

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

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

FOR LINE NUMBER: PAGE 297 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. HAINES, JON, N., ,

Mailing Address 1718 4th Street NW

Apt. 1

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

AFSCME INT'L

Occupation (for Individual)

LABOR ECONOMIST I

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

518.25

Date of Receipt

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

Transaction ID : SA11AI.231232

Amount of Each Receipt this Period

34.55

☐ Memo Item

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

B. HAINES, JON, N., ,

Mailing Address 1718 4th Street NW

Apt. 1

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

AFSCME INT'L

Occupation (for Individual)

LABOR ECONOMIST I

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

552.80

Date of Receipt

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

Transaction ID : SA11AI.231616

Amount of Each Receipt this Period

34.55

☐ Memo Item

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

C. HAINES, PAMELA, A., ,

Mailing Address 12408 Farrington Avenue

City

Cleveland

State

OH

Zip Code

44105

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

AFSCME OH LOC 11/STATE OF OH

Occupation (for Individual)

CLERK III

Receipt For:

☐ Primary  
☐ Other (specify)

General

Aggregate Year-to-Date ▼

208.00

Date of Receipt

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

Transaction ID : SA11AI.232512

Amount of Each Receipt this Period

13.00

☐ Memo Item

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

82.10

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