOLLIVER

Mailing Address 1121 Wellington Blvd.

City

Columbus

State

OH

Zip Code

43219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.120239

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

61.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 549 / 674

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

VANESSA TOLLIVER

Mailing Address 1121 Wellington Blvd.

City

Columbus

State

OH

Zip Code

43219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.120240

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

RUSSELL TOMITA

Mailing Address 5350 Keikilani Cir

City

Honolulu

State

HI

Zip Code

96821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.118860

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

LEIGH TOMLINSON

Mailing Address 930 Stag Thicket Lane

City

Mason

State

MI

Zip Code

48854-1400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

ACCTG. /HUMAN RESOURCE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

713.60

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.118737

Amount of Each Receipt this Period

35.83

**SUBTOTAL** of Receipts This Page (optional) .....

80.83

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 550 / 674

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

LEIGH TOMLINSON

Mailing Address 930 Stag Thicket Lane

City

Mason

State

MI

Zip Code

48854-1400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

ACCTG. /HUMAN RESOURCE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.43

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118779

Amount of Each Receipt this Period

35.83

**B.**

Full Name (Last, First, Middle Initial)

PATRICIA TOMPKINS

Mailing Address 87-152 Liopolo Street

City

Waianae

State

HI

Zip Code

96792

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.118861

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

ROSELLA P. TOPE

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229-1591

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4/SANDY VAL-  
LEY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.90

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.120384

Amount of Each Receipt this Period

57.90

**SUBTOTAL** of Receipts This Page (optional) .....

118.73

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 551 / 674

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

TOM TOSTI

Mailing Address 327 Lincoln Avenue

City

Bristol

State

PA

Zip Code

19007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

466.98

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118580

Amount of Each Receipt this Period

48.04

**B.**

Full Name (Last, First, Middle Initial)

DOROTHY TOWNSEND

Mailing Address 6837 SW 39th Drive

City

Miramar

State

FL

Zip Code

33023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

AREA FIELD SERVICES DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1220.02

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118255

Amount of Each Receipt this Period

40.96

**C.**

Full Name (Last, First, Middle Initial)

DOROTHY TOWNSEND

Mailing Address 6837 SW 39th Drive

City

Miramar

State

FL

Zip Code

33023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

AREA FIELD SERVICES DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1260.98

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118375

Amount of Each Receipt this Period

40.96

**SUBTOTAL** of Receipts This Page (optional) .....

129.96

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 552 / 674  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)  
DOROTHY TOWNSEND

Mailing Address 6837 SW 39th Drive

City State Zip Code  
Miramar FL 33023

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
AREA FIELD SERVICES DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1301.94

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119923

Amount of Each Receipt this Period

40.96

**B.**

Full Name (Last, First, Middle Initial)  
DAVID K. TRASK, Jr.

Mailing Address 2271 Aulii Street

City State Zip Code  
Honolulu HI 96817-1530

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME HI LOC 152

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.118862

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)  
VON TREAS

Mailing Address 43001 Executive Park Drive

City State Zip Code  
Harrisburg PA 17111

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME PA CN 13

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.75

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118581

Amount of Each Receipt this Period

36.48

**SUBTOTAL** of Receipts This Page (optional) .....

97.44

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 553 / 674

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

TERRY L. TREFZ

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229-1591

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4/BUCKEYE  
VALLEY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.88

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.120385

Amount of Each Receipt this Period

30.88

**B.**

Full Name (Last, First, Middle Initial)

DELORES J. TRICE

Mailing Address 14201 Prevost Street

City

Detroit

State

MI

Zip Code

48227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25/DETROIT  
CITY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.80

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.120043

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

DAMIAN TRYON

Mailing Address 700 North 2nd Street

City

Montebello

State

CA

Zip Code

90640

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36

Occupation

BUSINESS REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.119724

Amount of Each Receipt this Period

60.00

**SUBTOTAL** of Receipts This Page (optional) .....

110.88

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 554 / 674  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

DAMIAN TRYON

Mailing Address 700 North 2nd Street

City

Montebello

State

CA

Zip Code

90640

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36

Occupation

BUSINESS REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.119743

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

LANI E. TSUNEISHI

Mailing Address 6847 Niumalu Loop

City

Honolulu

State

HI

Zip Code

96825

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.118863

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

YULANDA TUCKER

Mailing Address 1217 Dalton Road

City

Parkville

State

MD

Zip Code

21234

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MD CN 67

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.22

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.118996

Amount of Each Receipt this Period

33.03

**SUBTOTAL** of Receipts This Page (optional) .....

83.03

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 555 / 674

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

YULANDA TUCKER

Mailing Address 1217 Dalton Road

City

Parkville

State

MD

Zip Code

21234

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MD CN 67

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.24

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119011

Amount of Each Receipt this Period

22.02

**B.**

Full Name (Last, First, Middle Initial)

ELIZABETH TURNBOW

Mailing Address 4443 Libby N.E.

City

Olympia

State

WA

Zip Code

98506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

408.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.119274

Amount of Each Receipt this Period

42.00

**C.**

Full Name (Last, First, Middle Initial)

JOHN TWIFORD

Mailing Address 4031 Executive Park Drive

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

392.03

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118582

Amount of Each Receipt this Period

40.24

**SUBTOTAL** of Receipts This Page (optional) .....

104.26

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 556 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

NSEABASI E. UFOT

Mailing Address 4201 Victory Parkway  
Apt. 911

City State Zip Code  
Cincinnati OH 45229

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH CN 8

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

578.99

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118444

Amount of Each Receipt this Period

52.98

**B.**

Full Name (Last, First, Middle Initial)

JOHN T. ULIASZ

Mailing Address 955 Overland Court  
Suite 150

City State Zip Code  
San Dimas CA 91773-1718

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME CA LOC 1199/COPE

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.119033

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

JOHN T. ULIASZ

Mailing Address 955 Overland Court  
Suite 150

City State Zip Code  
San Dimas CA 91773-1718

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME CA LOC 1199/COPE

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.119034

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

102.98

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 557 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JOHN T. ULIASZ

Mailing Address 955 Overland Court  
Suite 150

City	State	Zip Code
San Dimas	CA	91773-1718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA LOC 1199/COPEOccupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	0	8

Transaction ID: SA11AI.119035

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

BARBARA S. UWEKOOLANI

Mailing Address 888 Mililani Street  
Suite 601

City	State	Zip Code
Honolulu	HI	96813-2991

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME HI LOC 152Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	0	8

Transaction ID: SA11AI.118864

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

KAREN VALENTINE

Mailing Address 296 Churchmans Road

City	State	Zip Code
New Caslte	DE	19720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME DE CN 81Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.94

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	8

Transaction ID: SA11AI.118818

Amount of Each Receipt this Period

61.58

SUBTOTAL of Receipts This Page (optional) .....

91.58

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 558 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

KAREN VALENTINE

Mailing Address 296 Churchmans Road

City

New Caslte

State

DE

Zip Code

19720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME DE CN 81

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.52

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.118825

Amount of Each Receipt this Period

61.58

**B.**

Full Name (Last, First, Middle Initial)

OSVALDO VALENZUELA

Mailing Address 6962 N. Hamilton Avenue  
#E

City

Chicago

State

IL

Zip Code

60645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.61

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118941

Amount of Each Receipt this Period

61.98

**C.**

Full Name (Last, First, Middle Initial)

CYNTHIA E VALIN

Mailing Address 2002 E 12TH STREET

City

DES MOINES

State

IA

Zip Code

50316

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.62

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.119084

Amount of Each Receipt this Period

9.21

**SUBTOTAL** of Receipts This Page (optional) .....

132.77

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 559 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

DOREEN M. VANDERVORT

Mailing Address 3582 East J Street

City

Tacoma

State

WA

Zip Code

98404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

348.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.119551

Amount of Each Receipt this Period

21.00

**B.**

Full Name (Last, First, Middle Initial)

DOREEN M. VANDERVORT

Mailing Address 3582 East J Street

City

Tacoma

State

WA

Zip Code

98404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119552

Amount of Each Receipt this Period

21.00

**C.**

Full Name (Last, First, Middle Initial)

TARA VANCELEET

Mailing Address 114 Thompson Street

City

Dalton

State

PA

Zip Code

18414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.60

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118583

Amount of Each Receipt this Period

46.70

**SUBTOTAL** of Receipts This Page (optional) .....

88.70

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 560 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)  
FRANK VEHAFRIC

Mailing Address P.O. Box 15

City State Zip Code  
Ontario OR 97914

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OR CN 75

Occupation  
FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119693

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)  
ANTHONY VERNELL

Mailing Address 478 Estates Drive

City State Zip Code  
Athens OH 45701

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH LOC 4

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.118640

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)  
ANTHONY VERNELL

Mailing Address 478 Estates Drive

City State Zip Code  
Athens OH 45701

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH LOC 4

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.118696

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

80.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 561 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

LORI E. VISSERS

Mailing Address 14 Maple Wood Lane  
Unit 15

City State Zip Code  
Madison WI 53704

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.119405

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

LORI E. VISSERS

Mailing Address 14 Maple Wood Lane  
Unit 15

City State Zip Code  
Madison WI 53704

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

483.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.119406

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

LORI E. VISSERS

Mailing Address 14 Maple Wood Lane  
Unit 15

City State Zip Code  
Madison WI 53704

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

508.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119947

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 562 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

MARY A. VONRUDEN

Mailing Address 8003 Excelsior Drive  
#B

City State Zip Code  
Madison WI 53717

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WI CN 40

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.119232

Amount of Each Receipt this Period

21.00

**B.**

Full Name (Last, First, Middle Initial)

JUDITH VIOLA WAHLBERG

Mailing Address 5069 County Rd.

City State Zip Code  
Mountain Iron MN 55768

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MN CN 5

Occupation  
CHILDCARE PROVIDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119747

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

ARTHUR WAKE

Mailing Address 1203 NE 135th Street  
Apt. 403

City State Zip Code  
Seattle WA 98125

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WA CN 28/UNIV OF  
WA

Occupation  
PAINTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.119604

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

101.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 563 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

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 ▼

1227.04

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118257

Amount of Each Receipt this Period

59.00

**B.**

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 ▼

1286.04

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118377

Amount of Each Receipt this Period

59.00

**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 ▼

1345.04

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119925

Amount of Each Receipt this Period

59.00

**SUBTOTAL** of Receipts This Page (optional) .....

177.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 564 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

BARBARA J. WARD

Mailing Address 13975 State Route 7

City

Proctorville

State

OH

Zip Code

45669-9739

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4/FAIRLAND  
LSD

Occupation

BUS DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.64

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.120422

Amount of Each Receipt this Period

52.10

**B.**

Full Name (Last, First, Middle Initial)

JAMES A. WARD

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229-1591

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4/LORAIN CO-  
UNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.120425

Amount of Each Receipt this Period

119.00

**C.**

Full Name (Last, First, Middle Initial)

JAMES A. WARD

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229-1591

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4/LORAIN CO-  
UNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.120426

Amount of Each Receipt this Period

84.00

**SUBTOTAL** of Receipts This Page (optional) .....

255.10

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 565 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

CARL WARNER

Mailing Address 6243 Hilliard

City

Lansing

State

MI

Zip Code

48911

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

457.17

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.118738

Amount of Each Receipt this Period

24.13

**B.**

Full Name (Last, First, Middle Initial)

CARL WARNER

Mailing Address 6243 Hilliard

City

Lansing

State

MI

Zip Code

48911

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

481.30

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118780

Amount of Each Receipt this Period

24.13

**C.**

Full Name (Last, First, Middle Initial)

DAVID WARRICK

Mailing Address 2638 Jay Court

City

Indianapolis

State

IN

Zip Code

46229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IN CN 62

Occupation

UNION DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1495.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118139

Amount of Each Receipt this Period

70.00

**SUBTOTAL** of Receipts This Page (optional) .....

118.26

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 566 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

DAVID WARRICK

Mailing Address 2638 Jay Court

City

Indianapolis

State

IN

Zip Code

46229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IN CN 62

Occupation

UNION DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1565.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.118811

Amount of Each Receipt this Period

70.00

**B.**

Full Name (Last, First, Middle Initial)

ANDRE' WASHINGTON

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.52

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.118641

Amount of Each Receipt this Period

19.24

**C.**

Full Name (Last, First, Middle Initial)

ANDRE' WASHINGTON

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.76

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.118697

Amount of Each Receipt this Period

19.24

**SUBTOTAL** of Receipts This Page (optional) .....

108.48

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 567 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

FRANK W. WASHINGTON

Mailing Address 1713 Crimson Place

City

Mitchellville

State

MD

Zip Code

20721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

SPECIAL AIDE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

677.21

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	8

Transaction ID: SA11AI.118258

Amount of Each Receipt this Period

35.56

**B.**

Full Name (Last, First, Middle Initial)

FRANK W. WASHINGTON

Mailing Address 1713 Crimson Place

City

Mitchellville

State

MD

Zip Code

20721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

SPECIAL AIDE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

712.77

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	4		2	0	0	8

Transaction ID: SA11AI.118378

Amount of Each Receipt this Period

35.56

**C.**

Full Name (Last, First, Middle Initial)

FRANK W. WASHINGTON

Mailing Address 1713 Crimson Place

City

Mitchellville

State

MD

Zip Code

20721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

SPECIAL AIDE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

748.33

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	4		2	0	0	8

Transaction ID: SA11AI.119926

Amount of Each Receipt this Period

35.56

SUBTOTAL of Receipts This Page (optional) .....

