

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

FOR LINE NUMBER: PAGE 432 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. ERICKSON, DARYL, A., ,

Mailing Address 240 Parkridge Drive

City

Mason city

State

IA

Zip Code

50401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AFSCME IA CN 61/STATE OF IA

Occupation (for Individual)

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

520.00

Date of Receipt

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

Transaction ID : SA11AI.251312

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. ERICKSON, LINDA, R., ,

Mailing Address P.O. Box 523

City

Rainer

State

WA

Zip Code

98576

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AFSCME WA CN 28/STATE OF WAOccupation (for Individual)
STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

207.00

Date of Receipt

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

Transaction ID : SA11AI.248884

Amount of Each Receipt this Period

9.00

☐ Memo Item

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

C. ERICKSON, LINDA, R., ,

Mailing Address P.O. Box 523

City

Rainer

State

WA

Zip Code

98576

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AFSCME WA CN 28/STATE OF WAOccupation (for Individual)
STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify)

General

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			24			2019					

Transaction ID : SA11AI.249132

Amount of Each Receipt this Period

9.00

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

38.00

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