

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 222 OF 540

(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. HOWELL, TINA, M., ,			Date of Receipt <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 05 / 31 / 2019</div> </div> Transaction ID : SA11AI.225276	
Mailing Address 6662 Fairway Circle			Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">38.57</div>	
City Windsor	State WI	Zip Code 53598	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee. <div style="border: 1px solid black; padding: 2px; text-align: center;">C</div>			Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;">385.70</div>	
Name of Employer (for Individual) AFSCME INT'L			Occupation (for Individual) REGIONAL FIELD ADMINISTRATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. HOWERTER, STEPHEN, M., ,			Date of Receipt <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 05 / 01 / 2019</div> </div> Transaction ID : SA11AI.225628	
Mailing Address P.O. Box 361			Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">50.00</div>	
City Cuba	State IL	Zip Code 61427	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee. <div style="border: 1px solid black; padding: 2px; text-align: center;">C</div>			Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;">250.00</div>	
Name of Employer (for Individual) AFSCME IL CN 31/STATE OF IL			Occupation (for Individual) CORRECTIONAL COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. HOYLE, MELANIE, S., ,			Date of Receipt <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 05 / 01 / 2019</div> </div> Transaction ID : SA11AI.225629	
Mailing Address 2635 Huntington Road			Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">84.00</div>	
City Springfield	State IL	Zip Code 62703	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee. <div style="border: 1px solid black; padding: 2px; text-align: center;">C</div>			Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;">420.00</div>	
Name of Employer (for Individual) AFSCME IL CN 31/STATE OF IL			Occupation (for Individual) ADMIN ASSISTANT I	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
SUBTOTAL of Receipts This Page (optional)..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;">172.57</div>	
TOTAL This Period (last page this line number only)..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	