106.68

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 568 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

DONALD S WASSERMAN

Mailing Address 4513 46 STREET NW

City

WASHINGTON

State

DC

Zip Code

20016-4428

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

RETIREE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.120433

Amount of Each Receipt this Period

600.00

**B.**

Full Name (Last, First, Middle Initial)

ALTON WATANABE

Mailing Address 836 Paloma Street

City

Wailuku

State

HI

Zip Code

96793

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.118865

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

ERNEST WATERS

Mailing Address 13216 S Casimir Avenue

City

Gardena

State

CA

Zip Code

90249

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36/PUBLIC TR-  
ANSP

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.119797

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

640.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 569 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

ERNEST WATERS

Mailing Address 13216 S Casimir Avenue

City

Gardena

State

CA

Zip Code

90249

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME CA CN 36/PUBLIC TR-  
ANSP

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	8

Transaction ID: SA11AI.119795

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

ERNEST WATERS

Mailing Address 13216 S Casimir Avenue

City

Gardena

State

CA

Zip Code

90249

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME CA CN 36/PUBLIC TR-  
ANSP

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	0	8

Transaction ID: SA11AI.119796

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

JEFFERY M. WATT

Mailing Address 2730 Elliott Ave.

City

Columbus

State

OH

Zip Code

43204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/SOOH

Occupation

PUBLIC SAFETY

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	4	/	2	0	0	8

Transaction ID: SA11AI.120244

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional) .....

70.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 570 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JEFFERY M. WATT

Mailing Address 2730 Elliott Ave.

City

Columbus

State

OH

Zip Code

43204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

PUBLIC SAFETY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.120245

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

JEFFERY M. WATT

Mailing Address 2730 Elliott Ave.

City

Columbus

State

OH

Zip Code

43204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

PUBLIC SAFETY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.120246

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

JO ANN WAUGH

Mailing Address 4031 Executive Park Drive

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

421.66

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118584

Amount of Each Receipt this Period

40.24

**SUBTOTAL** of Receipts This Page (optional) .....

60.24

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 571 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

LONITA M. 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 ▼

1484.61

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118259

Amount of Each Receipt this Period

74.23

**B.**

Full Name (Last, First, Middle Initial)

LONITA M. 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 ▼

1558.84

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118379

Amount of Each Receipt this Period

74.23

**C.**

Full Name (Last, First, Middle Initial)

LONITA M. 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 ▼

1633.07

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119927

Amount of Each Receipt this Period

74.23

**SUBTOTAL** of Receipts This Page (optional) .....

222.69

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 572 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

KENNETH E. WEAVER

Mailing Address 451 London Road

City

Deerfield

State

WI

Zip Code

53531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

627.02

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.119407

Amount of Each Receipt this Period

25.91

**B.**

Full Name (Last, First, Middle Initial)

KENNETH E. WEAVER

Mailing Address 451 London Road

City

Deerfield

State

WI

Zip Code

53531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

652.93

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.119408

Amount of Each Receipt this Period

25.91

**C.**

Full Name (Last, First, Middle Initial)

KENNETH E. WEAVER

Mailing Address 451 London Road

City

Deerfield

State

WI

Zip Code

53531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

678.84

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.119409

Amount of Each Receipt this Period

25.91

**SUBTOTAL** of Receipts This Page (optional) .....

77.73

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 573 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JOANNA L. WEBB-GAUVIN

Mailing Address 1200 W. Lawrence  
#12

City State Zip Code  
Springfield IL 62704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation  
RETIREE PROGRAMS DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

679.58

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118942

Amount of Each Receipt this Period

67.12

**B.**

Full Name (Last, First, Middle Initial)

THERESA N. WEBSTER

Mailing Address 417 S Hill Street  
#412

City State Zip Code  
Los Angeles CA 90013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36/CITY OF  
LA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.119994

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

BRIAN V. WEEKS

Mailing Address 8033 Exceisior Drive  
Apt. A

City State Zip Code  
Madison WI 53717

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation  
POLITICAL ACTION COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

791.27

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118260

Amount of Each Receipt this Period

43.23

**SUBTOTAL** of Receipts This Page (optional) .....

140.35

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 574 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

BRIAN V. WEEKS

Mailing Address 8033 Exceisior Drive  
Apt. A

City State Zip Code  
Madison WI 53717

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
POLITICAL ACTION COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

834.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118380

Amount of Each Receipt this Period

43.23

**B.**

Full Name (Last, First, Middle Initial)

BRIAN V. WEEKS

Mailing Address 8033 Exceisior Drive  
Apt. A

City State Zip Code  
Madison WI 53717

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
POLITICAL ACTION COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

877.73

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119928

Amount of Each Receipt this Period

43.23

**C.**

Full Name (Last, First, Middle Initial)

CINDY WEIBLE

Mailing Address 6805 Oak Creek Drive

City State Zip Code  
Columbus OH 43229-1591

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH LOC 4/WASHINGTON  
LS

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.80

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.120386

Amount of Each Receipt this Period

184.80

**SUBTOTAL** of Receipts This Page (optional) .....

271.26

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 575 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

CINDY WEIBLE

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229-1591

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/WASHINGTON  
LS

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.76

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.120387

Amount of Each Receipt this Period

76.96

**B.**

Full Name (Last, First, Middle Initial)

JOSEPH W. WEIDNER

Mailing Address 255 Binns Boulevard

City

Columbus

State

OH

Zip Code

43204-2515

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH CN 8

Occupation

EDITOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

757.99

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118446

Amount of Each Receipt this Period

63.52

**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 ▼

1797.39

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118261

Amount of Each Receipt this Period

89.87

**SUBTOTAL** of Receipts This Page (optional) .....

230.35

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 576 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

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 ▼

1887.26

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118381

Amount of Each Receipt this Period

89.87

**B.**

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 ▼

1977.13

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119929

Amount of Each Receipt this Period

89.87

**C.**

Full Name (Last, First, Middle Initial)

LAURA M. WELLE

Mailing Address 2460 Hamilton Street

City

Oshkosh

State

WI

Zip Code

54901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.119411

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

194.74

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 577 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

BEVERLY J. WELLER

Mailing Address 552 Log Cabin Street

City

Independence

State

OR

Zip Code

97351

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75/SOOR

Occupation

PERSONAL TRAINER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.119704

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

IVA L. WELLS

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229-1591

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4/KINGS LSD

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.84

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	8

Transaction ID: SA11AI.120429

Amount of Each Receipt this Period

107.84

**C.**

Full Name (Last, First, Middle Initial)

ROSETTA WELLS

Mailing Address 30 E. Broad Street

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	1	/	2	0	0	8

Transaction ID: SA11AI.120429

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional) .....

137.84

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 578 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

FREDERICK A. WENZL

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229-1591

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/CUYAHOGA  
CNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.26

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	0	8

Transaction ID: SA11AI.120388

Amount of Each Receipt this Period

26.26

**B.**

Full Name (Last, First, Middle Initial)

THOMAS P WEST

Mailing Address 2803 W North Bend Rd.

City

Cincinnati

State

OH

Zip Code

45239

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CITY OF CINCINNATI/OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.52

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	8

Transaction ID: SA11AI.120335

Amount of Each Receipt this Period

18.46

**C.**

Full Name (Last, First, Middle Initial)

JOSEPH Z. WESTFALL

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229-1591

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/BEXLEY CSD

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	0	8

Transaction ID: SA11AI.120389

Amount of Each Receipt this Period

8.40

SUBTOTAL of Receipts This Page (optional) .....

53.12

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 579 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JOHN P. WESTMORELAND

Mailing Address 4678 West Road

City

Moose Lake

State

MN

Zip Code

55767

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/CN14

Occupation

BUSINESS AGENT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

801.14

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118485

Amount of Each Receipt this Period

67.80

**B.**

Full Name (Last, First, Middle Initial)

JAMES R. WESTON

Mailing Address 1495 Irvin - Shoots Road

City

Morral

State

OH

Zip Code

43337

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

ASSOCIATE DIRECTOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1190.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.118642

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

JAMES R. WESTON

Mailing Address 1495 Irvin - Shoots Road

City

Morral

State

OH

Zip Code

43337

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

ASSOCIATE DIRECTOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.118698

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

167.80

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 580 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)  
DONNA J. WESTRICK

Mailing Address 4300 Fremont Pike  
Lot 14

City State Zip Code  
Perrysburg OH 43551

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.120250

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)  
DONNA J. WESTRICK

Mailing Address 4300 Fremont Pike  
Lot 14

City State Zip Code  
Perrysburg OH 43551

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.120251

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)  
DONNA J. WESTRICK

Mailing Address 4300 Fremont Pike  
Lot 14

City State Zip Code  
Perrysburg OH 43551

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.120252

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 581 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

MYRA WESTRY

Mailing Address 1226S Independence

City

Chicago

State

IL

Zip Code

60623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31/SOIL

Occupation

P A FAMILY SUPPORT SPEC I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.80

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118952

Amount of Each Receipt this Period

28.40

**B.**

Full Name (Last, First, Middle Initial)

ROBERT WHEATON

Mailing Address B. O. Box 12455

City

Salem

State

OR

Zip Code

97309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119694

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

SANDRA L. WHEELER

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229-1591

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4/LIMA CSD

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.20

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.120390

Amount of Each Receipt this Period

96.20

**SUBTOTAL** of Receipts This Page (optional) .....

149.60

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 582 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

SANDRA L. WHEELER

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229-1591

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4/LIMA CSD

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.36

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.120391

Amount of Each Receipt this Period

73.16

**B.**

Full Name (Last, First, Middle Initial)

DAVID WHITE

Mailing Address 27522 Gateway Drive  
Apt. #205

City

Farmington Hills

State

MI

Zip Code

48334

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

317.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.118739

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

DAVID WHITE

Mailing Address 27522 Gateway Drive  
Apt. #205

City

Farmington Hills

State

MI

Zip Code

48334

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118781

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

103.16

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 583 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

LACHEZ WHITE

Mailing Address 190 W. Ostend Street  
Suite 101

City State Zip Code  
Baltimore MD 21230

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MD CN 982

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.52

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118980

Amount of Each Receipt this Period

23.32

**B.**

Full Name (Last, First, Middle Initial)

TAMARA V. WHITE

Mailing Address 3355 Alden Place, NE

City State Zip Code  
Washington DC 20019

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
HUMAN RESOURCES ASSISTANT III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

