

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

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

FOR LINE NUMBER: PAGE 1098 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. SHAFAT, MOHAMED, I., ,

Mailing Address 430 30th Street Northwest
#305

City
Willmar

State
MN

Zip Code
56201

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AFSCME MN CN 5/STATE OF MN

Occupation (for Individual)
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID : SA11AI.245852

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. SHAFER, TIMOTHY, P., ,

Mailing Address P. O. Box 322

City
Waverly

State
OH

Zip Code
45690

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AFSCME OH LOC 11

Occupation (for Individual)
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

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

Transaction ID : SA11AI.243944

Amount of Each Receipt this Period

70.00

☐ Memo Item

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

C. SHANNON, SILAS, , , III

Mailing Address 905 Mix Avenue
Apt. T2

City
Hamden

State
CT

Zip Code
06514-0000

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AFSCME CT CN 4/STATE OF CT

Occupation (for Individual)
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID : SA11AI.246037

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

110.00