

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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
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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. HUNTER, JOAN, D., ,

Mailing Address 2215 Arlington Avenue

City
MiddletownState
OHZip Code
45044FEC 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 ▼

231.00

Date of Receipt

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

Transaction ID : SA11AI.239100

Amount of Each Receipt this Period

10.50

☐ Memo Item

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

B. HUNTER, YVONNE, , ,

Mailing Address 931 Rosamond Avenue

City
AkronState
OHZip Code
44307FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AFSCME OH LOC 11/STATE OF OHOccupation (for Individual)
THERAPUTIC PROGRAM TECHNICIA

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.238740

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. HUNTER, YVONNE, , ,

Mailing Address 931 Rosamond Avenue

City
AkronState
OHZip Code
44307FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AFSCME OH LOC 11/STATE OF OHOccupation (for Individual)
THERAPUTIC PROGRAM TECHNICIA

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.239101

Amount of Each Receipt this Period

10.00

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

30.50

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