

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

FOR LINE NUMBER: PAGE 1110 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. SHONBORN, JAMES, R., ,**

Mailing Address 18286 Hunter Road

City  
GlousterState  
OHZip Code  
45732FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AFSCME OH CN 8/OHIO UNIVERSITYOccupation (for Individual)  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	12	/	2019

Transaction ID : SA11AI.245310

Amount of Each Receipt this Period

9.62

☐ Memo Item

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

**B. SHONBORN, JAMES, R., ,**

Mailing Address 18286 Hunter Road

City  
GlousterState  
OHZip Code  
45732FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AFSCME OH CN 8/OHIO UNIVERSITYOccupation (for Individual)  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2019

Transaction ID : SA11AI.245383

Amount of Each Receipt this Period

9.62

☐ Memo Item

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

**C. SHORTER, BRENNAN, S., ,**Mailing Address 2020 14th Street  
Apt. 302City  
CloquetState  
MNZip Code  
55720FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID : SA11AI.245674

Amount of Each Receipt this Period

30.00

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

49.24

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