

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 360 OF 540

(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. OSTRANDER, CURT, A., ,

Mailing Address 20 First Tavern Road

 City
 Jaffrey

 State
 NH

 Zip Code
 03452-0000

 FEC ID number of contributing
 federal political committee.

 C

Name of Employer (for Individual)

AFSCME INT'L

Occupation (for Individual)

INT'L UNION BARGAINING REPRESE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

 530.50

Date of Receipt

 M M / D D / Y Y Y Y
 05 / 31 / 2019

Transaction ID : SA11AI.225379

Amount of Each Receipt this Period

 53.05
☐ Memo Item

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

B. PADISAK, WILLIAM, M., , Jr.

Mailing Address 4886 Pine Trace Drive

City

Austintown

State

OH

Zip Code

44515

 FEC ID number of contributing
 federal political committee.

 C

Name of Employer (for Individual)

AFSCME OH LOC 4

Occupation (for Individual)

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

 269.29

Date of Receipt

 M M / D D / Y Y Y Y
 05 / 16 / 2019

Transaction ID : SA11AI.224422

Amount of Each Receipt this Period

 38.47
☐ Memo Item

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

C. PADISAK, WILLIAM, M., , Jr.

Mailing Address 4886 Pine Trace Drive

City

Austintown

State

OH

Zip Code

44515

 FEC ID number of contributing
 federal political committee.

 C

Name of Employer (for Individual)

AFSCME OH LOC 4

Occupation (for Individual)

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

 307.76

Date of Receipt

 M M / D D / Y Y Y Y
 05 / 16 / 2019

Transaction ID : SA11AI.224474

Amount of Each Receipt this Period

 38.47
☐ Memo Item

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

 129.99
TOTAL This Period (last page this line number only)..... ►