

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

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

FOR LINE NUMBER: PAGE 1277 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. SAVELY, JAMES, R., ,

Mailing Address 22060 Fox Road

City

New Plymouth

State

OH

Zip Code

45654

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AFSCME OH LOC 11/STATE OF OH

Occupation (for Individual)

ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.50

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 06 / 2019

Transaction ID : SA11AI.248082

Amount of Each Receipt this Period

10.50

☐ Memo Item

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

B. SAVELY, JAMES, R., ,

Mailing Address 22060 Fox Road

City

New Plymouth

State

OH

Zip Code

45654

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AFSCME OH LOC 11/STATE OF OH

Occupation (for Individual)

ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.00

Date of Receipt

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

Transaction ID : SA11AI.248663

Amount of Each Receipt this Period

10.50

☐ Memo Item

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

C. SCHANNO, PAUL, J., ,

Mailing Address 927 Sherburne Avenue

City

St. Paul

State

MN

Zip Code

55104

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AFSCME MN CN 5/STATE OF MN

Occupation (for Individual)

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 30 / 2019

Transaction ID : SA11AI.250267

Amount of Each Receipt this Period

18.00

☐ Memo Item

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

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

39.00