

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

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

FOR LINE NUMBER: PAGE 722 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. LIM, ELLEN, H., ,

Mailing Address P.O. Box 1977

City

Waianae

State

HI

Zip Code

96792

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

AFSCME HI LOC 152

Occupation (for Individual)

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID : SA11AI.245928

Amount of Each Receipt this Period

25.00

☐ Memo Item

Memo Item

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

B. LINCOLN, DARRELL, , ,

Mailing Address 12405 Shady Oak Blvd.

City

Gsrfield Hts

State

OH

Zip Code

44125

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 TECHNICIA

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

340.00

Date of Receipt

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

Transaction ID : SA11AI.243232

Amount of Each Receipt this Period

20.00

☐ Memo Item

Memo Item

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

C. LINCOLN, DARRELL, , ,

Mailing Address 12405 Shady Oak Blvd.

City

Gsrfield Hts

State

OH

Zip Code

44125

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 TECHNICIA

Receipt For:

☐ Primary  
☐ Other (specify)

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID : SA11AI.243789

Amount of Each Receipt this Period

20.00

☐ Memo Item

Memo Item

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

65.00

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