

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 392 OF 1376

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. FLEISCHHACKER, WAYNE, , ,

Mailing Address 300 Hardman Avenue South

City

South St. Paul

State

MN

Zip Code

55075

FEC ID number of contributing
federal political committee.

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 ▼

Date of Receipt

 / /

Transaction ID : SA11AI.245597

Amount of Each Receipt this Period

☐ Memo Item

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

B. FLEISCHHACKER, WAYNE, , ,

Mailing Address 300 Hardman Avenue South

City

South St. Paul

State

MN

Zip Code

55075

FEC ID number of contributing
federal political committee.

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 ▼

Date of Receipt

 / /

Transaction ID : SA11AI.245740

Amount of Each Receipt this Period

☐ Memo Item

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

C. FLEMING, RICHARD, A., ,

Mailing Address P.O. Box 359

City

Kapowsin

State

WA

Zip Code

98344

FEC ID number of contributing
federal political committee.

Name of Employer (for Individual)

AFSCME WA CN 28/STATE OF WA

Occupation (for Individual)

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

 / /

Transaction ID : SA11AI.244572

Amount of Each Receipt this Period

☐ Memo Item

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

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