

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

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

FOR LINE NUMBER: PAGE 990 OF 1019

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. YOUNG, AMY, S., ,

Mailing Address 737 1st Street

City

West Union

State

OH

Zip Code

45693

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AFSCME OH LOC 11/STATE OF OH

Occupation (for Individual)

CUSTODIAL WORKER

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.238935

Amount of Each Receipt this Period

10.00



Memo Item

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

B. YOUNG, AMY, S., ,

Mailing Address 737 1st Street

City

West Union

State

OH

Zip Code

45693

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AFSCME OH LOC 11/STATE OF OH

Occupation (for Individual)

CUSTODIAL WORKER

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 / 29 / 2019

Transaction ID : SA11AI.239323

Amount of Each Receipt this Period

10.00



Memo Item

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

C. YOUNG, PAMELA, K., ,

Mailing Address 1374 Mailani Street

City

Hilo

State

HI

Zip Code

96720

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AFSCME HI LOC 152

Occupation (for Individual)

STAFF REPRESENTATIVE

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

208.50

Date of Receipt

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

Transaction ID : SA11AI.239429

Amount of Each Receipt this Period

20.85



Memo Item

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

40.85

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