

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

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

FOR LINE NUMBER: PAGE 14 OF 1376

(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. ADAMS, JUSTIN, C., ,

Mailing Address 725 Tyler Street NE

City
Minneapolis

State
MN

Zip Code
55413

FEC ID number of contributing
federal political committee.

C

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 ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 29 / 2019

Transaction ID : SA11AI.245705

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. ADAMS, KEITH, L., ,

Mailing Address 425 S Chestnut

City
Collinsville

State
IL

Zip Code
62234

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
SEC THERAPY AIDE TR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 01 / 2019

Transaction ID : SA11AI.242003

Amount of Each Receipt this Period

63.00

☐ Memo Item

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

C. ADAMS, KEITH, L., ,

Mailing Address 425 S Chestnut

City
Collinsville

State
IL

Zip Code
62234

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
SEC THERAPY AIDE TR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

483.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 29 / 2019

Transaction ID : SA11AI.242317

Amount of Each Receipt this Period

21.00

☐ Memo Item

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

104.00

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