

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

FOR LINE NUMBER: PAGE 752 OF 1711

(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
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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. JOHNSON, CHARLES, A., ,

Mailing Address 366 Strouse Lane

City
South SalemState
OHZip Code
45681FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
12	08	2017

Transaction ID : SA11Al.180149

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. JOHNSON, CHARLES, A., ,

Mailing Address 366 Strouse Lane

City
South SalemState
OHZip Code
45681FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
12	22	2017

Transaction ID : SA11Al.180865

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. JOHNSON, CURTIS, E., ,

Mailing Address 7236 Eastlawn Drive

City
CincinnatiState
OHZip Code
45237FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AFSCME OH LOC 11/STATE OF OHOccupation (for Individual)
THERAPUTIC PROGRAM TECHNICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
12	08	2017

Transaction ID : SA11Al.180150

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

30.00

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