

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

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

FOR LINE NUMBER: PAGE 424 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

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. HOWELL, TINA, M., ,</p> <p>Mailing Address 6662 Fairway Circle</p> <p>City Windsor State WI Zip Code 53598</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer (for Individual) AFSCME INT'L Occupation (for Individual) REGIONAL FIELD ADMINISTRATOR</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 782.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 31 / 2019</p> <p>Transaction ID : SA11AI.238223</p> <p>Amount of Each Receipt this Period 39.63</p> <p><input type="checkbox"/> Memo Item</p>		
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. HOWERTER, STEPHEN, M., ,</p> <p>Mailing Address P.O. Box 361</p> <p>City Cuba State IL Zip Code 61427</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer (for Individual) AFSCME IL CN 31/STATE OF IL Occupation (for Individual) CORRECTIONAL COUNSEL</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 02 / 2019</p> <p>Transaction ID : SA11AI.237468</p> <p>Amount of Each Receipt this Period 50.00</p> <p><input type="checkbox"/> Memo Item</p>		
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. HOYLE, MELANIE, S., ,</p> <p>Mailing Address 2635 Huntington Road</p> <p>City Springfield State IL Zip Code 62703</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer (for Individual) AFSCME IL CN 31/STATE OF IL Occupation (for Individual) ADMIN ASSISTANT I</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 840.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 02 / 2019</p> <p>Transaction ID : SA11AI.237469</p> <p>Amount of Each Receipt this Period 84.00</p> <p><input type="checkbox"/> Memo Item</p>		
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>173.63</p>		
<p>TOTAL This Period (last page this line number only)..... ▶</p>					