

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
NEA Fund for Children and Public Education

ADDRESS (number and street) 1201 16th Street NW #420  
 Check if different than previously reported. (ACC)  
Washington DC 20036 3290

2. **FEC IDENTIFICATION NUMBER** C00003251  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 02 01 2006 through 02 28 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer John Wilson

Signature of Treasurer Electronically Filed by John Wilson Date 03 17 2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
NEA Fund for Children and Public Education

Report Covering the Period: From: 

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		1874807.78
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	1958558.45									
(c) Total Receipts (from Line 19) .....	107226.80	241564.42								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	2065785.25	2116372.20								
7. Total Disbursements (from Line 31) .....	103573.80	154160.75								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1962211.45	1962211.45								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
NEA Fund for Children and Public Education

Report Covering the Period: From: 

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	7603.50	16933.50
(i) Itemized (use Schedule A) .....	94509.17	214641.56
(ii) Unitemized .....	102112.67	231575.06
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	.00	.00
(b) Political Party Committees .....	.00	.00
(c) Other Political Committees (such as PACs) .....	.00	.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	102112.67	231575.06
12. Transfers From Affiliated/Other Party Committees .....	.00	.00
13. All Loans Received .....	.00	.00
14. Loan Repayments Received .....	.00	.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	.00	.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	.00	.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	5114.13	9989.36
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	.00	.00
(b) Levin Funds (from Schedule H5) .....	.00	.00
(c) Total Transfer (add 18(a) and 18(b)).	.00	.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	107226.80	241564.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	107226.80	241564.42

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	.00	.00
(ii) Non-Federal Share.....	.00	.00
(b) Other Federal Operating Expenditures.....	3573.80	7402.40
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	3573.80	7402.40
22. Transfers to Affiliated/Other Party Committees.....	.00	.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	100000.00	146000.00
24. Independent Expenditure (use Schedule E) .....	.00	.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	.00	.00
26. Loan Repayments Made.....	.00	.00
27. Loans Made.....	.00	.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	.00	.00
(b) Political Party Committees .....	.00	.00
(c) Other Political Committees (such as PACs) .....	.00	.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	.00	.00
29. Other Disbursements.....	.00	758.35
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	.00	.00
(ii) "Levin" Share .....	.00	.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	.00	.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	.00	.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	103573.80	154160.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	103573.80	154160.75

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	102112.67	231575.06
34. Total Contribution Refunds (from Line 28(d)) .....	.00	.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	102112.67	231575.06
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3573.80	7402.40
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	.00	.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	3573.80	7402.40

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
NEA Fund for Children and Public Education

Full Name (Last, First, Middle Initial) <b>A.</b> Judy G Beasley		Date of Receipt MM / DD / YYYY 02 / 09 / 2006
Mailing Address 2221 Red Mile Rd		<b>Transaction ID:</b> A2006-306465
City Murfreesboro	State TN	Zip Code 37127
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 50.00	
Name of Employer Tennessee Education Association	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Judy G Beasley		Date of Receipt MM / DD / YYYY 02 / 09 / 2006
Mailing Address 2221 Red Mile Rd		<b>Transaction ID:</b> A2006-306733
City Murfreesboro	State TN	Zip Code 37127
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 195.00	
Name of Employer Tennessee Education Association	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ronald Y Brady		Date of Receipt MM / DD / YYYY 02 / 21 / 2006
Mailing Address 351 Milwaukee St		<b>Transaction ID:</b> A2006-279380
City Denver	State CO	Zip Code 80206
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 100.00	
Name of Employer WESTMINSTER 50	Occupation Teacher	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	IN KIND

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	345.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 (Last, First, Middle Initial) <b>A.</b> Judith A Briganti		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6
Mailing Address 406 Canal View Way		Transaction ID: A2006-305805
City State Zip Code Indianapolis IN 46202	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer ELKHART COMMUNITY SCHOOLS	Occupation Classroom Teacher	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) <b>B.</b> B. Kay Brilliant		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6
Mailing Address 3108 Payupki Cir		Transaction ID: A2006-304481
City State Zip Code Santa Fe NM 87505	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer National Education Assn.	Occupation State Affiliate Executive Dire	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial) <b>C.</b> B. Kay Brilliant		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6
Mailing Address 3108 Payupki Cir		Transaction ID: A2006-304482
City State Zip Code Santa Fe NM 87505	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer National Education Assn.	Occupation State Affiliate Executive Dire	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

PAYROLL DEDUCTION

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	40.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 52
	<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

**A.** Full Name (Last, First, Middle Initial)  
MICHAEL BUTERA

Mailing Address 1201 16th Street NW

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C**

Name of Employer NATIONAL EDUCATION ASSOCIATION  
Occupation Regional Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
MM / DD / YYYY  
02 / 09 / 2006

Transaction ID: A2006-306625

Amount of Each Receipt this Period  
75.00

PAYROLL DEDUCTION

**B.** Full Name (Last, First, Middle Initial)  
MICHAEL BUTERA

Mailing Address 1201 16th Street NW

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C**

Name of Employer NATIONAL EDUCATION ASSOCIATION  
Occupation Regional Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2006

