

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

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

FOR LINE NUMBER:
(check only one)

PAGE 901 OF 1019

☒ 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. TOPE, ROSELLA, P., ,

Mailing Address 9839 Oaklane Drive SE

City

Waynesburg

State

OH

Zip Code

44688

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AFSCME OH LOC 4/SANDY VALLEY

Occupation (for Individual)

TEACHER AIDE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 18 / 2019

Transaction ID : SA11AI.237094

Amount of Each Receipt this Period

38.46

☐ Memo Item

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

B. TOPE, ROSELLA, P., ,

Mailing Address 9839 Oaklane Drive SE

City

Waynesburg

State

OH

Zip Code

44688

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AFSCME OH LOC 4/SANDY VALLEY

Occupation (for Individual)

TEACHER AIDE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 18 / 2019

Transaction ID : SA11AI.237291

Amount of Each Receipt this Period

57.69

☐ Memo Item

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

C. TOPETE, GUADALUPE, , ,

Mailing Address 1758 Sonic Court

City

Riverside

State

CA

Zip Code

92501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AFSCME CA LOC 3930

Occupation (for Individual)

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 04 / 2019

Transaction ID : SA11AI.237654

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

126.15

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