

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

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

FOR LINE NUMBER: PAGE 162 OF 360

(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. KNOX, MARCIA, R., ,

Mailing Address 1660 Newton Avenue

City
Dayton

State
OH

Zip Code
45406

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AFSCME OH CN 8

Occupation (for Individual)
REGIONAL DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

457.34

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 15 / 2019

Transaction ID : SA11AI.224025

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

B. KORPI, KERRY, , ,

Mailing Address 8913 First Avenue

City
Silver Spring

State
MD

Zip Code
20910

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AFSCME INT'L/STATE STREET

Occupation (for Individual)
RETIREE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

422.33

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2019

Transaction ID : SA11AI.223332

Amount of Each Receipt this Period

106.34

☐ Memo Item

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

C. KOSER, RICHARD, A., ,

Mailing Address 576 Dyas Drive

City
Mansfield

State
OH

Zip Code
44905

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AFSCME OH LOC 11/STATE OF OH

Occupation (for Individual)
WORKERS COMPENSATION CLAIMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 26 / 2019

Transaction ID : SA11AI.223909

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

136.34