Transaction ID: A2006-306626

Amount of Each Receipt this Period  
75.00

PAYROLL DEDUCTION

**C.** Full Name (Last, First, Middle Initial)  
Mary A Coploff

Mailing Address 20 Sylvan Dr

City State Zip Code  
Lock Haven PA 17745

FEC ID number of contributing federal political committee. **C**

Name of Employer KEYSTONE CENTRAL SD  
Occupation Teacher

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
305.00

Date of Receipt  
MM / DD / YYYY  
02 / 21 / 2006

Transaction ID: A2006-306627

Amount of Each Receipt this Period  
75.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	225.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 (Last, First, Middle Initial) <b>A.</b> Mary A Coploff		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 1 / 2 0 0 6	
Mailing Address 20 Sylvan Dr		<b>Transaction ID:</b> A2006-306153	
City State Zip Code Lock Haven PA 17745		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation KEYSTONE CENTRAL SD Teacher			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 305.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Annie K Crego		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 1 / 2 0 0 6	
Mailing Address 9150 W Antoinette Way		<b>Transaction ID:</b> A2006-279361	
City State Zip Code Flagstaff AZ 86001		Amount of Each Receipt this Period 65.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation FLAGSTAFF UNIFIED DISTRICT Classroom Teacher			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 385.00	
		IN KIND	

Full Name (Last, First, Middle Initial) <b>C.</b> Annie K Crego		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 1 / 2 0 0 6	
Mailing Address 9150 W Antoinette Way		<b>Transaction ID:</b> A2006-305818	
City State Zip Code Flagstaff AZ 86001		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation FLAGSTAFF UNIFIED DISTRICT Classroom Teacher			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 385.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	115.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

**A.** Full Name (Last, First, Middle Initial)  
Eddie Davis

Mailing Address PO Box 741

City State Zip Code  
Durham NC 27702

FEC ID number of contributing federal political committee. **C**

Name of Employer North Carolina Association of Educator  
Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2006

Transaction ID: A2006-306748

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Eddie Davis

Mailing Address PO Box 741

City State Zip Code  
Durham NC 27702

FEC ID number of contributing federal political committee. **C**

Name of Employer North Carolina Association of Educator  
Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  
MM / DD / YYYY  
02 / 21 / 2006

Transaction ID: A2006-305823

Amount of Each Receipt this Period  
20.00

**C.** Full Name (Last, First, Middle Initial)  
Helen R Davis

Mailing Address 1909 Burke Road

City State Zip Code  
Las Cruces NM 88007

FEC ID number of contributing federal political committee. **C**

Name of Employer LAS CRUCES PUBLIC SCHOOLS  
Occupation Classroom Teacher

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
282.00

Date of Receipt  
MM / DD / YYYY  
02 / 21 / 2006

Transaction ID: A2006-279396

Amount of Each Receipt this Period  
12.00

IN KIND

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	532.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 (Last, First, Middle Initial) <b>A.</b> Patricia A Foerster		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 1 / 2 0 0 6	
Mailing Address 45 Cedar Knoll Rd		<b>Transaction ID:</b> A2006-306534	
City Cockeysville	State MD	Zip Code 21030	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer Maryland State Teachers Association	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Patricia A Foerster		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 1 / 2 0 0 6	
Mailing Address 45 Cedar Knoll Rd		<b>Transaction ID:</b> A2006-306683	
City Cockeysville	State MD	Zip Code 21030	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Maryland State Teachers Association	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Patricia A Foerster		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 1 / 2 0 0 6	
Mailing Address 45 Cedar Knoll Rd		<b>Transaction ID:</b> A2006-279372	
City Cockeysville	State MD	Zip Code 21030	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			
Name of Employer Maryland State Teachers Association	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<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 (Last, First, Middle Initial) <b>A.</b> Sheila C Gallagher		Date of Receipt MM / DD / YYYY 02 / 09 / 2006
Mailing Address 1717 Raven Dr		<b>Transaction ID:</b> A2006-306685
City Florence	State SC	Zip Code 29505
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 100.00	
Name of Employer FLORENCE SCHOOL DISTRICT 01	Occupation Classroom Teacher	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 395.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Sheila C Gallagher		Date of Receipt MM / DD / YYYY 02 / 09 / 2006
Mailing Address 1717 Raven Dr		<b>Transaction ID:</b> A2006-306734
City Florence	State SC	Zip Code 29505
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 195.00	
Name of Employer FLORENCE SCHOOL DISTRICT 01	Occupation Classroom Teacher	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 395.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Sheila C Gallagher		Date of Receipt MM / DD / YYYY 02 / 09 / 2006
Mailing Address 1717 Raven Dr		<b>Transaction ID:</b> A2006-306686
City Florence	State SC	Zip Code 29505
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 100.00	
Name of Employer FLORENCE SCHOOL DISTRICT 01	Occupation Classroom Teacher	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 395.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>395.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 52
	<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 (Last, First, Middle Initial) <b>A.</b> Sheila C Gallagher		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 1 / 2 0 0 6	
Mailing Address 1717 Raven Dr		<b>Transaction ID:</b> A2006-306304	
City State Zip Code Florence SC 29505	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C			
Name of Employer FLORENCE SCHOOL DISTRICT 01	Occupation Classroom Teacher		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 530.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Sheila C Gallagher		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 1 / 2 0 0 6	
Mailing Address 1717 Raven Dr		<b>Transaction ID:</b> A2006-279384	
City State Zip Code Florence SC 29505	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. C			
Name of Employer FLORENCE SCHOOL DISTRICT 01	Occupation Classroom Teacher		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 530.00		
		IN KIND	

