

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

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

FOR LINE NUMBER: PAGE 221 OF 1661

(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. CARRIER, WILLIAM, J., ,

Mailing Address 731 Mohican Drive

City
Loveland

State
OH

Zip Code
45140

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AFSCME OH LOC 4/LOVELAND CS

Occupation (for Individual)
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

479.32

Date of Receipt

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

Transaction ID : SA11AI.249864

Amount of Each Receipt this Period

20.84

☐ Memo Item

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

B. CARRIER-PARKOS, DEBORAH, , ,

Mailing Address 4320 Meghan Lane

City
Eagan

State
MN

Zip Code
55122

FEC ID number of contributing
federal political committee.

C

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 ▼

260.00

Date of Receipt

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

Transaction ID : SA11AI.250107

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. CARROLL, JESSICA, E., ,

Mailing Address P.O. Box 711570

City
Mountain View

State
HI

Zip Code
96771

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AFSCME HI LOC 152

Occupation (for Individual)
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 02 / 2019

Transaction ID : SA11AI.251614

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

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

82.84