

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

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

FOR LINE NUMBER: PAGE 410 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

| | | | | | | | | | |
|--|--|-------------------|--|-------------|-------------------|---|--|--|--|
| A. DYE, SCOTT, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 234 Gallery Drive <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: 1px solid black; padding: 2px;">City Marysville</td> <td style="width: 15%; border: 1px solid black; padding: 2px;">State OH</td> <td style="width: 52%; border: 1px solid black; padding: 2px;">Zip Code 43040</td> </tr> </table> FEC ID number of contributing federal political committee. C <table style="width: 100%; border: none;"> <tr> <td style="width: 40%; border: none;"> Name of Employer (for Individual) AFSCME OH LOC 11/STATE OF OH </td> <td style="width: 60%; border: none;"> Occupation (for Individual) CORRECTION SERGEANT </td> </tr> </table> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | City Marysville | State OH | Zip Code 43040 | Name of Employer (for Individual) AFSCME OH LOC 11/STATE OF OH | Occupation (for Individual) CORRECTION SERGEANT | Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 12 / 06 / 2019 </div> Transaction ID : SA11Al.247754 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 10.00 </div> <input type="checkbox"/> Memo Item | |
| City Marysville | State OH | Zip Code 43040 | | | | | | | |
| Name of Employer (for Individual) AFSCME OH LOC 11/STATE OF OH | Occupation (for Individual) CORRECTION SERGEANT | | | | | | | | |
| B. DYE, SCOTT, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 234 Gallery Drive <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: 1px solid black; padding: 2px;">City Marysville</td> <td style="width: 15%; border: 1px solid black; padding: 2px;">State OH</td> <td style="width: 52%; border: 1px solid black; padding: 2px;">Zip Code 43040</td> </tr> </table> FEC ID number of contributing federal political committee. C <table style="width: 100%; border: none;"> <tr> <td style="width: 40%; border: none;"> Name of Employer (for Individual) AFSCME OH LOC 11/STATE OF OH </td> <td style="width: 60%; border: none;"> Occupation (for Individual) CORRECTION SERGEANT </td> </tr> </table> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | City Marysville | State OH | Zip Code 43040 | Name of Employer (for Individual) AFSCME OH LOC 11/STATE OF OH | Occupation (for Individual) CORRECTION SERGEANT | Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 12 / 20 / 2019 </div> Transaction ID : SA11Al.248331 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 10.00 </div> <input type="checkbox"/> Memo Item | |
| City Marysville | State OH | Zip Code 43040 | | | | | | | |
| Name of Employer (for Individual) AFSCME OH LOC 11/STATE OF OH | Occupation (for Individual) CORRECTION SERGEANT | | | | | | | | |
| C. EAGLE, DENNIS, J., , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 5007 26th Avenue SE <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: 1px solid black; padding: 2px;">City Lacey</td> <td style="width: 15%; border: 1px solid black; padding: 2px;">State WA</td> <td style="width: 52%; border: 1px solid black; padding: 2px;">Zip Code 98503</td> </tr> </table> FEC ID number of contributing federal political committee. C <table style="width: 100%; border: none;"> <tr> <td style="width: 40%; border: none;"> Name of Employer (for Individual) AFSCME WA CN 28 </td> <td style="width: 60%; border: none;"> Occupation (for Individual) DIRECTOR OF LPA </td> </tr> </table> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | City Lacey | State WA | Zip Code 98503 | Name of Employer (for Individual) AFSCME WA CN 28 | Occupation (for Individual) DIRECTOR OF LPA | Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 12 / 16 / 2019 </div> Transaction ID : SA11Al.249128 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 110.00 </div> <input type="checkbox"/> Memo Item | |
| City Lacey | State WA | Zip Code 98503 | | | | | | | |
| Name of Employer (for Individual) AFSCME WA CN 28 | Occupation (for Individual) DIRECTOR OF LPA | | | | | | | | |
| SUBTOTAL of Receipts This Page (optional)..... ▶ | | | <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 130.00 </div> | | | | | | |
| TOTAL This Period (last page this line number only)..... ▶ | | | <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> </div> | | | | | | |