

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

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

 FOR LINE NUMBER:  
 (check only one)

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<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. BOLEY, NYONBEOR, A., ,**

Mailing Address 380 Wheelock Pkwy E

 City  
 Saint Paul

 State  
 MN

 Zip Code  
 55130

 FEC ID number of contributing  
 federal political committee.

 Name of Employer (for Individual)  
 AFSCME MN CN 5/STATE OF MN

 Occupation (for Individual)  
 STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2019

Transaction ID : SA11AI.250102

Amount of Each Receipt this Period

☐ Memo Item

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

**B. BOLIN, MARY, F., ,**

Mailing Address 1092 Shinkle Ridge Road

 City  
 Georgetown

 State  
 OH

 Zip Code  
 45121

 FEC ID number of contributing  
 federal political committee.

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

 Occupation (for Individual)  
 HOSPITAL AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2019

Transaction ID : SA11AI.247663

Amount of Each Receipt this Period

☐ Memo Item

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

**C. BOLIN, MARY, F., ,**

Mailing Address 1092 Shinkle Ridge Road

 City  
 Georgetown

 State  
 OH

 Zip Code  
 45121

 FEC ID number of contributing  
 federal political committee.

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

 Occupation (for Individual)  
 HOSPITAL AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2019

Transaction ID : SA11AI.248237

Amount of Each Receipt this Period

☐ Memo Item

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

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