

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

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

FOR LINE NUMBER: PAGE 1500 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. WALLACE, CARL, D., ,

Mailing Address 1984 Turkey Foot Road

City

Wheelersburg

State

OH

Zip Code

45694

FEC ID number of contributing
federal political committee.

C

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 ▼

260.00

Date of Receipt

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

Transaction ID : SA11AI.248731

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. WALLACE, EBONY, D., ,

Mailing Address 19819 Midtown Avenue

City

Carson

State

CA

Zip Code

90746

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AFSCME CA LOC 1199/COPE

Occupation (for Individual)

NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 23 / 2019

Transaction ID : SA11AI.247564

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. WALLER, PATRICIA, J., ,

Mailing Address 33986 State Route 681 S

City

Albany

State

OH

Zip Code

45710

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AFSCME OH CN 8/O'BLENESS MH

Occupation (for Individual)

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

307.54

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 05 / 2019

Transaction ID : SA11AI.251486

Amount of Each Receipt this Period

9.50

☐ Memo Item

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

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

59.50