

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines
NEA Fund for Children and Public Education

ADDRESS (number and street) 1201 16th Street NW #420
Check if different than previously reported. (ACC) Washington DC 20036 3290

2. FEC IDENTIFICATION NUMBER C00003251
3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report
(b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31
(c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special, Runoff
(d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 01 01 2007 through 01 31 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer John Wilson

Signature of Treasurer Electronically Filed by John Wilson Date 02 16 2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
NEA Fund for Children and Public Education

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		235794.25
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	235794.25									
(c) Total Receipts (from Line 19) .....	124854.89	124854.89								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	360649.14	360649.14								
7. Total Disbursements (from Line 31) .....	166070.56	166070.56								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	194578.58	194578.58								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
NEA Fund for Children and Public Education

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	10457.00	10457.00
(i) Itemized (use Schedule A) .....	114200.86	114200.86
(ii) Unitemized .....	124657.86	124657.86
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	124657.86	124657.86
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	197.03	197.03
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	124854.89	124854.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	124854.89	124854.89

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1320.56	1320.56
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1320.56	1320.56
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	59750.00	59750.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	100000.00	100000.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	5000.00	5000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	166070.56	166070.56
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	166070.56	166070.56

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	124657.86	124657.86
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	124657.86	124657.86
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1320.56	1320.56
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1320.56	1320.56

**SCHEDULE C (FEC Form 3X)**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 6 / 37 FOR LINE 13 OF FORM 3X
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NAME OF COMMITTEE (In Full)  
NEA Fund for Children and Public Education

**Transaction ID: C1521**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Manufacturers & Traders Trust Co.	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1350 Eye St. NW	
City Washington State DC ZIP Code 20005	

Original Amount of Loan <div style="border: 1px solid black; padding: 2px; text-align: right;">500000.00</div>	Cumulative Payment To Date <div style="border: 1px solid black; padding: 2px; text-align: right;">250000.00</div>	Balance Outstanding at Close of This Period <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>
---	--	--

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
<input type="text" value="10"/> <input type="text" value="06"/> <input type="text" value="2006"/>	<input type="text" value="10/31/2007"/>	<input type="text" value="7.80"/> % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<div style="border: 1px solid black; padding: 2px;">0.00</div>
<b>TOTALS</b> This Period (last page in this line only) .....	<div style="border: 1px solid black; padding: 2px;">0.00</div>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
Charles Bowyer

Mailing Address 2417 Wisconsin St NE

City State Zip Code  
Albuquerque NM 87110

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

Name of Employer NEA-NM Occupation Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 2 2 / 2 0 0 7

Transaction ID: A2007-137204

Amount of Each Receipt this Period  
70.00

**B.** Full Name (Last, First, Middle Initial)  
Charles Bowyer

Mailing Address 2417 Wisconsin St NE

City State Zip Code  
Albuquerque NM 87110

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

Name of Employer NEA-NM Occupation Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 2 2 / 2 0 0 7

Transaction ID: A2007-137205

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Charles Bowyer

Mailing Address 2417 Wisconsin St NE

City State Zip Code  
Albuquerque NM 87110

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

Name of Employer NEA-NM Occupation Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 2 5 / 2 0 0 7

Transaction ID: A2007-125770

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	340.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Judith A Briganti

Mailing Address 406 Canal View Way

City Indianapolis State IN Zip Code 46202

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

Name of Employer Indiana State Teachers Assn.  
Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
MM / DD / YYYY  
01 / 26 / 2007

**Transaction ID:** A2007-114164

Amount of Each Receipt this Period  
20.00

**B.** Full Name (Last, First, Middle Initial)  
Judith A Briganti

Mailing Address 406 Canal View Way

City Indianapolis State IN Zip Code 46202

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

Name of Employer Indiana State Teachers Assn.  
Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
MM / DD / YYYY  
01 / 26 / 2007

**Transaction ID:** A2007-135293

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
KAY BRILLIANT

Mailing Address 3817 Courtland Circle

City Alexandria State VA Zip Code 22305

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

Name of Employer National Education Assn.  
Occupation Associate Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
MM / DD / YYYY  
01 / 22 / 2007

**Transaction ID:** A2007-137043

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>470.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Michael Butera

Mailing Address 9955 Fragrant Lillies Way

City State Zip Code  
Laurel MD 20723

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

Name of Employer NATIONAL EDUCATION ASSOCIATION  
Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
01 / 26 / 2007

