

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

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

FOR LINE NUMBER: PAGE 337 OF 486

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Rural Letter Carriers' Association Political Action Committee

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

A. Sparger, RHEA, M, ,

Mailing Address 6550 Meldrum Road

City
AnchorvilleState
MIZip Code
48023-2000FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
USPSOccupation (for Individual)
Letter Carrier

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1145.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2017

Transaction ID : PR859353148993

Amount of Each Receipt this Period

120.00

☐ Memo Item

P/R Deduction (\$60.00 Semi-Monthly)

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

B. Hermann, DIANE, E, ,

Mailing Address 420 Sword Way

City
BolingbrookState
ILZip Code
60440-2214FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
USPSOccupation (for Individual)
Letter Carrier

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2017

Transaction ID : PR859358948993

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$10.00 Monthly)

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

C. Smith, THOMAS (TOM), M, ,

Mailing Address 1580 W. Deckerville Road

City
SnoverState
MIZip Code
48472-9754FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
USPSOccupation (for Individual)
Letter Carrier

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

820.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2017

Transaction ID : PR859373748993

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$10.00 Monthly)

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

180.00

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