

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

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

FOR LINE NUMBER: PAGE 147 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. CLEVENGER-MURPHY, STEPHANIE, K., ,

Mailing Address 3230 Rogstad Bend

City

Canal Winchester

State

OH

Zip Code

43110

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AFSCME OH LOC 11/STATE OF OH

Occupation (for Individual)

INTERNAL AUDITOR II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.00

Date of Receipt

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

Transaction ID : SA11AI.232861

Amount of Each Receipt this Period

18.00

☐ Memo Item

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

B. CLIFFORD, STACI, M., ,

Mailing Address 636 N. Smead Way

City

SanDimas

State

CA

Zip Code

91773

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AFSCME CA LOC 1199/COPE

Occupation (for Individual)

NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2019

Transaction ID : SA11AI.233815

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

C. CLONTZ, SHANE, R., ,

Mailing Address 3025 Shadwofax Drive

City

Springfield

State

IL

Zip Code

62707

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AFSCME IL CN 31/STATE OF IL

Occupation (for Individual)

INFORMATION SYSTEMS ANALYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 05 / 2019

Transaction ID : SA11AI.231899

Amount of Each Receipt this Period

25.20

☐ Memo Item

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

103.20

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