

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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 Teachers Staff Union Committee on Political Education

A. Huesgen, Angela, J, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1342 NW Hidden Ridge Circle

City Blue Springs	State MO	Zip Code 64015
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) AFT	Occupation (for Individual) National Representative
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : SA11AI.16767

Amount of Each Receipt this Period
150.00

Memo Item
Semi-monthly contribution of \$25.00

B. LIAPIS, KATHERINE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5260 Great Northern Boulevard, #E1

City North Olmsted	State OH	Zip Code 44070
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) AFT	Occupation (for Individual) National Representative II
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : SA11AI.16782

Amount of Each Receipt this Period
120.00

Memo Item
Semi-monthly contribution of \$20.00

C. McClary, Frederika, D, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10151 Curran Blvd.
Bldg. G. #209

City New Orleans	State LA	Zip Code 70127
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) AFT	Occupation (for Individual) National Representative
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : SA11AI.16787

Amount of Each Receipt this Period
120.00

Memo Item
Semi-monthly contribution of \$20.00

SUBTOTAL of Receipts This Page (optional).....	390.00
TOTAL This Period (last page this line number only).....	