

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

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

FOR LINE NUMBER: PAGE 414 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. PATERSON, TEAGUE, P., ,

Mailing Address 319 Branch Drive

City
Silver Spring

State
MD

Zip Code
20901

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AFSCME INT'L

Occupation (for Individual)
DEPUTY GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

984.65

Date of Receipt

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

Transaction ID : SA11AI.228954

Amount of Each Receipt this Period

75.77

☐ Memo Item

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

B. PATERSON, TEAGUE, P., ,

Mailing Address 319 Branch Drive

City
Silver Spring

State
MD

Zip Code
20901

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AFSCME INT'L

Occupation (for Individual)
DEPUTY GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1060.42

Date of Receipt

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

Transaction ID : SA11AI.229354

Amount of Each Receipt this Period

75.77

☐ Memo Item

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

C. PATTERSON, MARIA, E., ,

Mailing Address 1620 E Broad Street
Apt. 408

City
Columbus

State
OH

Zip Code
43203

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
DISABILITY CLAIMS CORD.

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

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.229747

Amount of Each Receipt this Period

14.50

☐ Memo Item

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

166.04

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