

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

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

FOR LINE NUMBER: PAGE 1492 OF 1661

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. WAGONER, SUSAN, L., ,</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 12 / 05 / 2019 Transaction ID : SA11AI.251485</p>	
<p>Mailing Address 5434 Briardale Lane Apt. E</p>			<p>Amount of Each Receipt this Period 97.26</p>	
<p>City Dublin</p>	<p>State OH</p>	<p>Zip Code 43016</p>	<p><input type="checkbox"/> Memo Item</p>	
<p>FEC ID number of contributing federal political committee. C</p>				
<p>Name of Employer (for Individual) AFSCME OH CN 8</p>		<p>Occupation (for Individual) STAFF REPRESENTATIVE</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 1049.80</p>		
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. WAGSTAFF, CALE, R., ,</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 12 / 06 / 2019 Transaction ID : SA11AI.248145</p>	
<p>Mailing Address 819 Clark Street</p>			<p>Amount of Each Receipt this Period 9.00</p>	
<p>City Cambridge</p>	<p>State OH</p>	<p>Zip Code 43725</p>	<p><input type="checkbox"/> Memo Item</p>	
<p>FEC ID number of contributing federal political committee. C</p>				
<p>Name of Employer (for Individual) AFSCME OH LOC 11/STATE OF OH</p>		<p>Occupation (for Individual) CORRECTION OFFICER</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 225.00</p>		
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. WAGSTAFF, CALE, R., ,</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 12 / 20 / 2019 Transaction ID : SA11AI.248728</p>	
<p>Mailing Address 819 Clark Street</p>			<p>Amount of Each Receipt this Period 9.00</p>	
<p>City Cambridge</p>	<p>State OH</p>	<p>Zip Code 43725</p>	<p><input type="checkbox"/> Memo Item</p>	
<p>FEC ID number of contributing federal political committee. C</p>				
<p>Name of Employer (for Individual) AFSCME OH LOC 11/STATE OF OH</p>		<p>Occupation (for Individual) CORRECTION OFFICER</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Aggregate Year-to-Date ▼ 234.00</p>		
<p>SUBTOTAL of Receipts This Page (optional).....▶</p>			<p>115.26</p>	
<p>TOTAL This Period (last page this line number only).....▶</p>				