

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

FOR LINE NUMBER: PAGE 1545 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. WHITE, KENNETH, W., ,**

Mailing Address 385 Morrison Avenue

City  
ColumbusState  
OHZip Code  
43205FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AFSCME OH LOC 4/COLUMBUS CITYOccupation (for Individual)  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2019

Transaction ID : SA11AI.249844

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B. WHITE, KENNETH, J., ,**

Mailing Address 137 Wisconsin

City  
ElyriaState  
OHZip Code  
44035FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID : SA11AI.248749

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**C. WHITE, KENNETH, W., ,**

Mailing Address 385 Morrison Avenue

City  
ColumbusState  
OHZip Code  
43205FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AFSCME OH LOC 4/COLUMBUS CITYOccupation (for Individual)  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

262.50

Date of Receipt

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

Transaction ID : SA11AI.249991

Amount of Each Receipt this Period

25.00

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

60.00

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