

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

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

FOR LINE NUMBER: PAGE 298 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. COOPER, RANDY, D., ,

Mailing Address 1325 Bennett School House Road

Unit C

City

Wheelersburg

State

OH

Zip Code

45694

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AFSCME OH LOC 11/STATE OF OH

Occupation (for Individual)

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

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

Transaction ID : SA11AI.248298

Amount of Each Receipt this Period

9.00

☐ Memo Item

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

B. COPELIN, CECIL, C., ,

Mailing Address 21680 NW 44th Avenue

City

Micanopy

State

FL

Zip Code

32667

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AFSCME FL CN 979

Occupation (for Individual)

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.40

Date of Receipt

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

Transaction ID : SA11AI.252855

Amount of Each Receipt this Period

16.70

☐ Memo Item

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

C. COPLAND, WILLIAM, P., ,

Mailing Address 2003 W 12th Avenue

City

Kennewick

State

WA

Zip Code

99337

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 ▼

749.50

Date of Receipt

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

Transaction ID : SA11AI.248867

Amount of Each Receipt this Period

6.50

☐ Memo Item

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

32.20

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