

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

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

FOR LINE NUMBER: PAGE 273 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. CLEVENGER-MURPHY, STEPHANIE, K., ,**

Mailing Address 3230 Rogstad Bend

City

Canal Winchester

State

OH

Zip Code

43110

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

AFSCME OH LOC 11/STATE OF OH

Occupation (for Individual)

INTERNAL AUDITOR II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

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

Transaction ID : SA11AI.247714

Amount of Each Receipt this Period

23.00

☐ Memo Item

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

**B. CLEVENGER-MURPHY, STEPHANIE, K., ,**

Mailing Address 3230 Rogstad Bend

City

Canal Winchester

State

OH

Zip Code

43110

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

AFSCME OH LOC 11/STATE OF OH

Occupation (for Individual)

INTERNAL AUDITOR II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

498.00

Date of Receipt

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

Transaction ID : SA11AI.248288

Amount of Each Receipt this Period

23.00

☐ Memo Item

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

**C. CLIFFORD, STACI, M., ,**

Mailing Address 636 N. Smead Way

City

SanDimas

State

CA

Zip Code

91773

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

AFSCME CA LOC 1199/COPE

Occupation (for Individual)

NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2019

Transaction ID : SA11AI.247469

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

86.00