**Transaction ID:** A2007-135426

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mark S Cebulski

Mailing Address 1026 E Meadow Pl

City State Zip Code  
Whitefish Bay WI 53217

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

Name of Employer NATIONAL EDUCATION ASSOCIATION  
Occupation Executive Committee

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
01 / 26 / 2007

**Transaction ID:** A2007-135126

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Mark S Cebulski

Mailing Address 1026 E Meadow Pl

City State Zip Code  
Whitefish Bay WI 53217

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

Name of Employer NATIONAL EDUCATION ASSOCIATION  
Occupation Executive Committee

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
01 / 26 / 2007

**Transaction ID:** A2007-135127

Amount of Each Receipt this Period  
200.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>350.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Mary A Coploff

Mailing Address 20 Sylvan Dr

City Lock Haven State PA Zip Code 17745

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

Name of Employer KEYSTONE CENTRAL SD Occupation Teacher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
01 / 26 / 2007

Transaction ID: A2007-134519

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mary A Coploff

Mailing Address 20 Sylvan Dr

City Lock Haven State PA Zip Code 17745

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

Name of Employer KEYSTONE CENTRAL SD Occupation Teacher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
01 / 26 / 2007

Transaction ID: A2007-134518

Amount of Each Receipt this Period  
175.00

**C.** Full Name (Last, First, Middle Initial)  
Annie K Crego

Mailing Address 9150 W Antoinette Way

City Flagstaff State AZ Zip Code 86001

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

Name of Employer FLAGSTAFF UNIFIED DISTRICT Occupation Classroom Teacher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
01 / 22 / 2007

Transaction ID: A2007-134797

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	525.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 37
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. CHRIS J DORMAN</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 7	
Mailing Address PO BOX 686		<b>Transaction ID: A2007-134832</b>	
City <b>CHINLE</b>	State <b>AZ</b>	Zip Code <b>86503-0686</b>	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CHINLE UNIFIED DISTRICT		Occupation CLASSROOM TEACHER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. DAVID DU VALL</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 7	
Mailing Address 6960 SOUTH GARRISON STREET		<b>Transaction ID: A2007-134851</b>	
City <b>LITTLETON</b>	State <b>CO</b>	Zip Code <b>80128</b>	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NATIONAL EDUCATION ASSOCIATION		Occupation State Affiliate Executive Dire	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Lily Eskelsen</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 7	
Mailing Address 1201 16th St NW		<b>Transaction ID: A2007-131586</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20036</b>	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NATIONAL EDUCATION ASSOCIATION		Occupation Secretary/Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 520.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	520.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 37
	<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)  
NEA Fund for Children and Public Education

Full Name (Last, First, Middle Initial) <b>A.</b> Lily Eskelsen		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 7	
Mailing Address 1201 16th St NW		<b>Transaction ID:</b> A2007-134546	
City State Zip Code Washington DC 20036		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NATIONAL EDUCATION ASSOCIATION		Occupation Secretary/Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) <b>B.</b> KATHLEEN FERRICK		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 7	
Mailing Address PO BOX 203		<b>Transaction ID:</b> A2007-116161	
City State Zip Code WATERBORO ME 40870		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SAD 57 WATERBORO		Occupation Classroom Teacher	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 245.00	

Full Name (Last, First, Middle Initial) <b>C.</b> KATHLEEN FERRICK		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 7	
Mailing Address PO BOX 203		<b>Transaction ID:</b> A2007-135271	
City State Zip Code WATERBORO ME 40870		Amount of Each Receipt this Period 215.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SAD 57 WATERBORO		Occupation Classroom Teacher	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 245.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	745.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 37
	<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	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
Stephen Franko

Mailing Address 635 Athletic St

City State Zip Code  
Vassar MI 48768

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 7

**Transaction ID:** A2007-137067

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
BRENT FULLINGTON

Mailing Address 1721 W WINCHESTER RD

City State Zip Code  
SPRINGFIELD MO 65807-4488

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

Name of Employer Information Requested Occupation Information Requested  
SPRINGFIELD R-XII Classroom Teacher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 7

**Transaction ID:** A2007-116160

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
BRENT FULLINGTON

Mailing Address 1721 W WINCHESTER RD

City State Zip Code  
SPRINGFIELD MO 65807-4488

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

Name of Employer Information Requested Occupation Information Requested  
SPRINGFIELD R-XII Classroom Teacher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 7

**Transaction ID:** A2007-135269

Amount of Each Receipt this Period  
200.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	475.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
CHRIS GALGAY

Mailing Address 33 BENNETT RD.

