

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 705 OF 1376

(check only one)

<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. LAWRENCE, JOHN, S., ,**Mailing Address 6165 Albert Street  
Apt. 311

City

North Ridgeville

State

OH

Zip Code

44039

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

AFSCME OH LOC 11/STATE OF OH

Occupation (for Individual)

CORRECTION OFFICER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

564.00

Date of Receipt

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

Transaction ID : SA11AI.243780

Amount of Each Receipt this Period

23.50

☐ Memo Item

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

**B. LAWSON, ROSS, W., ,**

Mailing Address 1262 Flakesford Road

City

Washington CH

State

OH

Zip Code

43160

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

AFSCME OH LOC 11/STATE OF OH

Occupation (for Individual)

CORRECTION OFFICER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

212.00

Date of Receipt

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

Transaction ID : SA11AI.243781

Amount of Each Receipt this Period

13.00

☐ Memo Item

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

**C. LAZO-RICE, ANDREA, C., ,**

Mailing Address 3216 16th Avenue S.

City

Minneapolis

State

MN

Zip Code

55407

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

AFSCME MN CN 5/HENNEPIN COUNTY

Occupation (for Individual)

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA11AI.245794

Amount of Each Receipt this Period

40.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶

76.50

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