534.95

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118262

Amount of Each Receipt this Period

27.07

**C.**

Full Name (Last, First, Middle Initial)

TAMARA V. WHITE

Mailing Address 3355 Alden Place, NE

City State Zip Code  
Washington DC 20019

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
HUMAN RESOURCES ASSISTANT III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.02

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118382

Amount of Each Receipt this Period

27.07

**SUBTOTAL** of Receipts This Page (optional) .....

77.46

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 584 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

TAMARA V. WHITE

Mailing Address 3355 Alden Place, NE

City

Washington

State

DC

Zip Code

20019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

HUMAN RESOURCES ASSISTANT III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

589.09

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119930

Amount of Each Receipt this Period

27.07

**B.**

Full Name (Last, First, Middle Initial)

DIANE WHITE-HARRIS

Mailing Address 1142 Wolf Run Drive

City

Lansing

State

MI

Zip Code

48917

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

EXECUTIVE SECRETARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

549.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.118740

Amount of Each Receipt this Period

27.60

**C.**

Full Name (Last, First, Middle Initial)

DIANE WHITE-HARRIS

Mailing Address 1142 Wolf Run Drive

City

Lansing

State

MI

Zip Code

48917

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

EXECUTIVE SECRETARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.60

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118782

Amount of Each Receipt this Period

27.60

**SUBTOTAL** of Receipts This Page (optional) .....

82.27

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 585 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

DIANA WHITMORE

Mailing Address 1212 Jefferson St. SE  
Suite 300

City State Zip Code  
Olympia WA 98501

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WA CN 28

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.119275

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

HAROLD WICK

Mailing Address 6805 Oak Creek Drive

City State Zip Code  
Columbus OH 43229

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH LOC 4

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.118643

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

HAROLD WICK

Mailing Address 6805 Oak Creek Drive

City State Zip Code  
Columbus OH 43229

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH LOC 4

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.118699

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 586 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

BRYCE WICKSTROM

Mailing Address 1267 Matilda Street

City

St. Paul

State

MN

Zip Code

55117-4473

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/SOMN

Occupation

RECORDING SECRETARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1093.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.119674

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

GUY WIEDERHOLD

Mailing Address 906 Laurel Boulevard

City

Pottsville

State

PA

Zip Code

17901-2324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.70

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118585

Amount of Each Receipt this Period

66.30

**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 ▼

912.63

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118263

Amount of Each Receipt this Period

45.63

**SUBTOTAL** of Receipts This Page (optional) .....

261.93

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 587 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM 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 ▼

959.51

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.118383

Amount of Each Receipt this Period

46.88

**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 ▼

1006.39

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.119931

Amount of Each Receipt this Period

46.88

**C.**

Full Name (Last, First, Middle Initial)

BRENDA WILLIAMS

Mailing Address 444 NE Ravenna Blvd.  
STE. 108

City

Seattle

State

WA

Zip Code

98115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.119276

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

123.76

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 588 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

CHARLES WILLIAMS

Mailing Address 600 W Lafayette

City

Detroit

State

MI

Zip Code

48226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

619.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.118741

Amount of Each Receipt this Period

31.25

**B.**

Full Name (Last, First, Middle Initial)

CHARLES WILLIAMS

Mailing Address 600 W Lafayette

City

Detroit

State

MI

Zip Code

48226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.75

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118783

Amount of Each Receipt this Period

31.25

**C.**

Full Name (Last, First, Middle Initial)

JACQUELYNN WILLIAMS

Mailing Address 1212 Jefferson St., SE  
Suite 300

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119554

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

72.50

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 589 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL B. WILLIAMS

Mailing Address 6800 Fleetwood Rd.  
Apt. #1118

City	State	Zip Code
McLean	VA	22101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

SPECIAL ASST. TO SECY-TREASURER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

964.66

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	8

Transaction ID: SA11AI.118264

Amount of Each Receipt this Period

43.08

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL B. WILLIAMS

Mailing Address 6800 Fleetwood Rd.  
Apt. #1118

City	State	Zip Code
McLean	VA	22101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

SPECIAL ASST. TO SECY-TREASURER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1007.74

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	4	/	2	0	0	8

Transaction ID: SA11AI.118384

Amount of Each Receipt this Period

43.08

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL B. WILLIAMS

Mailing Address 6800 Fleetwood Rd.  
Apt. #1118

City	State	Zip Code
McLean	VA	22101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

SPECIAL ASST. TO SECY-TREASURER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.82

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	4	/	2	0	0	8

Transaction ID: SA11AI.119932

Amount of Each Receipt this Period

43.08

SUBTOTAL of Receipts This Page (optional) .....

129.24

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 590 / 674  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

PHILLIP WILLIAMS

Mailing Address 296 Churchmans Road

City

New Castle

State

DE

Zip Code

19720-9930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME DE CN 81

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

616.94

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	0	8

Transaction ID: SA11AI.118819

Amount of Each Receipt this Period

61.58

**B.**

Full Name (Last, First, Middle Initial)

PHILLIP WILLIAMS

Mailing Address 296 Churchmans Road

City

New Castle

State

DE

Zip Code

19720-9930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME DE CN 81

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

678.52

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	7		2	0	0	8

Transaction ID: SA11AI.118826

Amount of Each Receipt this Period

61.58

**C.**

Full Name (Last, First, Middle Initial)

RUSSELL WILLIAMS

Mailing Address 361 County Road

City

Negaunee

State

MI

Zip Code

49866

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25/NEGAUNEE

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
1	0		2	8		2	0	0	8

Transaction ID: SA11AI.120047

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional) .....

133.16

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 591 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

RUSSELL WILLIAMS

Mailing Address 361 County Road

City

Negaunee

State

MI

Zip Code

49866

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25/NEGAUNEE

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.120048

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

RUSSELL WILLIAMS

Mailing Address 361 County Road

City

Negaunee

State

MI

Zip Code

49866

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25/NEGAUNEE

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.120049

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

SAUNDRA WILLIAMS

Mailing Address 16218 Braile

City

Detroit

State

MI

Zip Code

48219-4727

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

822.87

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.118742

Amount of Each Receipt this Period

41.25

**SUBTOTAL** of Receipts This Page (optional) .....

61.25

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 592 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)  
SAUNDRA WILLIAMS

Mailing Address 16218 Braile

City State Zip Code  
Detroit MI 48219-4727

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MI CN 25

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

864.12

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118784

Amount of Each Receipt this Period

41.25

**B.**

Full Name (Last, First, Middle Initial)  
CHARLES H. WILLIAMSON

Mailing Address 218 Bennett Road

City State Zip Code  
Minford OH 45653

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation  
CORRECTIONS OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.120253

Amount of Each Receipt this Period

11.00

**C.**

Full Name (Last, First, Middle Initial)  
CHARLES H. WILLIAMSON

Mailing Address 218 Bennett Road

City State Zip Code  
Minford OH 45653

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation  
CORRECTIONS OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.120254

Amount of Each Receipt this Period

11.00

**SUBTOTAL** of Receipts This Page (optional) .....

63.25

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 593 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

CHARLES H. WILLIAMSON

Mailing Address 218 Bennett Road

City

Minford

State

OH

Zip Code

45653

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

CORRECTIONS OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	1	/	2	0	0	8

Transaction ID: SA11AI.120255

Amount of Each Receipt this Period

11.00

**B.**

Full Name (Last, First, Middle Initial)

DAUN M. WILLIAMSON

Mailing Address 1635 Log Run Rd.

City

Williamsport

State

PA

Zip Code

17701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13/SOPA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	8

Transaction ID: SA11AI.119331

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

JANICE L. WILSON

Mailing Address 50033 Foxcrest Street

City

Chesterfield

State

MI

Zip Code

48047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25/MACOMB CN-  
TY

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
1	0	/	2	8	/	2	0	0	8

Transaction ID: SA11AI.120052

Amount of Each Receipt this Period

21.00

SUBTOTAL of Receipts This Page (optional) .....

72.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 594 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JOE D. WILSON

Mailing Address 500 East Third Street  
Apt #521

City State Zip Code  
Dayton OH 45402

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH CN 8

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

373.05

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118448

Amount of Each Receipt this Period

49.74

**B.**

Full Name (Last, First, Middle Initial)

KATHLEEN A. WILSON

Mailing Address 6805 Oak Creek Drive

City State Zip Code  
Columbus OH 43229-1591

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH LOC 4/AUSTINTOWN  
LSD

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.88

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.120392

Amount of Each Receipt this Period

30.88

**C.**

Full Name (Last, First, Middle Initial)

SARAH C. WILSON

Mailing Address 3609 Apollo Street, SE

City State Zip Code  
Lacey WA 98503

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.119555

Amount of Each Receipt this Period

13.50

**SUBTOTAL** of Receipts This Page (optional) .....

94.12

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 595 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

SARAH C. WILSON

Mailing Address 3609 Apollo Street, SE

City

Lacey

State

WA

Zip Code

98503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

323.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.119556

Amount of Each Receipt this Period

13.50

**B.**

Full Name (Last, First, Middle Initial)

ALLAN WINEY

Mailing Address 765 Mount Airy Road

City

Lewisburg

State

PA

Zip Code

17339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

ASSISTANT BUSINESS MANAGER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1065.13

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.118586

Amount of Each Receipt this Period

94.42

**C.**

Full Name (Last, First, Middle Initial)

JOSEPH M. WING

Mailing Address 3863 Walford Street

City

Columbus

State

OH

Zip Code

43224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

TRANSPORTATION TECH

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	4	/	2	0	0	8

Transaction ID: SA11AI.120256

Amount of Each Receipt this Period

12.00

SUBTOTAL of Receipts This Page (optional) .....

119.92

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 596 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JOSEPH M. WING

Mailing Address 3863 Walford Street

City State Zip Code  
 Columbus OH 43224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOHH

Occupation  
TRANSPORTATION TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.120257

Amount of Each Receipt this Period

12.00

**B.**

Full Name (Last, First, Middle Initial)

JOSEPH M. WING

Mailing Address 3863 Walford Street

City State Zip Code  
 Columbus OH 43224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOHH

Occupation  
TRANSPORTATION TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.120258

Amount of Each Receipt this Period

12.00

**C.**

Full Name (Last, First, Middle Initial)

EARL D. WINTER

Mailing Address 2116 NE Flanders Street  
 Apt. #4

City State Zip Code  
 Portland OR 97232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75/SOOR

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119705

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

44.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 597 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

THOMAS A. WISHMAN

Mailing Address 8033 Excelsoir Drive  
#B

City State Zip Code  
Madison WI 53717-1903

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WI CN 40

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.119234

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

MARY BETH WISHON

Mailing Address 6805 Oak Creek Drive

City State Zip Code  
Columbus OH 43229

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH LOC 4

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

885.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.118644

Amount of Each Receipt this Period

38.50

**C.**

Full Name (Last, First, Middle Initial)

MARY BETH WISHON

Mailing Address 6805 Oak Creek Drive

City State Zip Code  
Columbus OH 43229

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH LOC 4

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

924.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.118700

Amount of Each Receipt this Period

38.50

**SUBTOTAL** of Receipts This Page (optional) .....

97.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 598 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

BRUCE H. WITHAM

Mailing Address 1329 S. 96th Street

City

Tacoma

State

WA

Zip Code

98444

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.119557

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

BRUCE H. WITHAM

Mailing Address 1329 S. 96th Street

City

Tacoma

State

WA

Zip Code

98444

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119558

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

KRISTIE WOLF

Mailing Address 4923C Haverford Road

City

Harrisburg

State

PA

Zip Code

17109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.70

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118587

Amount of Each Receipt this Period

66.30

**SUBTOTAL** of Receipts This Page (optional) .....

116.30

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 599 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

ARTHUR WOOD

Mailing Address 31062 Birchwood

City

Westland

State

MI

Zip Code

48185

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

544.10

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.118743

Amount of Each Receipt this Period

27.28

**B.**

Full Name (Last, First, Middle Initial)

ARTHUR WOOD

Mailing Address 31062 Birchwood

City

Westland

State

MI

Zip Code

48185

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

571.38

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118785

Amount of Each Receipt this Period

27.28

**C.**

Full Name (Last, First, Middle Initial)

SHELBY L. WOODALL

Mailing Address 1006 Ironwood Circle

City

Akron

State

OH

Zip Code

44312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

544.21

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.118449

Amount of Each Receipt this Period

49.74

**SUBTOTAL** of Receipts This Page (optional) .....

104.30

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 600 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

TERRY WOODROW

Mailing Address 4-C Winding Way

City

Westville

State

NJ

Zip Code

08093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NJ CN 52

Occupation

SECURITY OFFICER SGT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

268.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	0	8

Transaction ID: SA11AI.119016

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

DOUGLAS N. WOODSON

Mailing Address 108 Elgin  
Apt. 1

City

Forest Park

State

IL

Zip Code

60130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation

ORGANIZER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

823.68

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	8

Transaction ID: SA11AI.118944

Amount of Each Receipt this Period

68.64

**C.**

Full Name (Last, First, Middle Initial)

JERRY WRIGHT

Mailing Address 20235 E. 1280 N Road

City

Danville

State

IL

Zip Code

61832

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

774.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	8

Transaction ID: SA11AI.118945

Amount of Each Receipt this Period

64.84

SUBTOTAL of Receipts This Page (optional) .....

