

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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(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 P E O P L E

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

A. SHIVES, PATRICIA, , ,

Mailing Address 1212 Jefferson Street SE

 City
 Olympia

 State
 WA

 Zip Code
 98501

 FEC ID number of contributing
 federal political committee.

 Name of Employer (for Individual)
 AFSCME WA CN 28/STATE OF WA

 Occupation (for Individual)
 STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 / /

Transaction ID : SA11AI.235839

Amount of Each Receipt this Period

☐ Memo Item

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

B. SHUMAKER, DEBRA, G., ,

Mailing Address 42 Lexington Place

 City
 Youngstown

 State
 OH

 Zip Code
 44515

 FEC ID number of contributing
 federal political committee.

 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 ▼

Date of Receipt

 / /

Transaction ID : SA11AI.236363

Amount of Each Receipt this Period

☐ Memo Item

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

C. SHUMAKER, DEBRA, G., ,

Mailing Address 42 Lexington Place

 City
 Youngstown

 State
 OH

 Zip Code
 44515

 FEC ID number of contributing
 federal political committee.

 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 ▼

Date of Receipt

 / /

Transaction ID : SA11AI.236612

Amount of Each Receipt this Period

☐ Memo Item

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

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