

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

FOR LINE NUMBER: PAGE 434 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. ESCUDERO, GILBERT, , ,

Mailing Address 14099 SW 17th Terrace

City
MiamiState
FLZip Code
33175FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AFSCME INT'L/STATE STREETOccupation (for Individual)
RETIREE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

407.40

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 09 | | 2019 |

Transaction ID : SA11AI.246760

Amount of Each Receipt this Period

34.03

☐ Memo Item

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

B. ESHELMAN, SUE, , ,

Mailing Address 45100 Carr Road

City
CollvilleState
OHZip Code
45723FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AFSCME OH CN 8Occupation (for Individual)
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 09 | | 2019 |

Transaction ID : SA11AI.251379

Amount of Each Receipt this Period

9.62

☐ Memo Item

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

C. ESHELMAN, SUE, , ,

Mailing Address 45100 Carr Road

City
CollvilleState
OHZip Code
45723FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AFSCME OH CN 8Occupation (for Individual)
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

259.74

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 23 | | 2019 |

Transaction ID : SA11AI.251432

Amount of Each Receipt this Period

9.62

☐ Memo Item

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

53.27

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