

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)

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☒ 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. GAINES, BRETT, E., ,

Mailing Address 692 N Maple Street

City
Marysville

State
OH

Zip Code
43040

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 ▼

323.00

Date of Receipt

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

Transaction ID : SA11AI.236248

Amount of Each Receipt this Period

17.00

☐ Memo Item

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

B. GAINES, BRETT, E., ,

Mailing Address 692 N Maple Street

City
Marysville

State
OH

Zip Code
43040

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
09 / 27 / 2019

Transaction ID : SA11AI.236476

Amount of Each Receipt this Period

17.00

☐ Memo Item

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

C. GALLAGHER, BRETT, E., ,

Mailing Address 2236 N.Magnolia Avenue

City
Chicago

State
IL

Zip Code
60614

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AFSCME IL CN 31/STATE OF IL

Occupation (for Individual)
ASSISTANT PUBLIC DEFENDANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

315.00

Date of Receipt

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

Transaction ID : SA11AI.235151

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)..... ►

64.00