

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

FOR LINE NUMBER: PAGE 654 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. HODGE, ROBERT, F., ,Mailing Address 547 Eastland Mobile Home Park
Lot 43City
GeorgetownState
OHZip Code
45121FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AFSCME OH LOC 11/STATE OF OHOccupation (for Individual)
MAINTENANCE REPAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

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

Transaction ID : SA11AI.248426

Amount of Each Receipt this Period

8.00

☐ Memo Item

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

B. HODGES, MELISSA, I., ,

Mailing Address 29 Meadow Park Drive

City
MilfordState
CTZip Code
06461-0000FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AFSCME CT CN 4/STATE OF CTOccupation (for Individual)
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID : SA11AI.251752

Amount of Each Receipt this Period

16.80

☐ Memo Item

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

C. HODGES, MELISSA, I., ,

Mailing Address 29 Meadow Park Drive

City
MilfordState
CTZip Code
06461-0000FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AFSCME CT CN 4/STATE OF CTOccupation (for Individual)
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

218.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2019

Transaction ID : SA11AI.251785

Amount of Each Receipt this Period

8.40

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

33.20

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