

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

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

FOR LINE NUMBER: PAGE 90 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. **CARBENIA, GINO, A., ,**

Mailing Address 9315 N. Park Avenue

City  
Indianapolis

State  
IN

Zip Code  
46240

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AFSCME INT'L

Occupation (for Individual)  
REGIONAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1602.38

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 15 / 2019

Transaction ID : SA11AI.228753

Amount of Each Receipt this Period

123.26

☐ Memo Item

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

B. **CARBENIA, GINO, A., ,**

Mailing Address 9315 N. Park Avenue

City  
Indianapolis

State  
IN

Zip Code  
46240

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AFSCME INT'L

Occupation (for Individual)  
REGIONAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1725.64

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2019

Transaction ID : SA11AI.229126

Amount of Each Receipt this Period

123.26

☐ Memo Item

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

C. **CAREY, DAMETRA, , ,**

Mailing Address P.O. Box 1222

City  
Columbus

State  
OH

Zip Code  
43216

FEC ID number of contributing  
federal political committee.

C

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 ▼

403.00

Date of Receipt

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

Transaction ID : SA11AI.229582

Amount of Each Receipt this Period

62.00

☐ Memo Item

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

308.52

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