

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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. YEANEY, ROBERT, B., ,**

Mailing Address 126 N Quentin Avenue

City  
DaytonState  
OHZip Code  
45403FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AFSCME OH CN 8/DAYTONOccupation (for Individual)  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.25

Date of Receipt

M M	D D	Y Y Y Y
12	09	2019

**Transaction ID : SA11AI.251400**

Amount of Each Receipt this Period

9.61

☐ Memo Item

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

**B. YEANEY, ROBERT, B., ,**

Mailing Address 126 N Quentin Avenue

City  
DaytonState  
OHZip Code  
45403FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AFSCME OH CN 8/DAYTONOccupation (for Individual)  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.86

Date of Receipt

M M	D D	Y Y Y Y
12	17	2019

**Transaction ID : SA11AI.251489**

Amount of Each Receipt this Period

9.61

☐ Memo Item

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

**C. YEKALDO, SHARON, M., ,**

Mailing Address 990 Charlton Street

City  
Saint PaulState  
MNZip Code  
55118FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AFSCME MN CN 5/STATE OF MNOccupation (for Individual)  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M	D D	Y Y Y Y
12	30	2019

**Transaction ID : SA11AI.250329**

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

39.22