

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 279 OF 309  
(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 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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

Mailing Address 1221 SPRINGWOOD DR

City  
SPRING BRANCHState  
TXZip Code  
78070-5840FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    | / | 30    | / | 2018        |

**Transaction ID : PR584317447429**

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

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

**B. Milner, Dancetinie, L, ,**

Mailing Address 4856 NIELES EDGE DR

City  
COLUMBUSState  
OHZip Code  
43232-6397FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DfasOccupation (for Individual)  
AUDITOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    | / | 30    | / | 2018        |

**Transaction ID : PR584539947429**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$21.00 Bi-Weekly)

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

**C. JONES, Donna, D, ,**

Mailing Address 3310 Herrenhut Rd

City  
LithoniaState  
GAZip Code  
30038-2633FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
VAOccupation (for Individual)  
Program Spc

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 |
| 09    | / | 30    | / | 2018        |

**Transaction ID : PR584669847429**

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

162.00

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