163.48

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 601 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

PETER WRIGHT

Mailing Address 28 Washington Street

City

Marblehead

State

MA

Zip Code

01945-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MA CN 93

Occupation

DIRECTOR POLITICAL ACTION & LEGIS.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

751.40

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.118970

Amount of Each Receipt this Period

74.14

**B.**

Full Name (Last, First, Middle Initial)

BRUCE WYNGAARD

Mailing Address 1310 Hunter Avenue

City

Columbus

State

OH

Zip Code

43201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11

Occupation

OPERATIONS DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

794.40

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.120280

Amount of Each Receipt this Period

66.20

**C.**

Full Name (Last, First, Middle Initial)

JEANETTE WYNN

Mailing Address 1642 W. MLK Blvd.

City

Quincy

State

FL

Zip Code

32351

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME FL CN 79

Occupation

DELEGATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

618.80

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.118140

Amount of Each Receipt this Period

14.00

**SUBTOTAL** of Receipts This Page (optional) .....

154.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 602 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JEANETTE WYNN

Mailing Address 1642 W. MLK Blvd.

City

Quincy

State

FL

Zip Code

32351

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME FL CN 79

Occupation

DELEGATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

632.80

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.118812

Amount of Each Receipt this Period

14.00

**B.**

Full Name (Last, First, Middle Initial)

FLORENCE YAMADA

Mailing Address 888 Mililani Street  
Suite 601

City

Honolulu

State

HI

Zip Code

96813-2991

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.118867

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

WAYNE J. YAMASAKI

Mailing Address 1185 Kaeleku Street

City

Honolulu

State

HI

Zip Code

96825-3007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.118868

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

84.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 603 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

SANDRA K. YAP

Mailing Address 711 19th Avenue

City

Honolulu

State

HI

Zip Code

96816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME HI LOC 646/SOHI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.118112

Amount of Each Receipt this Period

67.00

**B.**

Full Name (Last, First, Middle Initial)

SANDRA K. YAP

Mailing Address 711 19th Avenue

City

Honolulu

State

HI

Zip Code

96816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME HI LOC 646/SOHI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.118113

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

PATRICIA YUNK

Mailing Address 3427 W St. Paul Avenue

City

Milwaukee

State

WI

Zip Code

53208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 48

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.119058

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

102.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 604 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

PATRICIA YUNK

Mailing Address 3427 W St. Paul Avenue

City

Milwaukee

State

WI

Zip Code

53208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 48

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.119059

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

GERALD S. ZASTROW

Mailing Address 328 Pond Street

City

Amherst

State

WI

Zip Code

54406

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.38

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.119412

Amount of Each Receipt this Period

18.02

**C.**

Full Name (Last, First, Middle Initial)

GERALD S. ZASTROW

Mailing Address 328 Pond Street

City

Amherst

State

WI

Zip Code

54406

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.40

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.119413

Amount of Each Receipt this Period

18.02

**SUBTOTAL** of Receipts This Page (optional) .....

51.04

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 605 / 674

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

GERALD S. ZASTROW

Mailing Address 328 Pond Street

City

Amherst

State

WI

Zip Code

54406

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

398.42

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.119414

Amount of Each Receipt this Period

18.02

**B.**

Full Name (Last, First, Middle Initial)

GERALD S. ZASTROW

Mailing Address 328 Pond Street

City

Amherst

State

WI

Zip Code

54406

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.44

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.119415

Amount of Each Receipt this Period

18.02

**C.**

Full Name (Last, First, Middle Initial)

BRUCE E. ZELLER

Mailing Address 518 H Street, SW

City

Tumwater

State

WA

Zip Code

98512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.119562

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

46.04

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 606 / 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

MATTHEW ZUVICH

Mailing Address 1212 Jefferson St. SE  
Suite 300

City	State	Zip Code
Olympia	WA	98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary
 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

293.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	8	

Transaction ID: SA11AI.119277

Amount of Each Receipt this Period

21.00

SUBTOTAL of Receipts This Page (optional) .....

21.00

TOTAL This Period (last page this line number only) .....

71328.79

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 607 / 674

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL &amp; LEG EQUALITY

Mailing Address P. O. BOX 2882

Church Street Station

City

State

Zip Code

New York

NY

10008

FEC ID number of contributing  
federal political committee.**C** C00149211

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

516220.18

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	0	8

Transaction ID: SA12.118088

Amount of Each Receipt this Period

47957.95

**B.**

Full Name (Last, First, Middle Initial)

DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL &amp; LEG EQUALITY

Mailing Address P. O. BOX 2882

Church Street Station

City

State

Zip Code

New York

NY

10008

FEC ID number of contributing  
federal political committee.**C** C00149211

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

523565.51

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	0	8

Transaction ID: SA12.118090

Amount of Each Receipt this Period

7345.33

SUBTOTAL of Receipts This Page (optional) .....

55303.28

TOTAL This Period (last page this line number only) .....

55303.28

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 608 / 674

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

GARBER TRAVEL

Mailing Address 27 Boylston Street

City

Chestnut Hill

State

MA

Zip Code

02467

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11951.63

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 0 8

Transaction ID: SA15.120442

Amount of Each Receipt this Period

182.98

Refund/Airfare/DNC 2008

**B.**

Full Name (Last, First, Middle Initial)

HYATT REGENCY DENVER

Mailing Address 650 15th Street

City

Denver

State

CO

Zip Code

80202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA15.117871

Amount of Each Receipt this Period

10000.00

Refund/Hotel/DNC 2008

**C.**

Full Name (Last, First, Middle Initial)

RED LION HOTEL DENVER CENTRAL

Mailing Address 4040 Quebec Street

City

Denver

State

CO

Zip Code

80216

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1735.37

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA15.117873

Amount of Each Receipt this Period

1735.37

Refund/Hotel/DNC 2008

**SUBTOTAL** of Receipts This Page (optional) .....

11918.35

**TOTAL** This Period (last page this line number only) .....

11918.35



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 609 / 674

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

AMALGAMATED BANK

Mailing Address 275 7th Avenue

City

New York

State

NY

Zip Code

10001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

6010257.54

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA17.120437

Amount of Each Receipt this Period

370.84

Interest income 10/31/2008

**SUBTOTAL** of Receipts This Page (optional) .....

370.84

**TOTAL** This Period (last page this line number only) .....

370.84

# **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 610 / 674

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) AMALGAMATED BANK</p> <p>Mailing Address 275 7th Avenue</p> <p>City New York State NY Zip Code 10001</p> <p>Purpose of Disbursement Loan: Interest Payment 11/13/08</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.120457</p> <p><b>Date of Disbursement</b>  <div> <div>11</div> <div>13</div> <div>2008</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>13847.22</div> </p> <p><b>Category/Type</b>  <div>001</div> </p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) AMERICAN EXPRESS</p> <p>Mailing Address P.O. Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</p> <p>Purpose of Disbursement Service charge 10/24/08</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.120438</p> <p><b>Date of Disbursement</b>  <div> <div>10</div> <div>24</div> <div>2008</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>6.41</div> </p> <p><b>Category/Type</b>  <div>001</div> </p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) AMERICAN EXPRESS</p> <p>Mailing Address P.O. Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</p> <p>Purpose of Disbursement Service charges 11/17/2008</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.118102</p> <p><b>Date of Disbursement</b>  <div> <div>11</div> <div>17</div> <div>2008</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>3.05</div> </p> <p><b>Category/Type</b>  <div>001</div> </p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**13856.68**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 611 / 674

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

BART GROUP

Mailing Address 171 Main Street

City  
Port WashingtonState  
NYZip Code  
11050Purpose of Disbursement  
Service charges 11/5/2008

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.118099

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	0	8

Amount of Each Disbursement this Period

141.75

**B.**

Full Name (Last, First, Middle Initial)

ARLYN BRADSHAW

Mailing Address 228 E. 500, Suite #403

City  
Salt Lake CityState  
UTZip Code  
84111Purpose of Disbursement  
Airfare/Hotel/UT/Delegate/DNC 2008

Candidate Name

002  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.120440

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	8

Amount of Each Disbursement this Period

1248.35

**C.**

Full Name (Last, First, Middle Initial)

STATE OF NEVADA AR PAYMENTS

Mailing Address P.O. Box 52685

City  
PhoenixState  
AZZip Code  
85072Purpose of Disbursement  
Tax Expense

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.120468

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	0	8

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional) .....

1590.10

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 612 / 674

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

THE CAMPAIGN GROUP

Mailing Address 1600 Locust Street

City Philadelphia State PA Zip Code 19103

Purpose of Disbursement  
Media Buy/Production Costs

Candidate Name

004  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.118087

Date of Disbursement

10 / 16 / 2008

Amount of Each Disbursement this Period

-1551000.00

**B.**

Full Name (Last, First, Middle Initial)

THE CAMPAIGN GROUP

Mailing Address 1600 Locust Street

City Philadelphia State PA Zip Code 19103

Purpose of Disbursement  
Media Buy/Production Costs

Candidate Name

004  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.118086

Date of Disbursement

10 / 17 / 2008

Amount of Each Disbursement this Period

-730000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

-2281000.00

**TOTAL** This Period (last page this line number only) .....

-2265553.22

# **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 613 / 674

☐ 21b ☒ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<b>A.</b> Full Name (Last, First, Middle Initial) AFSCME PEOPLE- Non Federal Account	<b>Transaction ID:</b> SB22.120445 <b>Date of Disbursement</b>
Mailing Address 1625 L Street NW	<div> <div>10</div> <div>20</div> <div>2008</div> </div>
City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period
Purpose of Disbursement Tfr non-fed acct for non-fed activity Candidate Name	<div>50000.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) AFSCME PEOPLE- Non Federal Account	<b>Transaction ID:</b> SB22.120446 <b>Date of Disbursement</b>
Mailing Address 1625 L Street NW	<div> <div>10</div> <div>21</div> <div>2008</div> </div>
City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period
Purpose of Disbursement Tfr non-fed acct for non-fed activity Candidate Name	<div>123500.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) AFSCME PEOPLE- Non Federal Account	<b>Transaction ID:</b> SB22.117872 <b>Date of Disbursement</b>
Mailing Address 1625 L Street NW	<div> <div>10</div> <div>27</div> <div>2008</div> </div>
City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period
Purpose of Disbursement Tfr non-fed acct for non-fed activity Candidate Name	<div>25000.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**198500.00**

