

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

FOR LINE NUMBER: PAGE 1174 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. PUGH, RICHARD, B., ,**

Mailing Address 824 Burch Avenue

City  
LimaState  
OHZip Code  
45801FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.50

Date of Receipt

M M	D D	Y Y Y Y
12	06	2019

Transaction ID : SA11AI.248050

Amount of Each Receipt this Period

8.70

☐ Memo Item

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

**B. PUGH, RICHARD, B., ,**

Mailing Address 824 Burch Avenue

City  
LimaState  
OHZip Code  
45801FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.20

Date of Receipt

M M	D D	Y Y Y Y
12	20	2019

Transaction ID : SA11AI.248630

Amount of Each Receipt this Period

8.70

☐ Memo Item

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

**C. PYLES, HEATHER, D., ,**

Mailing Address 37619 NE 218th Avenue

City  
YacoltState  
WAZip Code  
98675FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AFSCME WA CN 28/STATE OF WAOccupation (for Individual)  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M	D D	Y Y Y Y
12	10	2019

Transaction ID : SA11AI.248987

Amount of Each Receipt this Period

10.00

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

27.40

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