

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

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

FOR LINE NUMBER: PAGE 140 OF 1019

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. CAMPBELL, TERESA, , ,**

Mailing Address 3709 Morgan Road

City  
Lake Orion

State  
MI

Zip Code  
48359

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

AFSCME MI CN 25

Occupation (for Individual)

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 21 / 2019

Transaction ID : SA11AI.240516

Amount of Each Receipt this Period

21.00

☐ Memo Item

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

**B. CAMPOLO, JEANA, L., ,**

Mailing Address 504 E. Burgess Street

City

Mount Vernon

State  
OH

Zip Code  
43050

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

AFSCME OH LOC 11/STATE OF OH

Occupation (for Individual)

THERAPUTIC PROGRAM TECHNICIA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

387.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 11 / 2019

Transaction ID : SA11AI.238638

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**C. CAMPOLO, JEANA, L., ,**

Mailing Address 504 E. Burgess Street

City

Mount Vernon

State  
OH

Zip Code  
43050

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

AFSCME OH LOC 11/STATE OF OH

Occupation (for Individual)

THERAPUTIC PROGRAM TECHNICIA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

397.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 29 / 2019

Transaction ID : SA11AI.238988

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

41.00