

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

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

FOR LINE NUMBER: PAGE 522 OF 1826

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Letter Carriers of U.S.A. Political Fund (Letter Carrier Political Fund)

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

A. FRENCH, ROBERT, R, ,

Mailing Address 34 HIRAM PL

City
HARRISON

State
NJ

Zip Code
07029

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
USPS

Occupation (for Individual)
LETTER CARRIER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 27 / 2019

Transaction ID : A2019-3219751

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. FRENCH, ROBERTA, L, ,

Mailing Address 11609 CARROLL LAKE DR

City
FORT WAYNE

State
IN

Zip Code
46818

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
USPS

Occupation (for Individual)
RETIRED CARRIER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 03 / 2019

Transaction ID : A2019-3246861

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. FREY, JEFFREY, D, ,

Mailing Address 2685 S DAYTON WAY APT 48

City
DENVER

State
CO

Zip Code
80231

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
USPS

Occupation (for Individual)
LETTER CARRIER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

638.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 13 / 2019

Transaction ID : A2019-3230283

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

60.00

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