

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

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

FOR LINE NUMBER: PAGE 71 OF 132

(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. JOHNSON, Bryan, L, ,

Mailing Address 969 Professor Rd

City
LyndhurstState
OHZip Code
44124-1147FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DFASOccupation (for Individual)
Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2020

Transaction ID : PR2217858551015

Amount of Each Receipt this Period

120.00

☐ Memo Item

P/R Deduction (\$40.00 Bi-Weekly)

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

B. Francis, Carlton, , ,

Mailing Address 7600 Senators Ridge Dr

City
GrovetownState
GAZip Code
30813-1203FEC 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 / 2020

Transaction ID : PR2218117751015

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 HlsState
OHZip Code
44067-1833FEC 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 / 2020

Transaction ID : PR2218370351015

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).....▶

220.00