

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 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. Burrell-Tomlinson, Pamela, A, ,**

Mailing Address 5488 30th Ave N

City  
St Petersburg

State  
FL

Zip Code  
33710-2606

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
VA

Occupation (for Individual)  
Medical Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR584289843485**

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. SCHIPPER, Robin, M, Ms.,**

Mailing Address 2900 S Jay St

City  
Denver

State  
CO

Zip Code  
80227-3804

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
US Mint

Occupation (for Individual)  
Materials Expediter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR584290543485**

Amount of Each Receipt this Period

24.00

☐ Memo Item

P/R Deduction (\$12.00 Bi-Weekly)

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

**C. Armstrong, William, A, Mr.,**

Mailing Address 1221 SPRINGWOOD DR

City  
SPRING BRANCH

State  
TX

Zip Code  
78070-5840

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
VA

Occupation (for Individual)  
Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR584317443485**

Amount of Each Receipt this Period

45.00

☐ Memo Item

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

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

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

109.00