

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

FOR LINE NUMBER: PAGE 211 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. GOODING, MITCHELL, R., ,**

Mailing Address 860 Richie Avenue

City  
LimaState  
OHZip Code  
45801FEC 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 ▼

245.00

Date of Receipt

M M	D D	Y Y Y Y
07	05	2019

Transaction ID : SA11AI.229693

Amount of Each Receipt this Period

17.50

☐ Memo Item

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

**B. GOODING, MITCHELL, R., ,**

Mailing Address 860 Richie Avenue

City  
LimaState  
OHZip Code  
45801FEC 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 ▼

262.50

Date of Receipt

M M	D D	Y Y Y Y
07	19	2019

Transaction ID : SA11AI.229850

Amount of Each Receipt this Period

17.50

☐ Memo Item

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

**C. GOODMAN, PHILLIP, C., ,**

Mailing Address 10 Lakeview Road

City  
TaylorvilleState  
ILZip Code  
62568FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AFSCME IL CN 31Occupation (for Individual)  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

483.28

Date of Receipt

M M	D D	Y Y Y Y
07	01	2019

Transaction ID : SA11AI.230046

Amount of Each Receipt this Period

69.04

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

104.04

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