

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

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

FOR LINE NUMBER: PAGE 9 OF 277

(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, KIM, , ,

Mailing Address 1300 DARTMOUTH ROAD

City

ALEXANDRIA

State

VA

Zip Code

22314

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NEA

Occupation (for Individual)

DIRECTOR GOVT RELATIONS

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 / 12 / 2019

Transaction ID : A2019-2795108

Amount of Each Receipt this Period

1500.00

☐ Memo Item

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

B. ANDERSON, KIMBERLY, C, ,

Mailing Address 116 S 3RD ST

City

RICHMOND

State

VA

Zip Code

23219-3704

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NATIONAL EDUCATION ASSOCIATION

Occupation (for Individual)

ORGANIZATIONAL SPECIALIST

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2019

Transaction ID : A2019-2800687

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. ANDERSON, KIMBERLY, C, ,

Mailing Address 116 S 3RD ST

City

RICHMOND

State

VA

Zip Code

23219-3704

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NATIONAL EDUCATION ASSOCIATION

Occupation (for Individual)

ORGANIZATIONAL SPECIALIST

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 / 22 / 2019

Transaction ID : A2019-2800688

Amount of Each Receipt this Period

20.00

☐ Memo Item

PAYROLL DEDUCTION

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

1540.00

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