

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 398 OF 822

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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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. KNOX, MARCIA, R., ,

Mailing Address 1660 Newton Avenue

 City
 Dayton

 State
 OH

 Zip Code
 45406

 FEC ID number of contributing
 federal political committee.

 C

 Name of Employer (for Individual)
 AFSCME OH CN 8

 Occupation (for Individual)
 REGIONAL DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

 919.34

Date of Receipt

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

Transaction ID : SA11Al.233305

Amount of Each Receipt this Period

 15.00
☐ Memo Item

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

B. KORBA, DOUGLAS, M., ,

Mailing Address P.O. Box 172

 City
 Bannock

 State
 OH

 Zip Code
 43972

 FEC ID number of contributing
 federal political committee.

 C

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

 Occupation (for Individual)
 CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

 320.00

Date of Receipt

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

Transaction ID : SA11Al.232542

Amount of Each Receipt this Period

 20.00
☐ Memo Item

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

C. KORBA, DOUGLAS, M., ,

Mailing Address P.O. Box 172

 City
 Bannock

 State
 OH

 Zip Code
 43972

 FEC ID number of contributing
 federal political committee.

 C

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

 Occupation (for Individual)
 CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

 340.00

Date of Receipt

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

Transaction ID : SA11Al.232732

Amount of Each Receipt this Period

 20.00
☐ Memo Item

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

 55.00
TOTAL This Period (last page this line number only)..... ►