

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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. Taylor, Douglas, M, ,**

Mailing Address 1001 Oakland Dr

City  
New AlbanyState  
INZip Code  
47150FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NEW ALBANY-FLOYD COUNTY SCHOOLSOccupation (for Individual)  
Classroom Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

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

Transaction ID : A2019-1844875

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

**B. Taylor, Douglas, M, ,**

Mailing Address 1001 Oakland Dr

City  
New AlbanyState  
INZip Code  
47150FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NEW ALBANY-FLOYD COUNTY SCHOOLSOccupation (for Individual)  
Classroom Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

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

Transaction ID : A2019-1844876

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. TAYLOR, PATRICIA, B, ,**

Mailing Address 6845 VAN LEUVEN LN

City  
HIGHLANDState  
CAZip Code  
92346-6292FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SAN BERNARDINO CITY UNIFIEDOccupation (for Individual)  
COUNSELOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

299.99

Date of Receipt

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

Transaction ID : A2019-1865153

Amount of Each Receipt this Period

120.33

☐ Memo Item

PAYROLL DEDUCTION

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

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

340.33