

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 742 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. JONES, KELVIN, J., ,

Mailing Address P.O. Box 593

City
ColumbusState
OHZip Code
43216FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		2	0		2	0	1	9		

Transaction ID : SA11Al.248472

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

B. JONES, KENNY, D., ,

Mailing Address 4808 W Hillcrest Avenue

City
DaytonState
OHZip Code
45406FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AFSCME OH LOC 4/DAYTONOccupation (for Individual)
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		2	0		2	0	1	9		

Transaction ID : SA11Al.249722

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. JONES, KENNY, D., ,

Mailing Address 4808 W Hillcrest Avenue

City
DaytonState
OHZip Code
45406FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AFSCME OH LOC 4/DAYTONOccupation (for Individual)
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		2	0		2	0	1	9		

Transaction ID : SA11Al.249919

Amount of Each Receipt this Period

25.00

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

65.00

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