**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 614 / 674

☐ 21b ☒ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<b>A.</b> Full Name (Last, First, Middle Initial) AFSCME PEOPLE- Non Federal Account	<b>Transaction ID:</b> SB22.120447 <b>Date of Disbursement</b>
Mailing Address 1625 L Street NW	<div> <div>10</div> <div>29</div> <div>2008</div> </div>
City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period
Purpose of Disbursement Tfr non-fed acct for non-fed activity Candidate Name	<div>15000.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) AFSCME PEOPLE- Non Federal Account	<b>Transaction ID:</b> SB22.118098 <b>Date of Disbursement</b>
Mailing Address 1625 L Street NW	<div> <div>11</div> <div>14</div> <div>2008</div> </div>
City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period
Purpose of Disbursement Tfr non-fed acct for non-fed activity Candidate Name	<div>34000.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) AFSCME PEOPLE- Non Federal Account	<b>Transaction ID:</b> SB22.120448 <b>Date of Disbursement</b>
Mailing Address 1625 L Street NW	<div> <div>11</div> <div>21</div> <div>2008</div> </div>
City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period
Purpose of Disbursement Tfr non-fed acct for non-fed activity Candidate Name	<div>1000.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**50000.00**

**TOTAL** This Period (last page this line number only) .....

**248500.00**

# **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 615 / 674

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

AFL-CIO COPE PCC

Mailing Address 815 16th Street NW

City  
Washington

State  
DC

Zip Code  
20006

Purpose of Disbursement  
Contribution-PAC

Candidate Name

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Other

Transaction ID: SB23.117913

Date of Disbursement

10 / 28 / 2008

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

AMERICA'S LEADERSHIP PAC

Mailing Address 122 Maryland Ave., NE

City  
WASHINGTON

State  
DC

Zip Code  
20002

Purpose of Disbursement  
Contribution-PAC

Candidate Name

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Other

Transaction ID: SB23.118103

Date of Disbursement

11 / 19 / 2008

Amount of Each Disbursement this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

ANDREWS FOR CONGRESS

Mailing Address P.O. Box 295

City  
Oaklyn

State  
NJ

Zip Code  
08107-0000

Purpose of Disbursement  
Contribution

Candidate Name

011

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ District: 01

Transaction ID: SB23.117921

Date of Disbursement

10 / 27 / 2008

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)

PAGE 616 / 674

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.** Full Name (Last, First, Middle Initial)  
ANNA ESHOO FOR CONGRESS

Mailing Address 555 Bryant Street  
PMB 335

City Palo Alto State CA Zip Code 94301

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 14

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.117922

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
ASDC JOINT VICTORY ACCOUNT

Mailing Address 430 S. Capitol St., SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution-PAC

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

Transaction ID: SB23.117875

Date of Disbursement

10 / 24 / 2008

Amount of Each Disbursement this Period

20000.00

**C.** Full Name (Last, First, Middle Initial)  
BARBARA LEE FOR CONGRESS

Mailing Address 1736 Franklin Street  
Suite 400

City Oakland State CA Zip Code 94612

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 09

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.117923

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

22000.00

**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 617 / 674

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.** Full Name (Last, First, Middle Initial)  
**BARNEY FRANK FOR CONGRESS COMMITTEE**

Mailing Address P.O. Box 260

City Newton State MA Zip Code 02460-0000

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
 Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify) ▼

State: MA District: 04

Transaction ID: SB23.117924

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

2500.00

**B.** Full Name (Last, First, Middle Initial)  
**BECKY GREENWALD FOR CONGRESS**

Mailing Address 144 E. Laurel Street

City Waukegan State IA Zip Code 50263

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
 Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify) ▼

State: IA District: 04

Transaction ID: SB23.117925

Date of Disbursement

10 / 21 / 2008

Amount of Each Disbursement this Period

1500.00

**C.** Full Name (Last, First, Middle Initial)  
**BERKLEY FOR CONGRESS**

Mailing Address 7500 W. Lake Mead Blvd.  
 Box 9-306

City Las Vegas State NV Zip Code 89128

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
 Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify) ▼

State: NV District: 01

Transaction ID: SB23.117926

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**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 618 / 674

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

BERMAN FOR CONGRESS

Mailing Address 6380 Wilshire Blvd.  
#1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 28

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.117927

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

BLUE DOG PAC

Mailing Address 236 Mass. Ave., NE  
Suite 508

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Contribution-PAC

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

Transaction ID: SB23.118100

Date of Disbursement

11 / 14 / 2008

Amount of Each Disbursement this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

BLUMENAUER FOR CONGRESS

Mailing Address 830 NE Holladay  
#105

City Portland State OR Zip Code 97232

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: OR District: 03

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.117928

Date of Disbursement

10 / 27 / 2008

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 619 / 674

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.** Full Name (Last, First, Middle Initial)  
BOB FILNER FOR CONGRESS

Mailing Address P.O. Box 127868

City San Diego State CA Zip Code 92112-0000

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President  
Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 51

Transaction ID: SB23.117929

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
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/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President  
Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District: 13

Transaction ID: SB23.117930

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
BRIDGE PACMailing Address 499 S. Capitol Street SW  
Suite 412

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution-PAC

Candidate Name

011  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President  
Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District: Other

Transaction ID: SB23.117876

Date of Disbursement

10 / 16 / 2008

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) .....

4500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 620 / 674

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

## **A. BUTTERFIELD FOR CONGRESS**

Full Name (Last, First, Middle Initial)

BUTTERFIELD FOR CONGRESS

Mailing Address P.O. Box 2571

City  
Wilson

State  
NC

Zip Code  
27894

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District: 01

Transaction ID: SB23.117931

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

## **B. CAPUANO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial)

CAPUANO FOR CONGRESS COMMITTEE

Mailing Address P.O. Box 440305

City  
Somerville

State  
MA

Zip Code  
02144-0000

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MA District: 08

Transaction ID: SB23.117932

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

## **C. CARMOUCHE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

CARMOUCHE FOR CONGRESS

Mailing Address P.O. Box 3857

City  
Shreveport

State  
LA

Zip Code  
71133

Purpose of Disbursement  
Contribution-Primary Runoff

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 04

Transaction ID: SB23.117933

Date of Disbursement

10 / 16 / 2008

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)

PAGE 621 / 674

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.** Full Name (Last, First, Middle Initial)  
CARMOUCHE FOR CONGRESS

Mailing Address P.O. Box 3857

City Shreveport State LA Zip Code 71133

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: LA District: 04

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.118101

Date of Disbursement

11 / 14 / 2008

Amount of Each Disbursement this Period

5000.00

**B.** Full Name (Last, First, Middle Initial)  
CASTOR FOR CONGRESS

Mailing Address P.O. Box 5419

City Tampa State FL Zip Code 33675

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: FL District: 11

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.117934

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
CHANDLER FOR CONGRESS

Mailing Address P.O. Box 12678

City Lexington State KY Zip Code 40583-2678

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: KY District: 06

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.117935

Date of Disbursement

10 / 27 / 2008

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)

PAGE 622 / 674

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)

CHARLES A. GONZALEZ CONGRESSIONAL CAMPAIGN

Mailing Address P.O. Box 12612

City State Zip Code  
San Antonio TX 78212

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: TX District: 20

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.117937

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

CHARLIE MELANCON CAMPAIGN COMMITTEE

Mailing Address P.O. Box 549

City State Zip Code  
Napoleonville LA 70390

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: LA District: 03

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.117938

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

CITIZENS FOR CALLAHAN

Mailing Address 820 S.W. Adams

City State Zip Code  
Peoria IL 61602

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: IL District: 18

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.117939

Date of Disbursement

10 / 16 / 2008

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)

PAGE 623 / 674

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

## **A.** Full Name (Last, First, Middle Initial) CITIZENS FOR JOHN OLVER FOR CONGRESS

Mailing Address P.O. Box 819

City Amherst State MA Zip Code 01004-0000

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MA District: 01

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.117940

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

## **B.** Full Name (Last, First, Middle Initial) CLEAVER FOR CONGRESS

Mailing Address 4801 Main Street  
Suite 1000

City Kansas City State MO Zip Code 64112

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MO District: 05

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.117941

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

## **C.** Full Name (Last, First, Middle Initial) COHEN FOR CONGRESS

Mailing Address 707 Adams Avenue

City Memphis State TN Zip Code 38105

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: TN District: 09

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.117944

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3500.00

**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 624 / 674

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)

COMMITTEE TO ELECT ALAN GRAYSON

Mailing Address P.O. Box 532074

City Orlando State FL Zip Code 32853

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
State: FL District: 08  
Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.117945

Date of Disbursement

10 / 16 / 2008

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

COMMITTEE TO ELECT DAVID BOSWELL TO CONGRESS

Mailing Address 743 E. Broadway  
Suite 251

City Louisville State KY Zip Code 40202

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
State: KY District: 02  
Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.117942

Date of Disbursement

10 / 16 / 2008

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

COMMITTEE TO ELECT DAVID BOSWELL TO CONGRESS

Mailing Address 743 E. Broadway  
Suite 251

City Louisville State KY Zip Code 40202

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
State: KY District: 02  
Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.117943

Date of Disbursement

10 / 21 / 2008

Amount of Each Disbursement this Period

2500.00

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 625 / 674

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

COMMITTEE TO ELECT GARY L. ACKERMAN

Mailing Address 100 Jericho Quadrangle  
#233

City Jericho State NY Zip Code 11753

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 05

Transaction ID: SB23.117946

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

COMMITTEE TO ELECT LARRY JOE DOHERTY

Mailing Address P.O. Box 27170

City Austin State TX Zip Code 78755

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 10

Transaction ID: SB23.117947

Date of Disbursement

10 / 21 / 2008

Amount of Each Disbursement this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

COMMITTEE TO ELECT LINCOLN DAVIS

Mailing Address P.O. Box 87

City Mc Minnville State TN Zip Code 37111

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TN District: 04

Transaction ID: SB23.117948

Date of Disbursement

10 / 27 / 2008

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)

PAGE 626 / 674

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)

COMMITTEE TO RE-ELECT CONGRESSMAN CHRIS SMITH

Mailing Address P.O. Box 3184

City  
Hamilton

State  
NJ

Zip Code  
08619-0000

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ District: 04

Transaction ID: SB23.117949

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

COMMITTEE TO RE-ELECT LORETTA SANCHEZ

Mailing Address 604 S. Harbor Blvd.

City  
Santa Ana

State  
CA

Zip Code  
92704

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 47

Transaction ID: SB23.117950

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

CONGRESSMAN BART GORDON COMMITTEE

Mailing Address P.O. Box 2008

City  
Murfreesboro

State  
TN

Zip Code  
37133

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TN District: 06

Transaction ID: SB23.117951

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 627 / 674

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

COSTELLO FOR CONGRESS COMMITTEE

Mailing Address P.O. Box 8250

City Belleville State IL Zip Code 62222

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 12

Transaction ID: SB23.117952

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

CRAVINS FOR CONGRESS

Mailing Address 2448 Johnston Street  
Suite C

City Lafayette State LA Zip Code 70503

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: LA District: 07

Transaction ID: SB23.117953

Date of Disbursement

10 / 16 / 2008

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

DAVE WU FOR CONGRESS

Mailing Address 818 SW 3rd Avenue  
#1182

City Portland State OR Zip Code 97204

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OR District: 01

Transaction ID: SB23.117954

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

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 628 / 674

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.** Full Name (Last, First, Middle Initial)  
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

State: FL District: 20

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.117955

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
DEFAZIO FOR CONGRESS

Mailing Address P.O. Box 1316

City Springfield State OR Zip Code 97477

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: OR District: 04

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.117956

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
DELAHUNT FOR CONGRESS COMMITTEE

Mailing Address 333 Victory Road

City Quincy State MA Zip Code 02171-0000

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MA District: 10

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.117957

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 629 / 674

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

<b>A.</b> Full Name (Last, First, Middle Initial) <b>DELAWARE DEMOCRATIC PARTY - FEDERAL ACCOUNT</b>		<b>Transaction ID:</b> SB23.117877 <b>Date of Disbursement</b> <div> <div>10</div> <div>16</div> <div>2008</div> </div>	
Mailing Address P. O. Box 2065		Amount of Each Disbursement this Period <div>5000.00</div>	
City Wilmington	State DE		Zip Code 19899
Purpose of Disbursement Contribution-PAC			<div>011</div> Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>DEMOCRATIC PARTY OF GEORGIA - FEDERAL ACCOUNT</b>		<b>Transaction ID:</b> SB23.118094 <b>Date of Disbursement</b> <div> <div>11</div> <div>07</div> <div>2008</div> </div>	
Mailing Address 1100 Spring Street Suite 408		Amount of Each Disbursement this Period <div>5000.00</div>	
City Atlanta	State GA		Zip Code 30309
Purpose of Disbursement Contribution-General 2008			<div>011</div> Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>DEMOCRATS WIN SEATS PAC</b>		<b>Transaction ID:</b> SB23.118044 <b>Date of Disbursement</b> <div> <div>10</div> <div>31</div> <div>2008</div> </div>	
Mailing Address P.O. Box 71147		Amount of Each Disbursement this Period <div>2500.00</div>	
City Washington	State DC		Zip Code 20024
Purpose of Disbursement Contribution-PAC			<div>011</div> Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other		

SUBTOTAL of Disbursements This Page (optional) .....

