

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

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

FOR LINE NUMBER: PAGE 725 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. JOHNSON, DONNELLA, K., ,

Mailing Address 2695 Atwood Terrace

 City  
 Columbus

 State  
 OH

 Zip Code  
 43211

 FEC ID number of contributing  
 federal political committee.

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

 Occupation (for Individual)  
 CUSTOMER SERVICE REP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 /  / 

Transaction ID : SA11AI.247885

Amount of Each Receipt this Period

☐ Memo Item

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

B. JOHNSON, DONNELLA, K., ,

Mailing Address 2695 Atwood Terrace

 City  
 Columbus

 State  
 OH

 Zip Code  
 43211

 FEC ID number of contributing  
 federal political committee.

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

 Occupation (for Individual)  
 CUSTOMER SERVICE REP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 /  / 

Transaction ID : SA11AI.248463

Amount of Each Receipt this Period

☐ Memo Item

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

C. JOHNSON, ERIC, T., ,

Mailing Address 4 Brad Drive

 City  
 Glen Carbon

 State  
 IL

 Zip Code  
 62034

 FEC ID number of contributing  
 federal political committee.

 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 ▼

Date of Receipt

 /  / 

Transaction ID : SA11AI.247228

Amount of Each Receipt this Period

☐ Memo Item

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

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