City State Zip Code  
TURNER ME 04282

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

Name of Employer MSAD #39 Occupation TEACHER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 7

Transaction ID: A2007-127731

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
CHRIS GALGAY

Mailing Address 33 BENNETT RD.

City State Zip Code  
TURNER ME 04282

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

Name of Employer MSAD #39 Occupation TEACHER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 7

Transaction ID: A2007-137133

Amount of Each Receipt this Period  
55.00

**C.** Full Name (Last, First, Middle Initial)  
CHRIS GALGAY

Mailing Address 33 BENNETT RD.

City State Zip Code  
TURNER ME 04282

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

Name of Employer MSAD #39 Occupation TEACHER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 7

Transaction ID: A2007-137132

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **205.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Toni E Guerra

Mailing Address 22 Greenwich Dr

City State Zip Code  
Westampton NJ 08060

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

Name of Employer Occupation  
HAINESPORT TWP Teacher

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 7

Transaction ID: A2007-135320

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Toni E Guerra

Mailing Address 22 Greenwich Dr

City State Zip Code  
Westampton NJ 08060

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

Name of Employer Occupation  
HAINESPORT TWP Teacher

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 7

Transaction ID: A2007-135319

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
Christine L Guinther

Mailing Address PO Box 1195

City State Zip Code  
Lake Sherwood MO 63357

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

Name of Employer Occupation  
Missouri NEA Vice President

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 7

Transaction ID: A2007-134755

Amount of Each Receipt this Period  
600.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Daniel Henn

Mailing Address 1148 E 58th St

City Indianapolis State IN Zip Code 46220

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

Name of Employer Warren Education Association  
Occupation TEACHER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 7

Transaction ID: A2007-134872

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Daniel G Hinnenkamp

Mailing Address 1003 S 24th St

City Grand Forks State ND Zip Code 58201

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

Name of Employer Retired  
Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 7

Transaction ID: A2007-134887

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Eduardo Holguin

Mailing Address 130 S. Capitol Pl.

City Santa Fe State NM Zip Code 87501

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

Name of Employer NEA - New Mexico  
Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 2 2 / 2 0 0 7

Transaction ID: A2007-112267

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	650.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Eduardo Holguin</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 2 / 2 0 0 7	
Mailing Address 130 S. Capitol Pl.		<b>Transaction ID: A2007-134952</b>	
City State Zip Code Santa Fe NM 87501		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation NEA - New Mexico President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Eduardo Holguin</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 2 / 2 0 0 7	
Mailing Address 130 S. Capitol Pl.		<b>Transaction ID: A2007-135448</b>	
City State Zip Code Santa Fe NM 87501		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation NEA - New Mexico President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Eduardo Holguin</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 5 / 2 0 0 7	
Mailing Address 130 S. Capitol Pl.		<b>Transaction ID: A2007-112268</b>	
City State Zip Code Santa Fe NM 87501		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation NEA - New Mexico President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Janie J Hydrick

