

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

FOR LINE NUMBER: PAGE 425 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. ELLETT, THOMAS, D., ,**

Mailing Address N60 W38448 Blackhawk Drive

City

Oconomowoc

State

WI

Zip Code

53066

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

AFSCME INT'L

Occupation (for Individual)

FIELD EDUCATION COORDINATOR II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1035.44

Date of Receipt

M M	D D	Y Y Y Y Y Y
12	31	2019

Transaction ID : SA11AI.246755

Amount of Each Receipt this Period

43.89

☐ Memo Item

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

**B. ELLIOTT, ELIZABETH, A., ,**

Mailing Address 1108 Highridge Avenue

City

Dayton

State

OH

Zip Code

45420

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

AFSCME OH CN 8

Occupation (for Individual)

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M	D D	Y Y Y Y Y Y
12	05	2019

Transaction ID : SA11AI.251431

Amount of Each Receipt this Period

9.50

☐ Memo Item

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

**C. ELLIOTT, ELIZABETH, A., ,**

Mailing Address 1108 Highridge Avenue

City

Dayton

State

OH

Zip Code

45420

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

AFSCME OH CN 8

Occupation (for Individual)

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

324.00

Date of Receipt

M M	D D	Y Y Y Y Y Y
12	11	2019

Transaction ID : SA11AI.251430

Amount of Each Receipt this Period

20.00

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

73.39

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