

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

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

FOR LINE NUMBER: PAGE 326 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. JONES, KELVIN, J., ,

Mailing Address P.O. Box 593

 City  
 Columbus

 State  
 OH

 Zip Code  
 43216

 FEC ID number of contributing  
 federal political committee.

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

 Occupation (for Individual)  
 STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 /  / 

Transaction ID : SA11AI.236286

Amount of Each Receipt this Period

☐ Memo Item

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

B. JONES, KELVIN, J., ,

Mailing Address P.O. Box 593

 City  
 Columbus

 State  
 OH

 Zip Code  
 43216

 FEC ID number of contributing  
 federal political committee.

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

 Occupation (for Individual)  
 STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 /  / 

Transaction ID : SA11AI.236520

Amount of Each Receipt this Period

☐ Memo Item

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

C. JONES, KRISTEN, B., ,

Mailing Address 5002 Hartford Avenue

 City  
 Sandusky

 State  
 OH

 Zip Code  
 44870

 FEC ID number of contributing  
 federal political committee.

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

 Occupation (for Individual)  
 ACTIVITIES AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

 /  / 

Transaction ID : SA11AI.236287

Amount of Each Receipt this Period

☐ Memo Item

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

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