Mailing Address 1370 N Madrid Ln

City State Zip Code  
Chandler AZ 85226

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

Name of Employer Occupation  
MESA UNIFIED SCHOOL DISTRICT Classroom Teacher

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 375.00

Date of Receipt  
MM / DD / YYYY  
01 / 22 / 2007

Transaction ID: A2007-134691

Amount of Each Receipt this Period  
375.00

**B.** Full Name (Last, First, Middle Initial)  
Beverly D Ingle

Mailing Address 4281 S Fairplay Cir

City State Zip Code  
Aurora CO 80014

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

Name of Employer Occupation  
CHERRY CREEK 5 Teacher

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 290.00

Date of Receipt  
MM / DD / YYYY  
01 / 22 / 2007

Transaction ID: A2007-119953

Amount of Each Receipt this Period  
40.00

**C.** Full Name (Last, First, Middle Initial)  
Beverly D Ingle

Mailing Address 4281 S Fairplay Cir

City State Zip Code  
Aurora CO 80014

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

Name of Employer Occupation  
CHERRY CREEK 5 Teacher

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 290.00

Date of Receipt  
MM / DD / YYYY  
01 / 22 / 2007

Transaction ID: A2007-134749

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	665.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) GREG JUNG		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 7	
Mailing Address 6317 Potomac St.		<b>Transaction ID:</b> A2007-135261	
City State Zip Code St. Louis MO 63135	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Missouri NEA	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>B.</b> Full Name (Last, First, Middle Initial) SHARON KAISER		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 7	
Mailing Address 1904 HILLSIDE DR		<b>Transaction ID:</b> A2007-129614	
City State Zip Code FRANKLIN IN 46131-8536	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C			
Name of Employer CLARK-PLEASANT COM SCHOOL CORP	Occupation CLASSROOM TEACHER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

<b>C.</b> Full Name (Last, First, Middle Initial) SHARON KAISER		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 7	
Mailing Address 1904 HILLSIDE DR		<b>Transaction ID:</b> A2007-134561	
City State Zip Code FRANKLIN IN 46131-8536	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer CLARK-PLEASANT COM SCHOOL CORP	Occupation CLASSROOM TEACHER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	560.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Sheryl D Mathis		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 7
Mailing Address 2456 SW Kings Ct		<b>Transaction ID:</b> A2007-135577
City State Zip Code Topeka KS 66614	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation KANSAS NEA Associate Executive Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Sheryl D Mathis		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 7
Mailing Address 2456 SW Kings Ct		<b>Transaction ID:</b> A2007-134975
City State Zip Code Topeka KS 66614	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation KANSAS NEA Associate Executive Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Sharon A Morgan		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 7
Mailing Address 1664 Todd Pl.		<b>Transaction ID:</b> A2007-121903
City State Zip Code Bosque Farms NM 87068	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation LOS LUNAS PUBLIC SCHOOLS Classroom Teacher		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	235.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Linda M Nelson

Mailing Address 231 Midland Dr

City State Zip Code  
Council Bluffs IA 51503

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

Name of Employer  
COUNCIL BLUFFS COMM SCHOOL DIS

Occupation  
Classroom Teacher

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
01 / 26 / 2007

Transaction ID: A2007-135444

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
LISA NENTL-BLOOM

Mailing Address 6149 SIOUX TRAIL

City State Zip Code  
NORTH BRANCH MN 55056

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

Name of Employer  
National Education Assn.

Occupation  
Organizational Specialist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
01 / 24 / 2007

Transaction ID: A2007-134790

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
LISA NENTL-BLOOM

Mailing Address 6149 SIOUX TRAIL

City State Zip Code  
NORTH BRANCH MN 55056

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

Name of Employer  
National Education Assn.

Occupation  
Organizational Specialist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
01 / 26 / 2007

Transaction ID: A2007-134791

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	550.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Kathy A Parks</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 6 / 2 0 0 7	
Mailing Address RR 1 Box 126		<b>Transaction ID: A2007-134545</b>	
City State Zip Code Haubstadt IN 47639		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation SOUTH GIBSON SCHOOL CORP Classroom Teacher			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. MILDRED PIANO</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 5 / 2 0 0 7	
Mailing Address 300 PIERMONT RD		<b>Transaction ID: A2007-137028</b>	
City State Zip Code CRESSKILL NJ 76261		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Information Requested Information Requested			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>C. JAN A REINICKE</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 6 / 2 0 0 7	
Mailing Address 7901 ROSELAND		<b>Transaction ID: A2007-135042</b>	
City State Zip Code DES MOINES IA 50322		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation ISEA EXECUTIVE DIRECTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	550.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b> Full Name (Last, First, Middle Initial) Robert H Rogers Mailing Address 5833 Martin Rd City Newburgh State IN Zip Code 47630 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 7 <b>Transaction ID: A2007-136937</b> Amount of Each Receipt this Period 100.00
Name of Employer: EVANSVILLE-VANDERBURGH SCH COR Occupation: Classroom Teacher Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Robert H Rogers Mailing Address 5833 Martin Rd City Newburgh State IN Zip Code 47630 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 7 <b>Transaction ID: A2007-134525</b> Amount of Each Receipt this Period 125.00
Name of Employer: EVANSVILLE-VANDERBURGH SCH COR Occupation: Classroom Teacher Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Donald Schulte Mailing Address 2362 Meadowpark Ct City Maryland Heights State MO Zip Code 63043 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 7 <b>Transaction ID: A2007-134709</b> Amount of Each Receipt this Period 10.00
Name of Employer: PATTONVILLE R-III Occupation: Classroom Teacher Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	235.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Donald Schulte

