

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

 FOR 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. SPENCER, KYLE, A., ,

Mailing Address 524 North West Street

 City
 Galesburg

 State
 IL

 Zip Code
 61401

 FEC ID number of contributing
 federal political committee.

 Name of Employer (for Individual)
 AFSCME IL CN 31/STATE OF IL

 Occupation (for Individual)
 CORRECTIONAL OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2019

Transaction ID : SA11AI.227706

Amount of Each Receipt this Period

☐ Memo Item

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

B. SPETZ, BEVERLY, J., ,

Mailing Address 112 Elmwood Street

 City
 Delta

 State
 OH

 Zip Code
 43515

 FEC ID number of contributing
 federal political committee.

 Name of Employer (for Individual)
 AFSCME OH LOC 4

 Occupation (for Individual)
 ORGANIZER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2019

Transaction ID : SA11AI.227799

Amount of Each Receipt this Period

☐ Memo Item

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

C. SPETZ, BEVERLY, J., ,

Mailing Address 112 Elmwood Street

 City
 Delta

 State
 OH

 Zip Code
 43515

 FEC ID number of contributing
 federal political committee.

 Name of Employer (for Individual)
 AFSCME OH LOC 4

 Occupation (for Individual)
 ORGANIZER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2019

Transaction ID : SA11AI.227866

Amount of Each Receipt this Period

☐ Memo Item

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

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