

# **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)

PAGE 892 OF 1827

☒ 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. LARD, ARTHUR, B, ,**

Mailing Address 1328 28TH ST

City  
PORTSMOUTH

State  
OH

Zip Code  
45662-2603

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PORTSMOUTH CITY PUBLIC SCHLS

Occupation (for Individual)  
EDUCATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.60

Date of Receipt

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

**Transaction ID : A2019-1845402**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**B. LARD, ARTHUR, B, ,**

Mailing Address 1328 28TH ST

City  
PORTSMOUTH

State  
OH

Zip Code  
45662-2603

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PORTSMOUTH CITY PUBLIC SCHLS

Occupation (for Individual)  
EDUCATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.60

Date of Receipt

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

**Transaction ID : A2019-1845403**

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

**C. LARNED, DEBORAH, M, ,**

Mailing Address 6353 N WILLOWBROOK DR

City  
TUCSON

State  
AZ

Zip Code  
85704-3972

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MISCELLANEOUS EMPLOYER

Occupation (for Individual)  
CLASSROOM TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

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

**Transaction ID : A2019-1849338**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

310.00