

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 105 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
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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. BUTLER, CHARLES, L., ,

Mailing Address 15410 Wheeler Road

City
LagrangeState
OHZip Code
44050FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AFSCME OH LOC 11/STATE OF OHOccupation (for Individual)
CORRECTION SERGEANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	0		2	0	1	9

Transaction ID : SA11AI.232854

Amount of Each Receipt this Period

11.50

☐ Memo Item

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

B. BUTLER, DWAYNE, , ,

Mailing Address 2653A Whitehorse-Hamilton Sq. Rd.

City
HamiltonState
NJZip Code
08690-0000FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AFSCME NJ CN 963Occupation (for Individual)
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
0	8		1	2		2	0	1	9

Transaction ID : SA11AI.234053

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. BUTLER, MATT, , ,

Mailing Address 4320 NW Second Avenue

City
Des MoinesState
IAZip Code
50313FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AFSCME IA CN 61Occupation (for Individual)
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
0	8		1	2		2	0	1	9

Transaction ID : SA11AI.233539

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

91.50

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