

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 OF 630

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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. COOPER, KRYSTAL, , ,**Mailing Address 5583 Trent Court  
Apt. 210City  
AlexandriaState  
VAZip Code  
22311FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AFSCME INT'LOccupation (for Individual)  
ASSISTANT/RECEPTIONIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

441.60

Date of Receipt

M M	D D	Y Y Y Y
07	31	2019

Transaction ID : SA11AI.229155

Amount of Each Receipt this Period

33.48

☐ Memo Item

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

**B. COREY, MAL, J., ,**

Mailing Address 3416 Frankfort Clarksburg Pike

City

Frankfort

State

OH

Zip Code

45628

FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M	D D	Y Y Y Y
07	24	2019

Transaction ID : SA11AI.229828

Amount of Each Receipt this Period

24.00

☐ Memo Item

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

**C. COTE, ED, , ,**

Mailing Address 4608 NW Olive Street

City

Vancouver

State

WA

Zip Code

98663

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AFSCME WA CN 28Occupation (for Individual)  
RETIREE MEMBER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M	D D	Y Y Y Y
07	16	2019

Transaction ID : SA11AI.231034

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

87.48

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