12500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 630 / 674

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.** Full Name (Last, First, Middle Initial)  
DENNIS CARDOZA FOR CONGRESS

Mailing Address P.O. Box 2749

City Merced State CA Zip Code 95344

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 18

Transaction ID: SB23.117959

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
DIANA DEGETTE FOR US CONGRESS

Mailing Address P.O. Box 61337

City Denver State CO Zip Code 80206-8337

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CO District: 01

Transaction ID: SB23.117960

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
DOGETT FOR US CONGRESS

Mailing Address P.O. Box 5843

City Austin State TX Zip Code 78763

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 25

Transaction ID: SB23.117961

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**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 631 / 674

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.** Full Name (Last, First, Middle Initial)  
EDDIE BERNICE JOHNSON FOR CONGRESS

Mailing Address 3102 Maple Avenue  
Suite 605

City Dallas State TX Zip Code 75201-1223

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: TX District: 30

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.117962

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
ENGEL FOR CONGRESS

Mailing Address 462 California Road

City Bronxville State NY Zip Code 10708

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NY District: 17

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.117963

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
FRANKEN RECOUNT FUND

Mailing Address P.O. Box 583144

City Minneapolis State MN Zip Code 55458

Purpose of Disbursement  
Contribution-General 2008 (Recount)

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: WA District: 07

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

Recount

Transaction ID: SB23.118097

Date of Disbursement

11 / 07 / 2008

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)

PAGE 632 / 674

<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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID</p> <p>Mailing Address 1325 E. Vegas Valley Drive Suite C</p> <p>City Las Vegas State NV Zip Code 89109</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NV District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.117918</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) FRIENDS OF CHRIS DODD</p> <p>Mailing Address P.O. Box 270701</p> <p>City West Hartford State CT Zip Code 06127-0000</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CT District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.117920</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) FRIENDS OF FARR</p> <p>Mailing Address P.O. Box 122</p> <p>City Monterey State CA Zip Code 93942</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 17</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.117964</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p>

**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 633 / 674

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)

FRIENDS OF GLENN NYE

Mailing Address P.O. Box 68444

City  
Virginia Beach

State  
VA

Zip Code  
23471

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: VA District: 02

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.117965

Date of Disbursement

10 / 16 / 2008

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

FRIENDS OF GLENN NYE

Mailing Address P.O. Box 68444

City  
Virginia Beach

State  
VA

Zip Code  
23471

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: VA District: 02

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.117966

Date of Disbursement

10 / 21 / 2008

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

FRIENDS OF JANE HARMAN

Mailing Address P.O. Box 96

City  
Torrance

State  
CA

Zip Code  
90507

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 36

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.117967

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

6000.00

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 634 / 674

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)

FRIENDS OF JIM OBERSTAR

Mailing Address 222 West First Street

City Duluth State MN Zip Code 55802

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MN District: 08

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.117968

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

FRIENDS OF JOE BACA

Mailing Address 555 Capitol Mall  
Suite 1425

City Sacramento State CA Zip Code 95814-0000

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 43

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.117969

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

FRIENDS OF JOHN CONYERS

Mailing Address 1831 Bay Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MI District: 14

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.117971

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

2000.00

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)

PAGE 635 / 674

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

FRIENDS OF LOIS CAPPS

Mailing Address P.O. Box 23940

City  
Santa Barbara

State  
CA

Zip Code  
93121

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 23

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.117972

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

FRIENDS OF MAURICE HINCHEY

Mailing Address P.O. Box 4497

City  
Kingston

State  
NY

Zip Code  
12402

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NY District: 22

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.117973

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

FRIENDS OF MAZIE HIRONO

Mailing Address P.O. Box 677

City  
Honolulu

State  
HI

Zip Code  
96809

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: HI District: 02

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.117974

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 636 / 674

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

FRIENDS OF ROSA DELAURO

Mailing Address 49 Huntington Street

City  
New Haven

State  
CT

Zip Code  
06511-0000

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CT District: 03

Transaction ID: SB23.117975

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

GENE GREEN CONGRESSIONAL CAMPAIGN

Mailing Address P.O. Box 16128

City  
Houston

State  
TX

Zip Code  
77222

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 29

Transaction ID: SB23.117976

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

GLACIER PAC

Mailing Address 818 Connecticut Avenue NW  
Suite 1009

City  
Washington

State  
DC

Zip Code  
20006

Purpose of Disbursement  
Contribution-PAC

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Transaction ID: SB23.117878

Date of Disbursement

10 / 16 / 2008

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 638 / 674

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)

ILLINOIS VICTORY 2008

Mailing Address 709 North Ave.

City  
Waukegan

State  
IL

Zip Code  
60085

Purpose of Disbursement  
Contribution-PAC

Candidate Name

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Other

Transaction ID: SB23.117880

Date of Disbursement

10 / 20 / 2008

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

IMPACT

Mailing Address 509 Madison Avenue  
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: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Other

Transaction ID: SB23.117881

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

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: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Other

Transaction ID: SB23.117882

Date of Disbursement

10 / 21 / 2008

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)

PAGE 639 / 674

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)

INSLEE FOR CONGRESS

Mailing Address P.O. 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: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WA District: 01

Transaction ID: SB23.117980

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

JESSE L. JACKSON, JR. FOR CONGRESS COMMITTEE

Mailing Address P.O. Box 49286

City  
Chicago

State  
IL

Zip Code  
60649

Purpose of Disbursement  
Contribution

Candidate Name

011

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 02

Transaction ID: SB23.117982

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

JILL MORGENTHALER FOR CONGRESS

Mailing Address 236 E. Army Trail Road

City  
Glendale Heights

State  
IL

Zip Code  
60139

Purpose of Disbursement  
Contribution

Candidate Name

011

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 06

Transaction ID: SB23.117983

Date of Disbursement

10 / 16 / 2008

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)

PAGE 640 / 674

<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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>JIM COSTA FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.117984 <b>Date of Disbursement</b>																				
Mailing Address 2037 West Bullard Suite 355	<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>1</td><td>0</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	7		2	0	0	8												
City Fresno State CA Zip Code 93711-1200	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution Candidate Name	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 20	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type: 011																					
<b>B.</b> Full Name (Last, First, Middle Initial) <b>JIM ESCH FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.117985 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 241117	<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>1</td><td>0</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	6		2	0	0	8												
City Omaha State NE Zip Code 68124	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution Candidate Name	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 02	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type: 011																					
<b>C.</b> Full Name (Last, First, Middle Initial) <b>JIM ESCH FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.117986 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 241117	<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>1</td><td>0</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	1		2	0	0	8												
City Omaha State NE Zip Code 68124	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution Candidate Name	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 02	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type: 011																					

**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 641 / 674

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.** Full Name (Last, First, Middle Initial)  
JOHN SALAZAR FOR CONGRESS

Mailing Address 307 N. Santa Fe

City Pueblo State CO Zip Code 81003

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CO District: 03

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.117988

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
JOSHUA SEGALL FOR CONGRESS

Mailing Address 444 S. Decatur Street

City Montgomery State AL Zip Code 36103-4236

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: AL District: 03

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.117989

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

5000.00

**C.** Full Name (Last, First, Middle Initial)  
KATHY DAHLKEMPER FOR CONGRESS

Mailing Address 1921 W. 8th Street

City Erie State PA Zip Code 16505

Purpose of Disbursement  
Contribution - Primary Debt

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: PA District: 03

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.118066

Date of Disbursement

10 / 28 / 2008

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

11000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 642 / 674

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

KETNER FOR CONGRESS

Mailing Address P.O. Box 277

City  
Charleston

State  
SC

Zip Code  
29402

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: SC District: 01

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.117990

Date of Disbursement

10 / 21 / 2008

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

KILDEE FOR CONGRESS

Mailing Address P.O. Box 317

City  
Flint

State  
MI

Zip Code  
48501-0000

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MI District: 05

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.117991

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

KILPATRICK FOR UNITED STATES CONGRESS

Mailing Address P.O. Box 32175

City  
Detroit

State  
MI

Zip Code  
48232

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MI District: 13

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.117992

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**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 643 / 674

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

LANGEVIN FOR CONGRESS

Mailing Address 181-A Knight Street

City  
Warwick

State  
RI

Zip Code  
02886-0000

Purpose of Disbursement  
Contribution

Candidate Name

011

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: RI District: 02

Transaction ID: SB23.118028

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

LARSON FOR CONGRESS

Mailing Address P. O. Box 261172

City  
Hartford

State  
CT

Zip Code  
06126

Purpose of Disbursement  
Contribution

Candidate Name

011

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CT District: 01

Transaction ID: SB23.118029

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

LAURA RICHARDSON FOR CONGRESS

Mailing Address P.O. Box 50080

City  
Long Beach

State  
CA

Zip Code  
90815

Purpose of Disbursement  
Contribution

Candidate Name

011

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 37

Transaction ID: SB23.118030

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**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 644 / 674

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)

LEVIN FOR CONGRESS

Mailing Address 230 North Avenue

City State Zip Code  
Mount Clemens MI 48043

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
State: MI District: 12

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.118031

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

LIPINSKI FOR CONGRESS COMMITTEE

Mailing Address 4501 Grand

City State Zip Code  
Western Springs IL 60558

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
State: IL District: 03

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.118032

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

LOBIONDO FOR CONGRESS

Mailing Address P.O. Box 550

City State Zip Code  
Vineland NJ 08362-0000

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
State: NJ District: 02

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.118033

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 645 / 674

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

LOEBSACK FOR CONGRESS

Mailing Address P.O. Box 1457

City Iowa City State IA Zip Code 52244

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IA District: 02

Transaction ID: SB23.118034

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

LOUISE SLAUGHTER RE-ELECTION COMMITTEE

Mailing Address P.O. Box 730

City Honeoye State NY Zip Code 14471

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 28

Transaction ID: SB23.118035

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

LOUISIANA DEMOCRATIC PARTY - FEDERAL ACCOUNT

Mailing Address 701 Government Street

City Baton Rouge State LA Zip Code 70802

Purpose of Disbursement  
Contribution-PAC

Candidate Name

011  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Transaction ID: SB23.117883

Date of Disbursement

10 / 16 / 2008

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 646 / 674

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)

MALONEY FOR CONGRESS

Mailing Address 24 East 93rd Street  
Suite 1B

City New York State NY Zip Code 10128

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NY District: 14

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.118036

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

MARTIN FOR SENATE

Mailing Address P.O. Box 7219

City Atlanta State GA Zip Code 30357

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

State: GA District: 00

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.117914

Date of Disbursement

10 / 16 / 2008

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

MARTIN FOR SENATE

Mailing Address P.O. Box 7219

City Atlanta State GA Zip Code 30357

Purpose of Disbursement  
Contribution-(Primary Debt)

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

State: GA District: 00

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.117915

Date of Disbursement

10 / 21 / 2008

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) .....