Mailing Address 2362 Meadowpark Ct

City Maryland Heights State MO Zip Code 63043

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

Name of Employer PATTONVILLE R-III Occupation Classroom Teacher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
01 / 26 / 2007

Transaction ID: A2007-134708

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Ben D Simmons

Mailing Address 1709 NW 18th St

City Blue Springs State MO Zip Code 64015

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

Name of Employer National Education Assn. Occupation State Affiliate Executive Dire

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
01 / 26 / 2007

Transaction ID: A2007-121918

Amount of Each Receipt this Period  
20.00

**C.** Full Name (Last, First, Middle Initial)  
Ben D Simmons

Mailing Address 1709 NW 18th St

City Blue Springs State MO Zip Code 64015

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

Name of Employer National Education Assn. Occupation State Affiliate Executive Dire

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
01 / 26 / 2007

Transaction ID: A2007-134703

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>470.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 37
	<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)  
NEA Fund for Children and Public Education

Full Name (Last, First, Middle Initial) <b>A.</b> Marilou Warden		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 7	
Mailing Address 1413 Warren Pl		<b>Transaction ID:</b> A2007-112232	
City State Zip Code Lafayette IN 47905		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer LAFAYETTE SCHOOL CORPORAT-ION		Occupation Classroom Teacher	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Marilou Warden		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 7	
Mailing Address 1413 Warren Pl		<b>Transaction ID:</b> A2007-134924	
City State Zip Code Lafayette IN 47905		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer LAFAYETTE SCHOOL CORPORAT-ION		Occupation Classroom Teacher	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Anne T Wass		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 7	
Mailing Address 962 Forest St		<b>Transaction ID:</b> A2007-136966	
City State Zip Code Marshfield MA 02050		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer HANOVER SCHOOL DISTRICT		Occupation Classroom Teacher	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 302.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	570.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 37
	<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)  
NEA Fund for Children and Public Education

Full Name (Last, First, Middle Initial) <b>A.</b> Anne T Wass		Date of Receipt MM / DD / YYYY 01 / 26 / 2007
Mailing Address 962 Forest St		<b>Transaction ID:</b> A2007-136967
City Marshfield	State MA	Zip Code 02050
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 100.00	
Name of Employer HANOVER SCHOOL DISTRICT	Occupation Classroom Teacher	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 302.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Anne T Wass		Date of Receipt MM / DD / YYYY 01 / 26 / 2007
Mailing Address 962 Forest St		<b>Transaction ID:</b> A2007-136968
City Marshfield	State MA	Zip Code 02050
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 152.00	
Name of Employer HANOVER SCHOOL DISTRICT	Occupation Classroom Teacher	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 302.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Reg Weaver		Date of Receipt MM / DD / YYYY 01 / 26 / 2007
Mailing Address 10040 S Charles St		<b>Transaction ID:</b> A2007-135092
City Chicago	State IL	Zip Code 60643
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 300.00	
Name of Employer NATIONAL EDUCATION ASSOCIATION	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	552.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
BLAKE C WEST

Mailing Address 900 SW ROBINSON AVE

City TOPEKA State KS Zip Code 66606

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

Name of Employer BLUE VALLEY Occupation Classroom Teacher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 2 2 / 2 0 0 7

**Transaction ID:** A2007-136216

Amount of Each Receipt this Period  
10.00

**B.** Full Name (Last, First, Middle Initial)  
BLAKE C WEST

Mailing Address 900 SW ROBINSON AVE

City TOPEKA State KS Zip Code 66606

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

Name of Employer BLUE VALLEY Occupation Classroom Teacher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 2 2 / 2 0 0 7

**Transaction ID:** A2007-134806

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
John I Wilson

Mailing Address 1650 A Beekman PI NW

City Washington State DC Zip Code 20009

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

Name of Employer NATIONAL EDUCATION ASSOCIATION Occupation Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 7

**Transaction ID:** A2007-121217

Amount of Each Receipt this Period  
150.00

PAYROLL DEDUCTION

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	360.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 / 37
	(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)  
NEA Fund for Children and Public Education

