

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

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

FOR LINE NUMBER: PAGE 310 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

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. COX, DAVID, M., ,</p> <p>Mailing Address 2060 Teske Road</p> <p>City Marion State IL Zip Code 62959</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer (for Individual) AFSCME INT'L Occupation (for Individual) ORGANIZER IN TRAINING</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 746.33</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2019 Transaction ID : SA11AI.246734</p> <p>Amount of Each Receipt this Period 38.57</p> <p><input type="checkbox"/> Memo Item</p>	
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. COX, DEBORA, F., ,</p> <p>Mailing Address 10735 Willfleet Drive</p> <p>City Cincinnati State OH Zip Code 45241</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer (for Individual) AFSCME OH LOC 11/STATE OF OH Occupation (for Individual) WORKERS COMP REP</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 12 / 06 / 2019 Transaction ID : SA11AI.247728</p> <p>Amount of Each Receipt this Period 10.00</p> <p><input type="checkbox"/> Memo Item</p>	
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. COX, DEBORA, F., ,</p> <p>Mailing Address 10735 Willfleet Drive</p> <p>City Cincinnati State OH Zip Code 45241</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer (for Individual) AFSCME OH LOC 11/STATE OF OH Occupation (for Individual) WORKERS COMP REP</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 12 / 20 / 2019 Transaction ID : SA11AI.248302</p> <p>Amount of Each Receipt this Period 10.00</p> <p><input type="checkbox"/> Memo Item</p>	
<p>SUBTOTAL of Receipts This Page (optional).....▶</p>			<p>58.57</p>	
<p>TOTAL This Period (last page this line number only).....▶</p>			<p></p>	