

# **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 44

(check only one)

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

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NAME OF COMMITTEE (In Full)

**United Postmasters and Managers of America Political Fund**

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

A. Groves, Jill, E., Ms.,

Mailing Address 1480 Japack Drive

City  
Fremont

State  
OH

Zip Code  
43420-3646

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
US Postal Service

Occupation (for Individual)  
Postmaster

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 03 / 2019

Transaction ID : 13452361

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Groves, Jill, E., Ms.,

Mailing Address 1480 Japack Drive

City  
Fremont

State  
OH

Zip Code  
43420-3646

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
US Postal Service

Occupation (for Individual)  
Postmaster

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 03 / 2019

Transaction ID : 13452362

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Shol, Colleen, Y., Mrs.,

Mailing Address 36227 308th St

City  
Moorhead

State  
IA

Zip Code  
51558-4005

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
US Postal Service

Occupation (for Individual)  
Postmaster Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 03 / 2019

Transaction ID : 13452363

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

55.00

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