

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

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

FOR LINE NUMBER: PAGE 690 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. PARKER-SWAYZE, OLIE, L., ,**

Mailing Address 831 S 19th Avenue

City  
Maywood

State  
IL

Zip Code  
60153

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AFSCME IL CN 31/STATE OF IL

Occupation (for Individual)  
UNEMPLOYMENT INS. REP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.40

Date of Receipt

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

Transaction ID : SA11AI.237523

Amount of Each Receipt this Period

20.84

☐ Memo Item

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

**B. PARKS, DEBBIE, , ,**

Mailing Address 120 Burton Avenue

City  
Trenton

State  
NJ

Zip Code  
08618-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AFSCME NJ CN 73

Occupation (for Individual)  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

903.36

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2019

Transaction ID : SA11AI.240832

Amount of Each Receipt this Period

112.92

☐ Memo Item

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

**C. PARM-LOVETT, RHONDA, L., ,**

Mailing Address 553 Wilcox Road  
Apt. B

City  
Youngstown

State  
OH

Zip Code  
44515

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AFSCME OH LOC 11/STATE OF OH

Occupation (for Individual)  
WORKERS COMPENSATION CLAIMS

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.238833

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

143.76