

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

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

FOR LINE NUMBER: PAGE 462 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. GRAY, JOCELYNE, B., ,**

Mailing Address 1007 S 9th Street

City  
Shelton

State  
WA

Zip Code  
98584

FEC ID number of contributing  
federal political committee.

C

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 ▼

210.00

Date of Receipt

11 / 08 / 2019

Transaction ID : SA11AI.244584

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**B. GRAY, JOCELYNE, B., ,**

Mailing Address 1007 S 9th Street

City  
Shelton

State  
WA

Zip Code  
98584

FEC ID number of contributing  
federal political committee.

C

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 ▼

220.00

Date of Receipt

11 / 25 / 2019

Transaction ID : SA11AI.244821

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**C. GRAY, MONIQUE, L., ,**

Mailing Address 11414 Nelson Avenue

City  
Cleveland

State  
OH

Zip Code  
44105

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
THERAPUTIC PROGRAM WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

207.00

Date of Receipt

11 / 08 / 2019

Transaction ID : SA11AI.243103

Amount of Each Receipt this Period

9.00

☐ Memo Item

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

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

29.00