

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 798 OF 1454
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. PHILIP I. MARK
 Full Name (Last, First, Middle Initial)
 Mailing Address 7043 W 73rd Place
 City Chicago State IL Zip Code 60638
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IL CN 31/STATE OF IL Occupation HUMAN SERVICES CASEWORKER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **456.00**

Date of Receipt **12 / 29 / 2015**
Transaction ID : SA11AI.106064
 Amount of Each Receipt this Period **38.00**

B. MARY E. MARKO
 Full Name (Last, First, Middle Initial)
 Mailing Address 7063 Marcarol Lane
 City Cincinnati State OH Zip Code 45230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation PERMIT TECHNICIAN II
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **285.00**

Date of Receipt **12 / 11 / 2015**
Transaction ID : SA11AI.103207
 Amount of Each Receipt this Period **20.00**

C. MARY E. MARKO
 Full Name (Last, First, Middle Initial)
 Mailing Address 7063 Marcarol Lane
 City Cincinnati State OH Zip Code 45230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation PERMIT TECHNICIAN II
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **305.00**

Date of Receipt **12 / 24 / 2015**
Transaction ID : SA11AI.103596
 Amount of Each Receipt this Period **20.00**

SUBTOTAL of Receipts This Page (optional).....	78.00
TOTAL This Period (last page this line number only).....	