11000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 647 / 674

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<b>A.</b> Full Name (Last, First, Middle Initial) MARTIN VICTORY FUND Mailing Address P.O. Box 7219	<b>Transaction ID:</b> SB23.118096 <b>Date of Disbursement</b> <div> <div>11</div> <div>07</div> <div>2008</div> </div>
City Atlanta State GA Zip Code 30357 Purpose of Disbursement Contribution-General 2008 (Recount) Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 00 Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount	<b>Amount of Each Disbursement this Period</b> <div>5000.00</div> <div>011</div> Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) MATSUI FOR CONGRESS Mailing Address P.O. Box 1738 City Sacramento State CA Zip Code 95812 Purpose of Disbursement Contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 05 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.118037 <b>Date of Disbursement</b> <div> <div>10</div> <div>27</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1000.00</div> <div>011</div> Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) MEL WATT FOR CONGRESS COMMITTEE Mailing Address P.O. Box 36831 City Charlotte State NC Zip Code 28236 Purpose of Disbursement Contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 12 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.118038 <b>Date of Disbursement</b> <div> <div>10</div> <div>27</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1000.00</div> <div>011</div> Category/ Type

**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 648 / 674

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

MICHAUD FOR CONGRESS

Mailing Address 213 Lisbon Street

City  
Lewiston

State  
ME

Zip Code  
04240-0000

Purpose of Disbursement  
Contribution

Candidate Name

011

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: ME District: 02

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.118039

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

MIKE HONDA FOR CONGRESS

Mailing Address P.O. Box 110188

City  
Campbell

State  
CA

Zip Code  
95011

Purpose of Disbursement  
Contribution

Candidate Name

011

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 15

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.118040

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

MIKE ROSS FOR CONGRESS COMMITTEE

Mailing Address P.O. Box 360

City  
Prescott

State  
AR

Zip Code  
71857-0360

Purpose of Disbursement  
Contribution

Candidate Name

011

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: AR District: 04

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.118041

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**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 649 / 674

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

MINNESOTA DFL PARTY - FEDERAL ACCOUNT

Mailing Address 255 East Plato Blvd.

City  
Saint Paul

State  
MN

Zip Code  
55107

Purpose of Disbursement  
Contribution-General 2008 (Recount)

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Recount

State: District:

Transaction ID: SB23.118095

Date of Disbursement

11 / 07 / 2008

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

MINNICK FOR CONGRESS

Mailing Address 8150 W Emerald  
Suite 170

City  
Boise

State  
ID

Zip Code  
83704

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: ID District: 01

Transaction ID: SB23.118042

Date of Disbursement

10 / 16 / 2008

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

MINNICK FOR CONGRESS

Mailing Address 8150 W Emerald  
Suite 170

City  
Boise

State  
ID

Zip Code  
83704

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: ID District: 01

Transaction ID: SB23.118043

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

8000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 650 / 674

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.** Full Name (Last, First, Middle Initial)  
MONTAGANO FOR CONGRESS

Mailing Address P.O. Box 615

City Goshen State IN Zip Code 46527-0615

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: IN District: 03

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.118046

Date of Disbursement

10 / 16 / 2008

Amount of Each Disbursement this Period

2500.00

**B.** Full Name (Last, First, Middle Initial)  
MONTAGANO FOR CONGRESS

Mailing Address P.O. Box 615

City Goshen State IN Zip Code 46527-0615

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: IN District: 03

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.118047

Date of Disbursement

10 / 21 / 2008

Amount of Each Disbursement this Period

2500.00

**C.** Full Name (Last, First, Middle Initial)  
MOORE FOR CONGRESS

Mailing Address P.O. Box 14631

City Shawney Mission State KS Zip Code 66285

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: KS District: 03

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.118048

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

6000.00

**TOTAL** This Period (last page this line number only) .....

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

1000.00

1000.00

4000.00

FEC Schedule B ( Form 3X) (Revised 02/2003)

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 652 / 674

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**Full Name (Last, First, Middle Initial)  
NADLER FOR CONGRESS INC.Mailing Address Village Station  
P.O. Box 40

City New York State NY Zip Code 10014

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 08

Transaction ID: SB23.118051

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

**B.**Full Name (Last, First, Middle Initial)  
NAPOLITANO FOR CONGRESSMailing Address 555 Capitol Mall  
Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 38

Transaction ID: SB23.118052

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

**C.**Full Name (Last, First, Middle Initial)  
NEIL ABERCROMBIE FOR CONGRESSMailing Address 1050 Ala Moana Boulevard  
Suite D28

City Honolulu State HI Zip Code 96814

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: HI District: 01

Transaction ID: SB23.118053

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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 653 / 674

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

NEW MILLENIUM PAC

Mailing Address P.O. Box 632

City

Union City

State

NJ

Zip Code

07087-0000

Purpose of Disbursement

Contribution-PAC

Candidate Name

011

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

2008

☐ Primary

☐ General

☒ Other (specify) ▼

State:

District:

Other

Transaction ID: SB23.117884

Date of Disbursement

10 / 16 / 2008

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

NICK LEIBHAM FOR CONGRESS

Mailing Address 2240 Encinitas Blvd.  
Suite D-111

City

Encinitas

State

CA

Zip Code

92024

Purpose of Disbursement

Contribution

Candidate Name

011

Category/  
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2008

☐ Primary

☒ General

☐ Other (specify) ▼

State: CA

District: 50

Transaction ID: SB23.118054

Date of Disbursement

10 / 21 / 2008

Amount of Each Disbursement this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

NITA LOWEY FOR CONGRESS

Mailing Address P.O. Box 271

City

White Plains

State

NY

Zip Code

10605

Purpose of Disbursement

Contribution

Candidate Name

011

Category/  
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2008

☐ Primary

☒ General

☐ Other (specify) ▼

State: NY

District: 18

Transaction ID: SB23.118055

Date of Disbursement

10 / 27 / 2008

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)

PAGE 654 / 674

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)

NODAK PAC

Mailing Address P. O. Box 75214

City  
Washington

State  
DC

Zip Code  
20013

Purpose of Disbursement  
Contribution-PAC

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Other

Transaction ID: SB23.117885

Date of Disbursement

10 / 16 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

NODAK PAC

Mailing Address P. O. Box 75214

City  
Washington

State  
DC

Zip Code  
20013

Purpose of Disbursement  
Contribution-PAC

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Other

Transaction ID: SB23.117886

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

4000.00

C.

Full Name (Last, First, Middle Initial)

NORTH CAROLINA DEMOCRATIC PARTY - FEDERAL ACCOUNT

Mailing Address 220 Hillsborough Street

City  
Raleigh

State  
NC

Zip Code  
27603

Purpose of Disbursement  
Contribution-PAC

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Other

Transaction ID: SB23.117887

Date of Disbursement

10 / 16 / 2008

Amount of Each Disbursement this Period

2500.00

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)

PAGE 655 / 674

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

PALLONE FOR CONGRESS

Mailing Address P.O. Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President  
State: NJ District: 06

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.118056

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

PASCRELL FOR CONGRESS INC.

Mailing Address P.O. Box 640

City Totowa State NJ Zip Code 07511-0000

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President  
State: NJ District: 08

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.118057

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

PASTOR FOR ARIZONA COMMITTEE

Mailing Address P.O. Box 1978

City Phoenix State AZ Zip Code 85001

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President  
State: AZ District: 04

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.118058

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 656 / 674

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

<b>A.</b> Full Name (Last, First, Middle Initial) PAYNE FOR CONGRESS	<b>Transaction ID:</b> SB23.118059 <b>Date of Disbursement</b>																				
Mailing Address 1924 Oakwood Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	7		2	0	0	8												
City Temple Hills State MD Zip Code 20748	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 10	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) PERRIELLO FOR CONGRESS	<b>Transaction ID:</b> SB23.118104 <b>Date of Disbursement</b>																				
Mailing Address P. O. Box 306	<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>1</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	0		2	0	0	8												
City Ivy State VA Zip Code 22945	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution GENERAL DEBT	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) PETERSON FOR CONGRESS	<b>Transaction ID:</b> SB23.118061 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 265	<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>1</td><td>0</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	7		2	0	0	8												
City Detroit Lakes State MN Zip Code 56502	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 07	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional) .....

8000.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 657 / 674

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

PETE STARK RE-ELECTION COMMITTEE

Mailing Address P.O. Box 8331

City  
FreemontState  
CAZip Code  
94537Purpose of Disbursement  
Contribution

Candidate Name

011

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 13

Transaction ID: SB23.118060

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	8

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

ROBERT WEXLER FOR CONGRESS COMMITTEE

Mailing Address P.O. Box 810669

City  
Boca RatonState  
FLZip Code  
33481Purpose of Disbursement  
Contribution

Candidate Name

011

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 19

Transaction ID: SB23.118062

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	8

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

RUSH HOLT FOR CONGRESS

Mailing Address P. O. BOX 782

City  
PenningtonState  
NJZip Code  
08534Purpose of Disbursement  
Contribution

Candidate Name

011

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District: 12

Transaction ID: SB23.118106

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	0		2	0	0	8

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

# **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 659 / 674

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.** Full Name (Last, First, Middle Initial)  
SHEILA JACKSON-LEE FOR CONGRESS

Mailing Address 4412 Almeda Road

City Houston State TX Zip Code 77004

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President  
 Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 18

Transaction ID: SB23.118070

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
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: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 27

Transaction ID: SB23.118071

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

2000.00

**C.** Full Name (Last, First, Middle Initial)  
SPRATT FOR CONGRESS COMMITTEE

Mailing Address P.O. Box 10986

City Rock Hill State SC Zip Code 29731

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President  
 Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: SC District: 05

Transaction ID: SB23.118072

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

2500.00

**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)

PAGE 660 / 674

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)

STEPHEN F. LYNCH FOR CONGRESS COMMITTEE

Mailing Address 88 Black Falcon Avenue  
Suite 246

City Boston State MA Zip Code 02210-0000

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MA District: 09

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.118073

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

STEVE ROTHMAN FOR NEW JERSEY INC.

Mailing Address P.O. Box 714

City Hackensack State NJ Zip Code 07602

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NJ District: 09

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.118074

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

TEXANS FOR HENRY CUELLAR CONGRESSIONAL CAMPAIGN

Mailing Address 1519 Washington Street  
Suite 200

City Laredo State TX Zip Code 78042

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: TX District: 28

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.118075

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

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 661 / 674

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)

THE COMMITTEE TO RE-ELECT ARTUR DAVIS TO CONGRESS

Mailing Address P.O. Box 1845

City  
Birmingham

State  
AL

Zip Code  
35201-1845

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: AL District: 07

Transaction ID: SB23.118077

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

THE MESABI FUND

Mailing Address P. O. Box 7853

City  
Washington

State  
DC

Zip Code  
20044-7853

Purpose of Disbursement  
Contribution-PAC

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Other

Transaction ID: SB23.117888

Date of Disbursement

10 / 16 / 2008

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

THE NIKI TSONGAS COMMITTEE

Mailing Address 26 Market Street

City  
Lowell

State  
MA

Zip Code  
01852

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MA District: 05

Transaction ID: SB23.118078

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

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 662 / 674

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.** Full Name (Last, First, Middle Initial)  
THE REYES COMMITTEE, INC.

