

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

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

FOR LINE NUMBER: PAGE 48 OF 347

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Letter Carriers of U.S.A. Political Fund (Letter Carrier Political Fund)

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

**A. CARMON, DOMINICK, J, ,**

Mailing Address 982 BLACKS RD SE

City  
HEBRONState  
OHZip Code  
43025FEC 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 ▼

263.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 05 / 15 / 2020

Transaction ID : A2020-1183511

Amount of Each Receipt this Period

28.50

☐ Memo Item

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

**B. CARMON, DOMINICK, J, ,**

Mailing Address 982 BLACKS RD SE

City  
HEBRONState  
OHZip Code  
43025FEC 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 ▼

291.50

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 05 / 29 / 2020

Transaction ID : A2020-1183512

Amount of Each Receipt this Period

28.50

☐ Memo Item

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

**C. CARPENTI, ENRICO, J, ,**

Mailing Address PO BOX 10367

City  
SILVER SPRINState  
MDZip Code  
20914FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
USPSOccupation (for Individual)  
RETIRED CARRIER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2020

Transaction ID : A2020-1190831

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

157.00

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