

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

FOR LINE NUMBER: PAGE 415 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. PATTERSON, MARIA, E., ,Mailing Address 1620 E Broad Street
Apt. 408City
ColumbusState
OHZip Code
43203FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AFSCME OH LOC 11/STATE OF OHOccupation (for Individual)
DISABILITY CLAIMS CORD.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.50

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 19 | / | 2019 |

Transaction ID : SA11AI.229917

Amount of Each Receipt this Period

14.50

☐ Memo Item

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

B. PEACH, ROSALYN, O., ,

Mailing Address P.O. Box 79

City
RobinsonState
ILZip Code
62454FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AFSCME IL CN 31/STATE OF ILOccupation (for Individual)
CORRECTIONAL LIEUTENANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.80

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 01 | / | 2019 |

Transaction ID : SA11AI.230109

Amount of Each Receipt this Period

29.40

☐ Memo Item

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

C. PEEPER, RANDY, J., ,

Mailing Address 107 Linden Avenue

City
CambridgeState
OHZip Code
43725FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AFSCME OH LOC 11/STATE OF OHOccupation (for Individual)
THERAPUTIC PROGRAM TECHNICIAI

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

202.50

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 19 | / | 2019 |

Transaction ID : SA11AI.229918

Amount of Each Receipt this Period

13.50

☐ Memo Item

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

57.40

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