

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

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

FOR LINE NUMBER: PAGE 142 OF 822

(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**

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

A. CLAPPER, LORI, L., ,

Mailing Address 82 Sychar Road

City

Mount Vernon

State

OH

Zip Code

43050

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

AFSCME OH LOC 11/STATE OF OH

Occupation (for Individual)

THERAPUTIC PROGRAM TECHNICIA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 02 / 2019

Transaction ID : SA11AI.232478

Amount of Each Receipt this Period

14.00

☐ Memo Item

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

B. CLAPPER, LORI, L., ,

Mailing Address 82 Sychar Road

City

Mount Vernon

State

OH

Zip Code

43050

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

AFSCME OH LOC 11/STATE OF OH

Occupation (for Individual)

THERAPUTIC PROGRAM TECHNICIA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 16 / 2019

Transaction ID : SA11AI.232669

Amount of Each Receipt this Period

14.00

☐ Memo Item

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

C. CLAPPER, LORI, L., ,

Mailing Address 82 Sychar Road

City

Mount Vernon

State

OH

Zip Code

43050

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

AFSCME OH LOC 11/STATE OF OH

Occupation (for Individual)

THERAPUTIC PROGRAM TECHNICIA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 30 / 2019

Transaction ID : SA11AI.232859

Amount of Each Receipt this Period

14.00

☐ Memo Item

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

42.00

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