

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

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

FOR LINE NUMBER: PAGE 102 OF 188

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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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  
Reno

State  
NV

Zip Code  
89503-3223

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
VA

Occupation (for Individual)  
RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 30 / 2019

**Transaction ID : PR2217670249272**

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

**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)  
DOD

Occupation (for Individual)  
Security Guard

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 30 / 2019

**Transaction ID : PR2218117749272**

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 administration

Occupation (for Individual)  
rehab tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 30 / 2019

**Transaction ID : PR2218370349272**

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

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

120.00