

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

FOR LINE NUMBER: PAGE 218 OF 1019

(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. DARDEN, MARZINE, A., ,

Mailing Address 1414 APJones Street

City
CincinnatiState
OHZip Code
45223FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AFSCME OH CN 8/CINCINNATI CSDOccupation (for Individual)
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.47

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2019

Transaction ID : SA11AI.239546

Amount of Each Receipt this Period

11.91

☐ Memo Item

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

B. DARDEN, MARZINE, A., ,

Mailing Address 1414 APJones Street

City
CincinnatiState
OHZip Code
45223FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AFSCME OH CN 8/CINCINNATI CSDOccupation (for Individual)
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.38

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2019

Transaction ID : SA11AI.239591

Amount of Each Receipt this Period

11.91

☐ Memo Item

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

C. DARNELL, STEPHANIE, A., ,

Mailing Address 504 E Washington Street

City
AshlandState
ILZip Code
62612FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AFSCME IL CN 31/STATE OF ILOccupation (for Individual)
REIMBURSEMENT OFFICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

399.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2019

Transaction ID : SA11AI.237415

Amount of Each Receipt this Period

21.00

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

44.82

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