

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

FOR LINE NUMBER: PAGE 91 OF 167

(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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 Govt. Empl. Political Action Committee**

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

**A. GERKEN, Eric, M, ,**

Mailing Address 2845 Kings Row

City  
RenoState  
NVZip Code  
89503-3223FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
VAOccupation (for Individual)  
RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2019

**Transaction ID : PR2217670249107**

Amount of Each Receipt this Period

60.00

☐ Memo Item

P/R Deduction (\$20.00 Bi-Weekly)

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

**B. FRANCIS, Carlton, , ,**

Mailing Address 7600 Senators Ridge Dr

City

Grovetown

State

GA

Zip Code

30813-1203

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DODOccupation (for Individual)  
Security Guard

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2019

**Transaction ID : PR2218117749107**

Amount of Each Receipt this Period

40.00

☐ Memo Item

P/R Deduction (\$20.00 Bi-Weekly)

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

**C. CAMPISI, Steven, A, ,**

Mailing Address 93 Sandy Hill Rd

City

Sagamore Hls

State

OH

Zip Code

44067-1833

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
veterans health administrationOccupation (for Individual)  
rehab tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2019

**Transaction ID : PR2218370349107**

Amount of Each Receipt this Period

60.00

☐ Memo Item

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

160.00