

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

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

FOR LINE NUMBER: PAGE 683 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. HUFF, DAVID, C., ,

Mailing Address 207 Oswald Drive

City
Union

State
OH

Zip Code
45322

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AFSCME OH CN 8/DAYTON METROHEALTH

Occupation (for Individual)

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.25

Date of Receipt

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

Transaction ID : SA11AI.251383

Amount of Each Receipt this Period

9.61

☐ Memo Item

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

B. HUFF, DAVID, C., ,

Mailing Address 207 Oswald Drive

City
Union

State
OH

Zip Code
45322

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AFSCME OH CN 8/DAYTON METROHEALTH

Occupation (for Individual)

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.86

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 17 / 2019

Transaction ID : SA11AI.251442

Amount of Each Receipt this Period

9.61

☐ Memo Item

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

C. HUFFMAN, AMY, M., ,

Mailing Address 3203 9th Street Court

City
East moline

State
IL

Zip Code
61244

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AFSCME IL CN 31/STATE OF IL

Occupation (for Individual)

HUMAN SERVICES CASEWORKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2019

Transaction ID : SA11AI.247218

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

39.22

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