Mailing Address 1011 Montana

City State Zip Code  
El Paso TX 79902

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: TX District: 16

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.118079

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
TIM RYAN FOR CONGRESS

Mailing Address 1600 Roosevelt Avenue

City State Zip Code  
Niles OH 44446

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: OH District: 17

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.118080

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
TINKLENBERG FOR CONGRESS

Mailing Address 9380 Central Avenue NE

City State Zip Code  
Blaine MN 55434

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MN District: 06

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.118082

Date of Disbursement

10 / 21 / 2008

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)

PAGE 663 / 674

<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

<b>A.</b> Full Name (Last, First, Middle Initial) TOM PAC Mailing Address P.O. Box 752	<b>Transaction ID:</b> SB23.117889 <b>Date of Disbursement</b> <div> <div>10</div> <div>16</div> <div>2008</div> </div>
City Des Moines State IA Zip Code 50311 Purpose of Disbursement Contribution-PAC Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</div> <div>State: District: Other</div> </div> <div>011 Category/Type</div>	<b>Amount of Each Disbursement this Period</b> <div>2500.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) TRAUNER FOR CONGRESS Mailing Address P.O. Box 1154 City Wilson State WY Zip Code 83014 Purpose of Disbursement Contribution Candidate Name <div> <div>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: WY District: 00</div> </div> <div>011 Category/Type</div>	<b>Transaction ID:</b> SB23.118085 <b>Date of Disbursement</b> <div> <div>10</div> <div>31</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2000.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) VALLEY PAC Mailing Address 26192 Floyd Lake Point Road City Detroit Lakes State MN Zip Code 56501 Purpose of Disbursement Contribution-PAC Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</div> <div>State: District: Other</div> </div> <div>011 Category/Type</div>	<b>Transaction ID:</b> SB23.117890 <b>Date of Disbursement</b> <div> <div>10</div> <div>16</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1500.00</div>
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<div>6000.00</div>
<b>TOTAL</b> 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 664 / 674

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

VINE 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

State: District:

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

Other

Transaction ID: SB23.117891

Date of Disbursement

10 / 16 / 2008

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

VISCLOSKY FOR CONGRESS

Mailing Address P.O. Box 10003

City Merrillville State IN Zip Code 46411

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: IN District: 01

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.118083

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM JEFFERSON FOR CONGRESS

Mailing Address 650 Poydras Street  
Suite 2245

City New Orleans State LA Zip Code 70130

Purpose of Disbursement  
Contribution-Primary Runoff

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: LA District: 02

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

Runoff

Transaction ID: SB23.118067

Date of Disbursement

10 / 28 / 2008

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)

PAGE 665 / 674

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)

WULSIN FOR CONGRESS

Mailing Address 1080 Nimitzview Drive

City  
Cincinnati

State  
OH

Zip Code  
45230

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: OH District: 02

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.118084

Date of Disbursement

10 / 16 / 2008

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) .....

2500.00

TOTAL This Period (last page this line number only) .....

304000.00

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 666 / 674

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

Transaction ID: SC/10.117185

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
AMALGAMATED BANK

Election:

- ☐ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 275 7th Avenue

City New York

State NY

ZIP Code 10001

Original Amount of Loan

2000000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2000000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
1 0D D  
0 2Y Y Y Y  
2 0 0 8

12/31/2009

6.00

% (apr)

☒ Yes ☐ 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:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

2000000.00

**TOTALS** This Period (last page in this line only) ▶

.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 C (FEC Form 3X)**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 667 / 674

FOR LINE 13 OF FORM 3X

**LOANS**

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

Transaction ID: SC/10.117186

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
AMALGAMATED BANK

Election:

- ☐ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 275 7th Avenue

City New York

State NY

ZIP Code 10001

Original Amount of Loan

3000000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

3000000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
1 0D D  
1 4Y Y Y Y  
2 0 0 8

12/31/2009

6.00 % (apr)

☒ Yes ☐ 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:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

3000000.00

**TOTALS** This Period (last page in this line only) ▶

5000000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 668 / 674

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES PEOPLE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px;">C C00011114</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee ADELSTEIN LISTON		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D 2 0</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 0 8</div> </div>	
Mailing Address 222 West Ontario Street Suite 600		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">535000.00</div>	
City State Zip Code Chicago IL 60610		<b>Transaction ID:</b> SE.115931	
Purpose of Expenditure Media Buy- TV Ads (NH)		Office Sought: <input type="checkbox"/> House State: NH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JOHN SUNUNU		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">535000.00</div>		2008	

  

Full Name (Last, First, Middle, Initial) of Payee ADELSTEIN LISTON		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D 2 0</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 0 8</div> </div>	
Mailing Address 222 West Ontario Street Suite 600		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">14950.00</div>	
City State Zip Code Chicago IL 60610		<b>Transaction ID:</b> SE.116359	
Purpose of Expenditure Production Costs (NH)		Office Sought: <input type="checkbox"/> House State: NH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JOHN SUNUNU		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">549950.00</div>		2008	

  

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px;">549950.00</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>
<b>(c) TOTAL</b> Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

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.

WILLIAM LUCY

Signature

Date

M 1 2

D 0 4

Y 2 0 0 8

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 669 / 674

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES PEOPLE		<b>FEC IDENTIFICATION NUMBER</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00011114         </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee ADELSTEIN LISTON		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D 2 7</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 0 8</div> </div>	
Mailing Address 222 West Ontario Street Suite 600		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">642000.00</div>	
City State Zip Code Chicago IL 60610		<b>Transaction ID:</b> SE.117869	
Purpose of Expenditure Media Buy- TV Ads (NH)		Office Sought: <input checked="" type="checkbox"/> House State: NH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JOHN SUNUNU		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1191950.00</div>		2008	

  

Full Name (Last, First, Middle, Initial) of Payee AFSCME DISTRICT COUNCIL 37		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D 3 1</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 0 8</div> </div>	
Mailing Address 125 Barclay Street		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">21267.00</div>	
City State Zip Code New York NY 10007		<b>Transaction ID:</b> SE.118024	
Purpose of Expenditure GOTV-(NY)		Office Sought: <input type="checkbox"/> House State: NY <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA (NY)		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">21267.00</div>		2008	

  

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px;">663267.00</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>
<b>(c) TOTAL</b> Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

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.

**WILLIAM LUCY**

Signature

Date

M 1 2

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Y 2 0 0 8

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 670 / 674

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES PEOPLE		<b>FEC IDENTIFICATION NUMBER</b> <div style="border: 1px solid black; padding: 2px;">C C00011114</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee BYNUM THOMPSON RYER		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 3 1</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 2120 L. Street NW #305		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4375.00</div>	
City State Zip Code Washington DC 20037		<b>Transaction ID:</b> SE.117999	
Purpose of Expenditure Print Ad-Literature Piece (MD)		Office Sought: <input type="checkbox"/> House State: MD <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> Presidential	
Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA (MD)		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">4375.00</div>		2008	

  

Full Name (Last, First, Middle, Initial) of Payee THE CAMPAIGN GROUP		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 1 6</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 1600 Locust Street		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1551000.00</div>	
City State Zip Code Philadelphia PA 19103		<b>Transaction ID:</b> SE.115929	
Purpose of Expenditure Media Buy- TV Ads Production Costs(WI)		Office Sought: <input type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> Presidential	
Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JOHN MCCAIN(WI)		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1551000.00</div>		2008	

  

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px;">155375.00</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; height: 20px;"></div>
<b>(c) TOTAL</b> Independent Expenditures .....	<div style="border: 1px solid black; height: 20px;"></div>

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.

WILLIAM LUCY

Signature

Date

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# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 671 / 674

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES PEOPLE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px;">C C00011114</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee THE CAMPAIGN GROUP		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 1 7</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 1600 Locust Street		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">730000.00</div>	
City State Zip Code Philadelphia PA 19103		<b>Transaction ID:</b> SE.115930	
Purpose of Expenditure Media Buy- TV Ads Production Costs(NM)		Office Sought: <input type="checkbox"/> House State: NM <input checked="" type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> Presidential	
Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JOHN MCCAIN(NM)		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">730000.00</div>		2008	

  

Full Name (Last, First, Middle, Initial) of Payee THE CAMPAIGN GROUP		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 3 1</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 1600 Locust Street		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">100000.00</div>	
City State Zip Code Philadelphia PA 19103		<b>Transaction ID:</b> SE.117994	
Purpose of Expenditure Media Buy/Production Costs (KY)		Office Sought: <input type="checkbox"/> House State: KY <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: MITCH MCCONNELL (KY)		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">100000.00</div>		2008	

  

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px;">830000.00</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; height: 20px;"></div>
<b>(c) TOTAL</b> Independent Expenditures .....	<div style="border: 1px solid black; height: 20px;"></div>

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.

**WILLIAM LUCY**

Signature

Date

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# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 672 / 674

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES PEOPLE		<b>FEC IDENTIFICATION NUMBER</b> <div style="border: 1px solid black; padding: 2px;">C C00011114</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee THE MCINTOSH FILES LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 3 1</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 3957 Cloverhill Road		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3868.45</div>	
City State Zip Code Baltimore MD 21218		<b>Transaction ID:</b> SE.118008	
Purpose of Expenditure Print Ad-Literature Piece (MD)		Office Sought: <input type="checkbox"/> House State: MD <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> Presidential	
Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA (MD)		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">8243.45</div>		2008	

  

Full Name (Last, First, Middle, Initial) of Payee THE MCINTOSH FILES LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 3 1</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 3957 Cloverhill Road		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">138.89</div>	
City State Zip Code Baltimore MD 21218		<b>Transaction ID:</b> SE.118009	
Purpose of Expenditure Print Ad-Literature Piece (MD)		Office Sought: <input checked="" type="checkbox"/> House State: MD <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: FRANK KRATOVIL (MD)		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">138.89</div>		2008	

  

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px;">4007.34</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<b>(c) TOTAL</b> Independent Expenditures .....	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

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.

**WILLIAM LUCY**

Signature

Date

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# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 673 / 674

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES PEOPLE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px;">C C00011114</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee THE MCINTOSH FILES LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 3 1</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 3957 Cloverhill Road		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">370.37</div>	
City State Zip Code Baltimore MD 21218		<b>Transaction ID:</b> SE.118010	
Purpose of Expenditure Print Ad-Literature Piece (MD)		Office Sought: <input checked="" type="checkbox"/> House State: MD <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: C.A. RUPPERSBERGER (MD)		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">370.37</div>		2008	

  

Full Name (Last, First, Middle, Initial) of Payee THE MCINTOSH FILES LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 3 1</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 3957 Cloverhill Road		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">512.96</div>	
City State Zip Code Baltimore MD 21218		<b>Transaction ID:</b> SE.118011	
Purpose of Expenditure Print Ad-Literature Piece (MD)		Office Sought: <input checked="" type="checkbox"/> House State: MD <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JOHN SARBANES (MD)		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">512.96</div>		2008	

  

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px;">883.33</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; height: 20px;"></div>
<b>(c) TOTAL</b> Independent Expenditures .....	<div style="border: 1px solid black; height: 20px;"></div>

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.

WILLIAM LUCY

Signature

Date

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# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 674 / 674

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES PEOPLE		FEC IDENTIFICATION NUMBER <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 THE MCINTOSH FILES LLC		Date MM / DD / YYYY 10 / 31 / 2008	
Mailing Address 3957 Cloverhill Road		Amount 975.93	
City State Zip Code Baltimore MD 21218		Transaction ID: SE.118012	
Purpose of Expenditure Print Ad-Literature Piece (MD)		Office Sought: <input checked="" type="checkbox"/> House State: MD <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JENNIFER DOUGHERTY (MD)		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 975.93		2008	
Full Name (Last, First, Middle, Initial) of Payee THE MCINTOSH FILES LLC		Date MM / DD / YYYY 10 / 31 / 2008	
Mailing Address 3957 Cloverhill Road		Amount 512.96	
City State Zip Code Baltimore MD 21218		Transaction ID: SE.118013	
Purpose of Expenditure Print Ad-Literature Piece (MD)		Office Sought: <input checked="" type="checkbox"/> House State: MD <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: ELIJAH CUMMINGS (MD)		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 512.96		2008	
(a) SUBTOTAL of Itemized Independent Expenditures .....		1488.89	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....		3604971.56	
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.			
WILLIAM LUCY Signature		Date MM / DD / YYYY 12 / 04 / 2008	