

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 391 OF 1019

(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. HAYSLIP, HOPE, M., ,

Mailing Address 241 Fair Court Street

City

West Union

State

OH

Zip Code

45693

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AFSCME OH LOC 11/STATE OF OH

Occupation (for Individual)

HOSPITAL AIDE

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID : SA11AI.239082

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. HAZARD, LISA, , ,

Mailing Address 4031 Executive Park Drive

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AFSCME PA CN 13

Occupation (for Individual)

STAFF REPRESENTATIVE

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

915.33

Date of Receipt

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

Transaction ID : SA11AI.239804

Amount of Each Receipt this Period

89.30

☐ Memo Item

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

C. HEDBERG, MARK, , ,

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AFSCME IA CN 61

Occupation (for Individual)

STAFF REPRESENTATIVE

Receipt For:

☐
☐

Primary

☐

General

Other (specify)

Aggregate Year-to-Date ▼

208.40

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2019

Transaction ID : SA11AI.240749

Amount of Each Receipt this Period

20.84

☐ Memo Item

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

120.14

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