

# **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)

PAGE 285 OF 429

☒ 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 PEOPLE**

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

**A. Peters, Anya, , ,**

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 INT'L

Occupation (for Individual)

COORDINATOR, MTG & TRAVEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

293.94

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 15 / 2020

**Transaction ID : 35052273**

Amount of Each Receipt this Period

32.66

☐ Memo Item

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

**B. Peters, Anya, , ,**

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 INT'L

Occupation (for Individual)

COORDINATOR, MTG & TRAVEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 29 / 2020

**Transaction ID : 35052628**

Amount of Each Receipt this Period

32.66

☐ Memo Item

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

**C. Peters, Bobbie, L, ,**

Mailing Address 14999 Wheeler Rd

City  
Lagrange

State  
OH

Zip Code  
44050-9562

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

AFSCME OH LOC 11/STATE

Occupation (for Individual)

SECRETARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

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

**Transaction ID : 35063272**

Amount of Each Receipt this Period

23.00

☐ Memo Item

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

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

88.32