

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 157 OF 349

(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 PEOPLE**

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

**A. Knox, Marcia, R, ,**

Mailing Address 1660 Newton Ave

City  
Dayton

State  
OH

Zip Code  
45406-4110

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AFSCME OH CN 8

Occupation (for Individual)  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

516.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 20 / 2020

**Transaction ID : 34967379**

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

**B. Korpi, Kerry, , ,**

Mailing Address 1625 L St NW

City  
Washington

State  
DC

Zip Code  
20036-5665

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AFSCME INTL

Occupation (for Individual)  
RETIREE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.36

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 06 / 2020

**Transaction ID : 34909646**

Amount of Each Receipt this Period

106.34

☐ Memo Item

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

**C. Koser, Richard, A, ,**

Mailing Address 576 Dyas Dr

City  
Mansfield

State  
OH

Zip Code  
44905-2056

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AFSCME OH LOC 11

Occupation (for Individual)  
WORKERS COMPENSATION REP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 10 / 2020

**Transaction ID : 34948098**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

141.34