

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

FOR LINE NUMBER: PAGE 283 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. COLLINS, WAYLON, T., ,

Mailing Address 9599 Cooley Road

City
AlbanyState
OHZip Code
45710FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AFSCME OH LOC 11/STATE OF OHOccupation (for Individual)
THERAPUTIC PROGRAM TECHNICIA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.00

Date of Receipt

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

Transaction ID : SA11AI.247721

Amount of Each Receipt this Period

11.50

☐ Memo Item

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

B. COLLINS, WAYLON, T., ,

Mailing Address 9599 Cooley Road

City
AlbanyState
OHZip Code
45710FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AFSCME OH LOC 11/STATE OF OHOccupation (for Individual)
THERAPUTIC PROGRAM TECHNICIA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.50

Date of Receipt

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

Transaction ID : SA11AI.248295

Amount of Each Receipt this Period

11.50

☐ Memo Item

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

C. COLOMBO, DOMINIC, G., ,Mailing Address 264 Marion Street
Apt. 1City
New HavenState
CTZip Code
06512-0000FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AFSCME CT CN 4/STATE OF CTOccupation (for Individual)
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

208.00

Date of Receipt

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

Transaction ID : SA11AI.251831

Amount of Each Receipt this Period

8.00

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

31.00

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