

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

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

FOR LINE NUMBER: PAGE 8 OF 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NEA Fund for Children and Public Education

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

A. ANDERSON, KIMBERLY, C, ,

Mailing Address 116 S 3RD ST

City
RICHMONDState
VAZip Code
23219-3704FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NATIONAL EDUCATION ASSOCIATIONOccupation (for Individual)
AMSE Field Staff

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 09 / 2019

Transaction ID : A2019-2534243

Amount of Each Receipt this Period

20.00

☐ Memo Item

PAYROLL DEDUCTION

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

B. ANDERSON, KIMBERLY, C, ,

Mailing Address 116 S 3RD ST

City
RICHMONDState
VAZip Code
23219-3704FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NATIONAL EDUCATION ASSOCIATIONOccupation (for Individual)
AMSE Field Staff

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 21 / 2019

Transaction ID : A2019-2534244

Amount of Each Receipt this Period

20.00

☐ Memo Item

PAYROLL DEDUCTION

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

C. ANDOSCIA, MICHAEL, D, ,

Mailing Address 1218 NE 2ND PL

City
CAPE CORALState
FLZip Code
33909-1459FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LEE COUNTY SCHOOL DISTRICTOccupation (for Individual)
CLASSROOM 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
 10 / 21 / 2019

Transaction ID : A2019-2531258

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

140.00

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