

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

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

FOR LINE NUMBER: PAGE 77 OF 158

(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. 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 ▼

80.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2018

Transaction ID : 42059873

Amount of Each Receipt this Period

50.00

☐ Memo Item

In Kind: Lottery tickets

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

B. 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 ▼

180.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2018

Transaction ID : 42059875

Amount of Each Receipt this Period

100.00

☐ Memo Item

In Kind: Cabelas Gift Card

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 ▼

305.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2018

Transaction ID : 42059877

Amount of Each Receipt this Period

125.00

☐ Memo Item

In Kind: Cabelas Gift Card

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

275.00

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