

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

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

FOR LINE NUMBER: PAGE 943 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. PEDREGON, MELISSA, J., ,**

Mailing Address 1419 W Roberta Avenue

City

Fullerton

State

CA

Zip Code

92833

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

AFSCME CA LOC 1199/COPE

Occupation (for Individual)

NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 05 / 2019

Transaction ID : SA11AI.241866

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

**B. PEEPER, RANDY, J., ,**

Mailing Address 107 Linden Avenue

City

Cambridge

State

OH

Zip Code

43725

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 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.50

Date of Receipt

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

Transaction ID : SA11AI.243316

Amount of Each Receipt this Period

18.50

☐ Memo Item

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

**C. PEEPER, RANDY, J., ,**

Mailing Address 107 Linden Avenue

City

Cambridge

State

OH

Zip Code

43725

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 ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

344.00

Date of Receipt

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

Transaction ID : SA11AI.243881

Amount of Each Receipt this Period

18.50

☐ Memo Item

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

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

77.00