

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

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

FOR LINE NUMBER: PAGE 613 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

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

A. HASKELL, ANTONIA, T., ,

Mailing Address P.O. Box 4371

City

Kaneohe

State

HI

Zip Code

96744

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AFSCME HI LOC 152

Occupation (for Individual)

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 02 / 2019

Transaction ID : SA11AI.251623

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. HASSELBACK, JACOB, , ,

Mailing Address 916 Fairwood Blvd.

City

Elyria

State

OH

Zip Code

44035

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AFSCME OH LOC 11/STATE OF OH

Occupation (for Individual)

CORRECTION OFFICER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA11AI.247828

Amount of Each Receipt this Period

24.00

☐ Memo Item

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

C. HASSELBACK, JACOB, , ,

Mailing Address 916 Fairwood Blvd.

City

Elyria

State

OH

Zip Code

44035

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AFSCME OH LOC 11/STATE OF OH

Occupation (for Individual)

CORRECTION OFFICER

Receipt For:

☐ Primary
☐ Other (specify)

General

Aggregate Year-to-Date ▼

524.00

Date of Receipt

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

Transaction ID : SA11AI.248406

Amount of Each Receipt this Period

24.00

☐ Memo Item

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

68.00

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