

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

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

FOR LINE NUMBER: PAGE 406 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. FREEMAN, REGINA, C., ,

Mailing Address 1953 Jared Place

City
LIMA

State
OH

Zip Code
45805

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
CIVIL RIGHTS INVESTIGATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 08 / 2019

Transaction ID : SA11AI.243080

Amount of Each Receipt this Period

14.50

☐ Memo Item

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

B. FREEMAN, REGINA, C., ,

Mailing Address 1953 Jared Place

City
LIMA

State
OH

Zip Code
45805

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
CIVIL RIGHTS INVESTIGATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

348.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 22 / 2019

Transaction ID : SA11AI.243629

Amount of Each Receipt this Period

14.50

☐ Memo Item

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

C. FREES, DONALD, I., ,

Mailing Address 131 West Oley Street

City
Allentown

State
PA

Zip Code
19601

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AFSCME PA CN 13/NSP/LOCAL 462

Occupation (for Individual)
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

315.00

Date of Receipt

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

Transaction ID : SA11AI.244092

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

59.00

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