

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

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

FOR LINE NUMBER: PAGE 1465 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. SCHWOCH-SWOBODA, DEBRA, S, ,

Mailing Address N8822 GLADSTONE BEACH RD

City
FOND DU LACState
WIZip Code
54935-9530FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information RequestedOccupation (for Individual)
CLASSROOM TEACHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 17 / 2019

Transaction ID : A2019-1866820

Amount of Each Receipt this Period

80.00

☐ Memo Item

PAYROLL DEDUCTION

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

B. SCIMIA, KATHRYN, M, ,

Mailing Address 188 MOORELAND RD

City
BELPREState
OHZip Code
45714-8005FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BELPRE CITY SDOccupation (for Individual)
CLASSROOM TEACHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.60

Date of Receipt

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

Transaction ID : A2019-1846636

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. SCIMIA, KATHRYN, M, ,

Mailing Address 188 MOORELAND RD

City
BELPREState
OHZip Code
45714-8005FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BELPRE CITY SDOccupation (for Individual)
CLASSROOM TEACHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

224.60

Date of Receipt

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

Transaction ID : A2019-1846637

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

290.00

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