

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

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

FOR LINE NUMBER: PAGE 1186 OF 1827

(check only one)

☒ 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. NAVARRO, LUIS, , ,**

Mailing Address 1610 16TH STREET N. W.

City  
WASHINGTONState  
DCZip Code  
20009FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NEAOccupation (for Individual)  
NEA Staff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 16 / 2019

Transaction ID : A2019-1858795

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. NEAL, JULIEANNE, , ,**

Mailing Address 8425 PINYON PINE PL

City  
ANTELOPEState  
CAZip Code  
95843-3719FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TWIN RIVERS UNIF SCH DISTOccupation (for Individual)  
OTHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.55

Date of Receipt

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

Transaction ID : A2019-1850613

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

**C. NEAL, JULIEANNE, , ,**

Mailing Address 8425 PINYON PINE PL

City  
ANTELOPEState  
CAZip Code  
95843-3719FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TWIN RIVERS UNIF SCH DISTOccupation (for Individual)  
OTHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

202.55

Date of Receipt

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

Transaction ID : A2019-1850612

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

30.00

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