

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

FOR LINE NUMBER: PAGE 478 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
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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. KELLEY, MARYANN, R., ,**Mailing Address 316 W Lake Samish Drive  
Trailer 21City  
BellinghamState  
WAZip Code  
98229FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AFSCME WA CN 28/STATE OF WAOccupation (for Individual)  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

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

Transaction ID : SA11AI.240048

Amount of Each Receipt this Period

11.00

☐ Memo Item

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

**B. KELLEY, MARYANN, R., ,**Mailing Address 316 W Lake Samish Drive  
Trailer 21City  
BellinghamState  
WAZip Code  
98229FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AFSCME WA CN 28/STATE OF WAOccupation (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	/	25	/	2019

Transaction ID : SA11AI.240189

Amount of Each Receipt this Period

11.00

☐ Memo Item

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

**C. KELLY, ANDREW, T., ,**

Mailing Address 3794 Randee Lane

City  
SpringfieldState  
OHZip Code  
45502FEC 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 ▼

209.00

Date of Receipt

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

Transaction ID : SA11AI.239126

Amount of Each Receipt this Period

9.50

☐ Memo Item

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

31.50

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