

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1043 OF 1376

<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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

A. ROGERS, JEFF, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 1235 Isabel Street <table border="1"> <tr> <td>City Los Angeles</td> <td>State CA</td> <td>Zip Code 90065</td> </tr> </table> FEC ID number of contributing federal political committee. C <table border="1"> <tr> <td>Name of Employer (for Individual) AFSCME CA LOC 1199</td> <td>Occupation (for Individual) NURSE</td> </tr> </table> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			City Los Angeles	State CA	Zip Code 90065	Name of Employer (for Individual) AFSCME CA LOC 1199	Occupation (for Individual) NURSE	Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>05</td> <td></td> <td>2019</td> </tr> </table> Transaction ID : SA11AI.241878 Amount of Each Receipt this Period <table border="1"> <tr> <td>20.00</td> </tr> </table> <input type="checkbox"/> Memo Item	M M M	/	D D D	/	Y Y Y Y Y Y	11		05		2019	20.00
City Los Angeles	State CA	Zip Code 90065																	
Name of Employer (for Individual) AFSCME CA LOC 1199	Occupation (for Individual) NURSE																		
M M M	/	D D D	/	Y Y Y Y Y Y															
11		05		2019															
20.00																			
B. ROHMAN, ERIC, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 636 Barkley Avenue <table border="1"> <tr> <td>City Mitchell</td> <td>State IL</td> <td>Zip Code 62040</td> </tr> </table> FEC ID number of contributing federal political committee. C <table border="1"> <tr> <td>Name of Employer (for Individual) AFSCME IL CN 31/STATE OF IL</td> <td>Occupation (for Individual) HUMAN SERVICES CASEWORKER</td> </tr> </table> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			City Mitchell	State IL	Zip Code 62040	Name of Employer (for Individual) AFSCME IL CN 31/STATE OF IL	Occupation (for Individual) HUMAN SERVICES CASEWORKER	Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>01</td> <td></td> <td>2019</td> </tr> </table> Transaction ID : SA11AI.242199 Amount of Each Receipt this Period <table border="1"> <tr> <td>62.52</td> </tr> </table> <input type="checkbox"/> Memo Item	M M M	/	D D D	/	Y Y Y Y Y Y	11		01		2019	62.52
City Mitchell	State IL	Zip Code 62040																	
Name of Employer (for Individual) AFSCME IL CN 31/STATE OF IL	Occupation (for Individual) HUMAN SERVICES CASEWORKER																		
M M M	/	D D D	/	Y Y Y Y Y Y															
11		01		2019															
62.52																			
C. ROHMAN, ERIC, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 636 Barkley Avenue <table border="1"> <tr> <td>City Mitchell</td> <td>State IL</td> <td>Zip Code 62040</td> </tr> </table> FEC ID number of contributing federal political committee. C <table border="1"> <tr> <td>Name of Employer (for Individual) AFSCME IL CN 31/STATE OF IL</td> <td>Occupation (for Individual) HUMAN SERVICES CASEWORKER</td> </tr> </table> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			City Mitchell	State IL	Zip Code 62040	Name of Employer (for Individual) AFSCME IL CN 31/STATE OF IL	Occupation (for Individual) HUMAN SERVICES CASEWORKER	Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>29</td> <td></td> <td>2019</td> </tr> </table> Transaction ID : SA11AI.242563 Amount of Each Receipt this Period <table border="1"> <tr> <td>20.84</td> </tr> </table> <input type="checkbox"/> Memo Item	M M M	/	D D D	/	Y Y Y Y Y Y	11		29		2019	20.84
City Mitchell	State IL	Zip Code 62040																	
Name of Employer (for Individual) AFSCME IL CN 31/STATE OF IL	Occupation (for Individual) HUMAN SERVICES CASEWORKER																		
M M M	/	D D D	/	Y Y Y Y Y Y															
11		29		2019															
20.84																			
SUBTOTAL of Receipts This Page (optional)..... ▶			<table border="1"> <tr> <td>103.36</td> </tr> </table>	103.36															
103.36																			
TOTAL This Period (last page this line number only)..... ▶			<table border="1"> <tr> <td></td> </tr> </table>																