

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 337 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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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. HOMER, WILLIAM, F., ,Mailing Address 500 N Lexington-Springmill Road
#50City
OntarioState
OHZip Code
44906FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

279.00

Date of Receipt

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

Transaction ID : SA11AI.232903

Amount of Each Receipt this Period

15.50

☐ Memo Item

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

B. HOOSER, CHRISTOPHER, , ,

Mailing Address 615 South Second Street

City
DecaturState
ILZip Code
62526FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AFSCME IL CN 31Occupation (for Individual)
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.10

Date of Receipt

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

Transaction ID : SA11AI.231944

Amount of Each Receipt this Period

38.14

☐ Memo Item

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

C. HORN, JOHN, D., ,

Mailing Address 8615 Maineville Road

City
MainevilleState
OHZip Code
45039FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AFSCME OH LOC 4Occupation (for Individual)
FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

528.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
08	06	2019

Transaction ID : SA11AI.233112

Amount of Each Receipt this Period

33.00

☐ Memo Item

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

86.64

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