

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 446 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. **JAMIESON, MARY, , ,**

Mailing Address 1202 Pennsylvania Street NE

City

Albuquerque

State

NM

Zip Code

87110

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AFSCME NM CN 18

Occupation (for Individual)

STAFF REPRESENTATIVE

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

277.50

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 10 / 07 / 2019

Transaction ID : SA11AI.240877

Amount of Each Receipt this Period

18.50

☐ Memo Item

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

B. **JAMIESON, MARY, , ,**

Mailing Address 1202 Pennsylvania Street NE

City

Albuquerque

State

NM

Zip Code

87110

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AFSCME NM CN 18

Occupation (for Individual)

STAFF REPRESENTATIVE

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

296.00

Date of Receipt

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

Transaction ID : SA11AI.240878

Amount of Each Receipt this Period

18.50

☐ Memo Item

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

C. **JAMISON, JOCELYN, , ,**

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 ▼

345.48

Date of Receipt

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

Transaction ID : SA11AI.239815

Amount of Each Receipt this Period

35.08

☐ Memo Item

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

72.08

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