Full Name (Last, First, Middle Initial) <b>A.</b> John H Wright		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 2 / 2 0 0 7	
Mailing Address 922 E Myrtle Ave		Transaction ID: A2007-134756	
City State Zip Code Phoenix AZ 85020	Amount of Each Receipt this Period 80.00		
FEC ID number of contributing federal political committee. C			
Name of Employer WINDOW ROCK UNIFIED DISTRICT	Occupation Classroom Teacher		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00		

Full Name (Last, First, Middle Initial) <b>B.</b> John H Wright		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 2 / 2 0 0 7	
Mailing Address 922 E Myrtle Ave		Transaction ID: A2007-134757	
City State Zip Code Phoenix AZ 85020	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer WINDOW ROCK UNIFIED DISTRICT	Occupation Classroom Teacher		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	330.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	10457.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

PAGE 29 / 37

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Manufacturers &amp; Traders Trust Co.</b>		<b>Transaction ID: B163018</b> Date of Disbursement 01 / 03 / 2007	
Mailing Address 40 East Pratt St.		Amount of Each Disbursement this Period 1075.43	
City Baltimore State MD Zip Code 21202	Purpose of Disbursement Loan interest payment Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable		

Full Name (Last, First, Middle Initial) <b>B. Manufacturers &amp; Traders Trust Co.</b>		<b>Transaction ID: B163013</b> Date of Disbursement 01 / 03 / 2007	
Mailing Address 40 East Pratt St.		Amount of Each Disbursement this Period 186.21	
City Baltimore State MD Zip Code 21202	Purpose of Disbursement Bank Service Charge Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable		

Full Name (Last, First, Middle Initial) <b>C. Manufacturers &amp; Traders Trust Co.</b>		<b>Transaction ID: B163014</b> Date of Disbursement 01 / 08 / 2007	
Mailing Address 40 East Pratt St.		Amount of Each Disbursement this Period 4.50	
City Baltimore State MD Zip Code 21202	Purpose of Disbursement Bank Service Charge Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1266.14
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 37

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Manufacturers &amp; Traders Trust Co.</b>		<b>Transaction ID: B163015</b>																					
Mailing Address 40 East Pratt St.		Date of Disbursement																					
City Baltimore State MD Zip Code 21202		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	1		0	9		2	0	0	7														
Purpose of Disbursement Bank Service Charge		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10" style="text-align: right;">35.00</td> </tr> </table>		35.00																			
35.00																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2007																					
State: MD District:		<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼																					
		Not Applicable																					

001  
Category/  
Type

Full Name (Last, First, Middle Initial) <b>B. Manufacturers &amp; Traders Trust Co.</b>		<b>Transaction ID: B163016</b>																					
Mailing Address 40 East Pratt St.		Date of Disbursement																					
City Baltimore State MD Zip Code 21202		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	1		1	0		2	0	0	7														
Purpose of Disbursement Bank Service Charge		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10" style="text-align: right;">19.42</td> </tr> </table>		19.42																			
19.42																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2007																					
State: MD District:		<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼																					
		Not Applicable																					

001  
Category/  
Type

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

54.42

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

1320.56

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Yarmuth for Congress</b>		<b>Transaction ID:</b> B161723 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 7
Mailing Address 1815 Brownsboro Road Suite 100		Amount of Each Disbursement this Period 2500.00
City Louisville State KY Zip Code 40206		
Purpose of Disbursement O-2006 U.S. House 3 KY	011 Category/ Type	
Candidate Name John Yarmuth		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 3	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Debt Ret General	

Full Name (Last, First, Middle Initial) <b>B. A Lot of People for Dave Obey</b>		<b>Transaction ID:</b> B161885 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7
Mailing Address 525 Washington St. P.O. Box 1322		Amount of Each Disbursement this Period 2500.00
City Wausau State WI Zip Code 54402		
Purpose of Disbursement P-2008 U.S. House 07 WI	011 Category/ Type	
Candidate Name David R Obey		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Hoyer for Congress</b>		<b>Transaction ID:</b> B161884 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7
Mailing Address 7905 Malcome Road Suite 102		Amount of Each Disbursement this Period 5000.00
City Clinton State MD Zip Code 20735		
Purpose of Disbursement P-2008 U.S. House 05 MD	011 Category/ Type	
Candidate Name Steny H Hoyer		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Friends of Joe Baca</b>		<b>Transaction ID:</b> B161939 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 7
Mailing Address P.O. Box 632		Amount of Each Disbursement this Period 1000.00
City San Bernardino State CA Zip Code 92402	011 Category/ Type	
Purpose of Disbursement P-2008 U.S. House 43 CA		
Candidate Name Joe Baca		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 43	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Democratic Senatorial Campaign Committee</b>		<b>Transaction ID:</b> B161940 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 7
Mailing Address 120 Maryland Avenue NE		Amount of Each Disbursement this Period 15000.00
City Washington State DC Zip Code 20002	011 Category/ Type	
Purpose of Disbursement National Party Cmte-Fed Acct US		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: US District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	

