

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

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

FOR LINE NUMBER: PAGE 340 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. GLUMM, ANTHONY, T., ,

Mailing Address 403 W Jenny Street

City

Bay City

State

MI

Zip Code

48706

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AFSCME MI CN 25/GENESEE COUNTY

Occupation (for Individual)

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

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

Transaction ID : SA11AI.240519

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. GOBLE, SHERYL, L., ,

Mailing Address 3411 CR 165

City

Cardington

State

OH

Zip Code

43315

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AFSCME OH LOC 4/BUCKEYE VLSD

Occupation (for Individual)

CUSTODIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.02

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2019

Transaction ID : SA11AI.237236

Amount of Each Receipt this Period

9.62

☐ Memo Item

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

C. GOGOE, CONSTANCE, , ,

Mailing Address 190 W. Ostend Street
Suite 101

City

Baltimore

State

MD

Zip Code

21230

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AFSCME MD CN 3

Occupation (for Individual)

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID : SA11AI.240333

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

39.62