

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

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

FOR LINE NUMBER: PAGE 30 OF 752

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. **BADILLO, ROBERT, S., ,**

Mailing Address 70 I Street SE
Apt. 736

City
Washington

State
DC

Zip Code
20003

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AFSCME INT'L

Occupation (for Individual)

SYSTEMS SUPPORT ANALYST I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1966.66

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2019

Transaction ID : SA11AI.234337

Amount of Each Receipt this Period

118.66

☐ Memo Item

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

B. **BADILLO, ROBERT, S., ,**

Mailing Address 70 I Street SE
Apt. 736

City
Washington

State
DC

Zip Code
20003

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AFSCME INT'L

Occupation (for Individual)

SYSTEMS SUPPORT ANALYST I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2082.16

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2019

Transaction ID : SA11AI.234694

Amount of Each Receipt this Period

115.50

☐ Memo Item

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

C. **BAILEY, DAWN, M., ,**

Mailing Address 4060 LaPlante Road

City
Monclova

State
OH

Zip Code
43542

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 ▼

613.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 03 / 2019

Transaction ID : SA11AI.236096

Amount of Each Receipt this Period

68.46

☐ Memo Item

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

302.62

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