

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 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. DYER, ANGELA, M, ,**

Mailing Address 834 E LONGVIEW AVE

City  
COLUMBUS

State  
OH

Zip Code  
43224-3922

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
COLUMBUS PUBLIC SCHOOLS

Occupation (for Individual)  
CLASSROOM TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

389.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 09 / 2019

**Transaction ID : A2019-1850975**

Amount of Each Receipt this Period

130.00

☐ Memo Item

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

**B. DYER, ANGELA, M, ,**

Mailing Address 834 E LONGVIEW AVE

City  
COLUMBUS

State  
OH

Zip Code  
43224-3922

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
COLUMBUS PUBLIC SCHOOLS

Occupation (for Individual)  
CLASSROOM TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

389.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 09 / 2019

**Transaction ID : A2019-1850976**

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

**C. DYER, JERRY, A, ,**

Mailing Address 281 N 17TH ST

City  
SAN JOSE

State  
CA

Zip Code  
95112-1847

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
EAST SIDE UNION HIGH

Occupation (for Individual)  
EDUCATOR

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  
07 / 17 / 2019

**Transaction ID : A2019-1871433**

Amount of Each Receipt this Period

159.27

☐ Memo Item

PAYROLL DEDUCTION

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

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

489.27