

**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)	PAGE 508 OF 1965
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
NEA Fund for Children and Public Education

Full Name (Last, First, Middle Initial)
A. CELESTINE ECHOLS

Mailing Address **PO BOX 23331**

City **JACKSON** State **MS** Zip Code **39225-3331**

FEC ID number of contributing federal political committee. **C**

Name of Employer **JACKSON PUBLIC SCHOOLS** Occupation **CLASSROOM TEACHER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **241.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 05 / 2015

Transaction ID : A2015-1809519

Amount of Each Receipt this Period
200.00

Full Name (Last, First, Middle Initial)
B. MARK ECKERT

Mailing Address **38 FVILLAGEGREEN**

City **BUDD LAKE** State **NJ** Zip Code **07828**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MOUNT OLIVE TWP** Occupation **EDUCATOR**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 05 / 2015

Transaction ID : A2015-1809316

Amount of Each Receipt this Period
200.00

Full Name (Last, First, Middle Initial)
C. MARK ECKERT

Mailing Address **38 FVILLAGEGREEN**

City **BUDD LAKE** State **NJ** Zip Code **07828**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MOUNT OLIVE TWP** Occupation **EDUCATOR**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 05 / 2015

Transaction ID : A2015-1809314

Amount of Each Receipt this Period
5.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **405.00**

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