

# **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. Stafford, Rachel, , ,**

Mailing Address MESA AZ

City  
MESA

State  
AZ

Zip Code  
85212-1935

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NATIONAL EDUCATION ASSOCIATION

Occupation (for Individual)  
CLASSROOM TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

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

**Transaction ID : A2019-1847578**

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

**B. Stafford, Rachel, , ,**

Mailing Address MESA AZ

City  
MESA

State  
AZ

Zip Code  
85212-1935

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NATIONAL EDUCATION ASSOCIATION

Occupation (for Individual)  
CLASSROOM TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

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

**Transaction ID : A2019-1847579**

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

**C. STALDER, SABRINA, A, ,**

Mailing Address 5389 STATE ST

City  
ALBANY

State  
OH

Zip Code  
45710-9355

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ATHENS CITY SCH DIST

Occupation (for Individual)  
CLASSROOM TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

213.00

Date of Receipt

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

**Transaction ID : A2019-1851842**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

315.00