

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

FOR LINE NUMBER: PAGE 135 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
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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. DAVIES, SARA, , ,

Mailing Address P.O. Box 453

City

Factoryville

State

PA

Zip Code

18419

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AFSCME PA CN 13

Occupation (for Individual)

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

368.76

Date of Receipt

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

Transaction ID : SA11AI.230534

Amount of Each Receipt this Period

52.68

☐

Memo Item

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

B. DAVIS, ABIGAIL, K., ,Mailing Address 1806 West Rice Street
Apt. 2N

City

Chicago

State

IL

Zip Code

60622

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AFSCME IL CN 31

Occupation (for Individual)

ORGANIZER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

659.40

Date of Receipt

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

Transaction ID : SA11AI.230022

Amount of Each Receipt this Period

94.20

☐

Memo Item

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

C. DAVIS, ARDITH, M., ,

Mailing Address 542 Valley View Road

City

Mansfield

State

OH

Zip Code

44905

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AFSCME OH LOC 11/STATE OF OH

Occupation (for Individual)

WORKERS COMPENSATION CLAIMS

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

203.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2019

Transaction ID : SA11AI.229676

Amount of Each Receipt this Period

14.50

☐

Memo Item

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

161.38

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