

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

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

FOR LINE NUMBER: PAGE 654 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. NESTLER, RENEE, , ,

Mailing Address 27 Fetzner Court
Unit 1

City
Bloomington

State
IL

Zip Code
61704

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AFSCME IL CN 31

Occupation (for Individual)
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

762.80

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 02 / 2019

Transaction ID : SA11AI.237515

Amount of Each Receipt this Period

76.28

☐ Memo Item

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

B. NEUMANN, MICHAEL, , ,

Mailing Address 8508 83rd Street Court SW
Apt. 9

City
Lakewood

State
WA

Zip Code
98498

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID : SA11AI.240074

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. NEUMANN, MICHAEL, , ,

Mailing Address 8508 83rd Street Court SW
Apt. 9

City
Lakewood

State
WA

Zip Code
98498

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 25 / 2019

Transaction ID : SA11AI.240220

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

116.28