

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

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

FOR LINE NUMBER: PAGE 36 OF 630

(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. **BAS HAMILTON, KRISTINA, , ,**

Mailing Address 4855 Seminole Drive

City
San Diego

State
CA

Zip Code
92115

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AFSCME CA LOC 3930

Occupation (for Individual)
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

588.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2019

Transaction ID : SA11AI.230875

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

B. **BASS, CHERYL, E., ,**

Mailing Address 1635 Worthington Club Drive

City
Westerville

State
OH

Zip Code
43081

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
CUSTOMER SERVICES ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 19 / 2019

Transaction ID : SA11AI.229801

Amount of Each Receipt this Period

14.00

☐ Memo Item

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

C. **BASS, KATHLEEN, M., ,**

Mailing Address 408 West Beacon Court

City
Mount Vernon

State
IL

Zip Code
62864

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
CHILD WELFARE SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

247.72

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 01 / 2019

Transaction ID : SA11AI.229999

Amount of Each Receipt this Period

19.04

☐ Memo Item

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

117.04

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