

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse 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)

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. SAUNDERS, DAYMON, H, ,

Mailing Address 150 WHITEHORN DR

City
VANDALIAState
OHZip Code
45377FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
USPSOccupation (for Individual)
RETIRED CARRIER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	D D	Y Y Y Y
12	04	2019

Transaction ID : A2019-3226800

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. SAUNDERS, EMMITT, T, ,

Mailing Address 51 MOUNTAIN GREEN CIR

City
BALTIMOREState
MDZip Code
21244FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
USPSOccupation (for Individual)
LETTER CARRIER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
12	13	2019

Transaction ID : A2019-3220113

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. SAUNDERS, EMMITT, T, ,

Mailing Address 51 MOUNTAIN GREEN CIR

City
BALTIMOREState
MDZip Code
21244FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
USPSOccupation (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
12	27	2019

Transaction ID : A2019-3220114

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

45.00

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