

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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(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. WAGONER, SUSAN, L., ,

 Mailing Address 5434 Briardale Lane
 Apt. E

 City
 Dublin

 State
 OH

 Zip Code
 43016

 FEC ID number of contributing
 federal political committee.

 Name of Employer (for Individual)
 AFSCME OH CN 8

 Occupation (for Individual)
 STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 / /

Transaction ID : SA11AI.245295

Amount of Each Receipt this Period

☐ Memo Item

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

B. WAGONER, SUSAN, L., ,

 Mailing Address 5434 Briardale Lane
 Apt. E

 City
 Dublin

 State
 OH

 Zip Code
 43016

 FEC ID number of contributing
 federal political committee.

 Name of Employer (for Individual)
 AFSCME OH CN 8

 Occupation (for Individual)
 STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 / /

Transaction ID : SA11AI.245397

Amount of Each Receipt this Period

☐ Memo Item

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

C. WAGSTAFF, CALE, R., ,

Mailing Address 819 Clark Street

 City
 Cambridge

 State
 OH

 Zip Code
 43725

 FEC ID number of contributing
 federal political committee.

 Name of Employer (for Individual)
 AFSCME OH LOC 11/STATE OF OH

 Occupation (for Individual)
 CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

 / /

Transaction ID : SA11AI.243423

Amount of Each Receipt this Period

☐ Memo Item

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

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