

# **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 PEOPLE**

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

**A. Korba, Douglas, M.,**

Mailing Address 44340 Lafferty Rd

City  
Saint Clairsville

State  
OH

Zip Code  
43950-7727

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
CORRECTIONAL OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2020

**Transaction ID : 35062625**

Amount of Each Receipt this Period

20.00

☐ 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 ▼

532.91

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 06 / 2020

**Transaction ID : 35003711**

Amount of Each Receipt this Period

107.55

☐ 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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 08 / 2020

**Transaction ID : 35062626**

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)..... ►

157.55