

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

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

FOR LINE NUMBER: PAGE 228 OF 1661

(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. CARVALHO, MICHAEL, , ,

Mailing Address 320 Dale Drive

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

Occupation (for Individual)

SENIOR DIGITAL STRATEGY COORD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1077.45

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2019

Transaction ID : SA11AI.246333

Amount of Each Receipt this Period

47.50

☐ Memo Item

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

B. CARVALHO, MICHAEL, , ,

Mailing Address 320 Dale Drive

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

Occupation (for Individual)

SENIOR DIGITAL STRATEGY COORD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1124.95

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2019

Transaction ID : SA11AI.246707

Amount of Each Receipt this Period

47.50

☐ Memo Item

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

C. CASIANO, NIKOLAS, , ,

Mailing Address 2511 Greenlawn Street SE

City
Lacey

State
WA

Zip Code
98503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AFSCME WA CN 28/STATE OF WA

Occupation (for Individual)

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 10 / 2019

Transaction ID : SA11AI.248853

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

105.00