

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

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

FOR LINE NUMBER: PAGE 1499 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. WALKER, TIMOTHY, R., ,**

Mailing Address P.O. Box 351

 City  
 Uncasville

 State  
 CT

 Zip Code  
 06382-0351

 FEC ID number of contributing  
 federal political committee.

 Name of Employer (for Individual)  
 AFSCME CT CN 4/STATE OF CT

 Occupation (for Individual)  
 STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 /  / 

Transaction ID : SA11AI.251872

Amount of Each Receipt this Period

☐ Memo Item

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

**B. WALLACE, AMANDA, M., ,**

Mailing Address 20004 Truman Drive

 City  
 Big lake

 State  
 MN

 Zip Code  
 55309

 FEC ID number of contributing  
 federal political committee.

 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 ▼

Date of Receipt

 /  / 

Transaction ID : SA11AI.250317

Amount of Each Receipt this Period

☐ Memo Item

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

**C. WALLACE, CARL, D., ,**

Mailing Address 1984 Turkey Foot Road

 City  
 Wheelersburg

 State  
 OH

 Zip Code  
 45694

 FEC ID number of contributing  
 federal political committee.

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

 Occupation (for Individual)  
 CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

 /  / 

Transaction ID : SA11AI.248148

Amount of Each Receipt this Period

☐ Memo Item

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

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