

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

FOR LINE NUMBER: PAGE 426 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. HUEY, ROBERT, G., ,**

Mailing Address 3123 School Street

City  
KingsvilleState  
OHZip Code  
44048FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AFSCME OH LOC 11/STATE OF OHOccupation (for Individual)  
HIGHWAY TECHNICIAN III

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.238735

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**B. HUEY, ROBERT, G., ,**

Mailing Address 3123 School Street

City  
KingsvilleState  
OHZip Code  
44048FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AFSCME OH LOC 11/STATE OF OHOccupation (for Individual)  
HIGHWAY TECHNICIAN III

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.239096

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**C. HUFF, DAVID, C., ,**

Mailing Address 207 Oswald Drive

City  
UnionState  
OHZip Code  
45322FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AFSCME OH CN 8/DAYTON METROHEALTHOccupation (for Individual)  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.81

Date of Receipt

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

Transaction ID : SA11AI.239554

Amount of Each Receipt this Period

9.61

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

29.61

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