

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

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

FOR LINE NUMBER: PAGE 701 OF 1827

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. HIGGINS, REBECCA, , ,

Mailing Address 2639 FAIRLAND ST

City
CUYAHOGA FALLS

State
OH

Zip Code
44221-2626

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
COPLEY-FAIRLAWN CITY SD

Occupation (for Individual)
CLASSROOM TEACHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1066.00

Date of Receipt

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

Transaction ID : A2019-1847489

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. HILL, CARMEN, K, ,

Mailing Address 5317 WINSLOW DR

City
SAINT LOUIS

State
MO

Zip Code
63121-1425

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ST LOUIS CITY

Occupation (for Individual)
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

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

Transaction ID : A2019-1849960

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

C. HILL, CARMEN, K, ,

Mailing Address 5317 WINSLOW DR

City
SAINT LOUIS

State
MO

Zip Code
63121-1425

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ST LOUIS CITY

Occupation (for Individual)
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

415.00

Date of Receipt

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

Transaction ID : A2019-1849959

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

1030.00