

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 302 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. HALLER, JAMES, H., ,

Mailing Address 2037 Burch Avenue

 City
 Lima

 State
 OH

 Zip Code
 45801

 FEC ID number of contributing
 federal political committee.

C

 Name of Employer (for Individual)
 AFSCME OH LOC 4/LIMA CSD

 Occupation (for Individual)
 CUSTODIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.40

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 08 / 19 / 2019

Transaction ID : SA11AI.233224

Amount of Each Receipt this Period

19.24

☐ Memo Item

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

B. HALVORSON, ERIC, M., ,

Mailing Address 300 Hardman Avenue South

City

South St. Paul

State

MN

Zip Code

55075

 FEC ID number of contributing
 federal political committee.

C

 Name of Employer (for Individual)
 AFSCME MN CN 5/STATE OF MN

 Occupation (for Individual)
 STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2019

Transaction ID : SA11AI.232245

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

C. HALVORSON, ERIC, M., ,

Mailing Address 300 Hardman Avenue South

City

South St. Paul

State

MN

Zip Code

55075

 FEC ID number of contributing
 federal political committee.

C

 Name of Employer (for Individual)
 AFSCME MN CN 5/STATE OF MN

 Occupation (for Individual)
 STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID : SA11AI.232310

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

179.24

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

179.24