

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 277 OF 1661

(check only one)

<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. COGSWELL, KIMBERLY, A., ,

Mailing Address 3911 N Martin Street

City
SpokaneState
WAZip Code
99207FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AFSCME WA CN 28/STATE OF WAOccupation (for Individual)
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M	D D	Y Y Y Y
12	10	2019

Transaction ID : SA11AI.248862

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. COGSWELL, KIMBERLY, A., ,

Mailing Address 3911 N Martin Street

City
SpokaneState
WAZip Code
99207FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AFSCME WA CN 28/STATE OF WAOccupation (for Individual)
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M	D D	Y Y Y Y
12	24	2019

Transaction ID : SA11AI.249105

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. COLBERT, TAMIKA, D., ,Mailing Address 23951 Lake Shore Blvd.
Apt. 1507City
EuclidState
OHZip Code
44123FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M	D D	Y Y Y Y
12	06	2019

Transaction ID : SA11AI.247717

Amount of Each Receipt this Period

8.50

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

48.50

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