

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

FOR LINE NUMBER: PAGE 421 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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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. HOSHIDA, DARLEEN, K., ,**

Mailing Address 1374 Mailani Street

City  
HiloState  
HIZip Code  
96720FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AFSCME HI LOC 152Occupation (for Individual)  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.50

Date of Receipt

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

Transaction ID : SA11AI.239417

Amount of Each Receipt this Period

20.85

☐ Memo Item

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

**B. HOSTETTER, ERIK, , ,**

Mailing Address 2012 Greenbriar Drive

City  
SpringfieldState  
ILZip Code  
62704FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AFSCME IL CN 31Occupation (for Individual)  
STAFF REPRESENTATIVE

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		02		2019

Transaction ID : SA11AI.237467

Amount of Each Receipt this Period

22.00

☐ Memo Item

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

**C. HOWARD, DARIAN, K., ,**

Mailing Address 1535 Cory Drive

City  
DaytonState  
OHZip Code  
45406FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AFSCME OH LOC 11/STATE OF OHOccupation (for Individual)  
CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID : SA11AI.239094

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

52.85

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