

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

FOR LINE NUMBER: PAGE 483 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. FREEMAN, REGINA, C., ,**

Mailing Address 1953 Jared Place

City  
LIMAState  
OHZip Code  
45805FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AFSCME OH LOC 11/STATE OF OHOccupation (for Individual)  
CIVIL RIGHTS INVESTIGATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.50

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
12	06	2019

Transaction ID : SA11AI.247780

Amount of Each Receipt this Period

14.50

☐ Memo Item

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

**B. FREEMAN, REGINA, C., ,**

Mailing Address 1953 Jared Place

City  
LIMAState  
OHZip Code  
45805FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AFSCME OH LOC 11/STATE OF OHOccupation (for Individual)  
CIVIL RIGHTS INVESTIGATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

377.00

Date of Receipt

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

Transaction ID : SA11AI.248357

Amount of Each Receipt this Period

14.50

☐ Memo Item

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

**C. FREES, DONALD, I., ,**

Mailing Address 131 West Oley Street

City  
AllentownState  
PAZip Code  
19601FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AFSCME PA CN 13/NSP/LOCAL 462Occupation (for Individual)  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
12	13	2019

Transaction ID : SA11AI.249451

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

59.00

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