

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 77 OF 540
(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. CAMERON, SUSAN, , ,

Mailing Address P.O. Box 32

City

Manistique

State

MI

Zip Code

49854

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AFSCME MI CN 25

Occupation (for Individual)

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
05	21	2019

Transaction ID : SA11AI.226381

Amount of Each Receipt this Period

21.00

☐

Memo Item

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

B. CAMPBELL, TERESA, , ,

Mailing Address 3709 Morgan Road

City

Lake Orion

State

MI

Zip Code

48359

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AFSCME MI CN 25

Occupation (for Individual)

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
05	21	2019

Transaction ID : SA11AI.226382

Amount of Each Receipt this Period

21.00

☐

Memo Item

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

C. CAMPOLO, JEANA, L., ,

Mailing Address 504 E. Burgess Street

City

Mount Vernon

State

OH

Zip Code

43050

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AFSCME OH LOC 11/STATE OF OH

Occupation (for Individual)

THERAPUTIC PROGRAM TECHNICIAI

Receipt For:

☐ Primary
☐ Other (specify)

General

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
05	10	2019

Transaction ID : SA11AI.225867

Amount of Each Receipt this Period

29.00

☐

Memo Item

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

71.00

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