

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

FOR LINE NUMBER: PAGE 51 OF 822

(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 & MUNICIPAL EMPLOYEES P E O P L E

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BAXTER, LYNDON, L., ,

Mailing Address 2181 W Junction Road

City
ChillicotheState
OHZip Code
45601FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AFSCME OH LOC 11/STATE OF OHOccupation (for Individual)
HIGHWAY TECHNICIAN II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.00

Date of Receipt

M M	D D	Y Y Y Y
08	16	2019

Transaction ID : SA11AI.232649

Amount of Each Receipt this Period

14.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BAXTER, LYNDON, L., ,

Mailing Address 2181 W Junction Road

City
ChillicotheState
OHZip Code
45601FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AFSCME OH LOC 11/STATE OF OHOccupation (for Individual)
HIGHWAY TECHNICIAN II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M	D D	Y Y Y Y
08	30	2019

Transaction ID : SA11AI.232839

Amount of Each Receipt this Period

14.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BAYER, HENRY, , ,

Mailing Address 1507 W. Chase Street

City
ChicagoState
ILZip Code
60626-2125FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AFSCME INT'L/STATE STREETOccupation (for Individual)
RETIREE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

823.43

Date of Receipt

M M	D D	Y Y Y Y
08	09	2019

Transaction ID : SA11AI.231478

Amount of Each Receipt this Period

103.30

☐ Memo Item

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

131.30

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