Full Name (Last, First, Middle Initial) <b>C. Lucille Roybal-Allard for Congress</b>		<b>Transaction ID:</b> B161941 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 7
Mailing Address 2730 Wilshire Blvd. Suite 550		Amount of Each Disbursement this Period 2750.00
City Los Angeles State CA Zip Code 90403	011 Category/ Type	
Purpose of Disbursement P-2008 U.S. House 34 CA		
Candidate Name Lucille Roybal-Allard		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 34	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	18750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 33 / 37

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Democratic Congressional Campaign Committee</b>		<b>Transaction ID: B161883</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 7
Mailing Address 430 South Capitol St. SE		Amount of Each Disbursement this Period 15000.00
City Washington State DC Zip Code 20003	011 Category/ Type	
Purpose of Disbursement National Party Cmte-Fed Acct US Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: US District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	

Full Name (Last, First, Middle Initial) <b>B. Friends of Senator Carl Levin</b>		<b>Transaction ID: B162300</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 7
Mailing Address 10 G Street NE Suite 470		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002	011 Category/ Type	
Purpose of Disbursement P-2008 U.S. Senate MI Candidate Name Carl Levin		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Blue Dog Political Action Cmte</b>		<b>Transaction ID: B162192</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7
Mailing Address 6849 Old Dominion Drive Suite 222		Amount of Each Disbursement this Period 5000.00
City McLean State VA Zip Code 22101	011 Category/ Type	
Purpose of Disbursement Federal PAC DC Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	21000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Stabenow for U S Senate</b>		<b>Transaction ID: B162193</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7
Mailing Address P. O. Box 4945		Amount of Each Disbursement this Period 5000.00
City East Lansing State MI Zip Code 48826	011 Category/ Type	
Purpose of Disbursement P-2012 U.S. Senate MI		
Candidate Name Debbie Stabenow		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. America's Leadership PAC</b>		<b>Transaction ID: B162194</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7
Mailing Address 607 14th Street NW Suite 800		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20005	011 Category/ Type	
Purpose of Disbursement Federal PAC US		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: US District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	

**SUBTOTAL** of Disbursements This Page (optional) .....

10000.00

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

59750.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 35 / 37

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input checked="" type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial)  
Manufacturers & Traders Trust Co.

Mailing Address 40 East Pratt St.

City Baltimore State MD Zip Code 21202

Purpose of Disbursement  
Loan Payment

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

State: MD District:

Disbursement For: 2007  
 Primary  General  
 Other (specify) ▼

Not Applicable

Transaction ID: B163022

Date of Disbursement

01 / 23 / 2007

Amount of Each Disbursement this Period

100000.00

SUBTOTAL of Disbursements This Page (optional) .....

100000.00

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

100000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 36 / 37

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A.** Fattah for Mayor

Mailing Address 3900 Ford Road Suite 12-0

City Philadelphia State PA Zip Code 19131

Purpose of Disbursement  
P-2007 Mayor Philadelphia PA

Candidate Name  
Chaka Fattah

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2007  
 Primary  General  
 Other (specify) ▼

State: PA District:

Transaction ID: B162087

Date of Disbursement

01 / 24 / 2007

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

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

5000.00

Form/Schedule: **SA11A1**

Transaction ID:

Please note that the PAC is aware that we follow an alternate method of itemizing payroll receipts rather than the suggested manner of disclosing a single total for the reporting period along with the amount deducted per pay period. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately more accurately discloses how the receipts are collected.

Form/Schedule: **SC/10**

Transaction ID:

While the original amount of the loan was authorized for \$500,000.00, only \$250,000.00 of that was ever drawn down for use and has been fully paid off with the final payment made on January 23, 2007.