Full Name (Last, First, Middle Initial) <b>C.</b> Sheila C Gallagher		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 1 / 2 0 0 6	
Mailing Address 1717 Raven Dr		<b>Transaction ID:</b> A2006-306614	
City State Zip Code Florence SC 29505	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. C			
Name of Employer FLORENCE SCHOOL DISTRICT 01	Occupation Classroom Teacher		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 530.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	135.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 (Last, First, Middle Initial) <b>A.</b> Barbara J Grogg		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 1 / 2 0 0 6	
Mailing Address 819 Birch Ln		<b>Transaction ID:</b> A2006-306680	
City Wilmington	State DE	Amount of Each Receipt this Period 100.00	
Zip Code 19809			
FEC ID number of contributing federal political committee. C			
Name of Employer DELAWARE STATE EDUCATION ASSOCIATION	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 302.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Barbara J Grogg		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 1 / 2 0 0 6	
Mailing Address 819 Birch Ln		<b>Transaction ID:</b> A2006-306647	
City Wilmington	State DE	Amount of Each Receipt this Period 100.00	
Zip Code 19809			
FEC ID number of contributing federal political committee. C			
Name of Employer DELAWARE STATE EDUCATION ASSOCIATION	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 302.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Barbara J Grogg		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 1 / 2 0 0 6	
Mailing Address 819 Birch Ln		<b>Transaction ID:</b> A2006-279353	
City Wilmington	State DE	Amount of Each Receipt this Period 102.00	
Zip Code 19809			
FEC ID number of contributing federal political committee. C			
Name of Employer DELAWARE STATE EDUCATION ASSOCIATION	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 302.00	IN KIND	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	302.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 (Last, First, Middle Initial) <b>A.</b> Barbara J Grogg		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6	
Mailing Address 819 Birch Ln		<b>Transaction ID:</b> A2006-279354	
City Wilmington	State DE	Zip Code 19809	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. C			
Name of Employer DELAWARE STATE EDUCATION ASSOCIATION	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 377.00		
		IN KIND	

Full Name (Last, First, Middle Initial) <b>B.</b> Stacy A Heller		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6	
Mailing Address 5 Somerset Ln		<b>Transaction ID:</b> A2006-306682	
City Newark	State DE	Zip Code 19711	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer CHRISTINA SCHOOL DISTRICT	Occupation Classroom Teacher		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 435.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Stacy A Heller		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6	
Mailing Address 5 Somerset Ln		<b>Transaction ID:</b> A2006-306747	
City Newark	State DE	Zip Code 19711	Amount of Each Receipt this Period 335.00
FEC ID number of contributing federal political committee. C			
Name of Employer CHRISTINA SCHOOL DISTRICT	Occupation Classroom Teacher		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 435.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	510.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 52
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Daniel G Hinnenkamp Mailing Address 1003 S 24th St City Grand Forks State ND Zip Code 58201 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6 <b>Transaction ID: A2006-279387</b> Amount of Each Receipt this Period 25.00
Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 355.00		IN KIND

<b>B.</b> Full Name (Last, First, Middle Initial) Vicki Tobias T Huff Mailing Address 1763 Wilshire Dr City Xenia State OH Zip Code 45385 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6 <b>Transaction ID: A2006-306743</b> Amount of Each Receipt this Period 200.00
Name of Employer XENIA CITY SD Occupation Counselor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Vicki Tobias T Huff Mailing Address 1763 Wilshire Dr City Xenia State OH Zip Code 45385 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6 <b>Transaction ID: A2006-279355</b> Amount of Each Receipt this Period 50.00
Name of Employer XENIA CITY SD Occupation Counselor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		IN KIND

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	275.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 52
	<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 (Last, First, Middle Initial) <b>A.</b> Vicki Tobias T Huff		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6	
Mailing Address 1763 Wilshire Dr		<b>Transaction ID:</b> A2006-305806	
City State Zip Code Xenia OH 45385	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer XENIA CITY SD	Occupation Counselor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Sheri B Lanoff		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6	
Mailing Address 4297 Embassy Park Dr NW		<b>Transaction ID:</b> A2006-306021	
City State Zip Code Washington DC 20016	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NATIONAL EDUCATION ASSOCIATION	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00		

**PAYROLL DEDUCTION**

Full Name (Last, First, Middle Initial) <b>C.</b> Arlethia Lemon-Cusack		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6	
Mailing Address PO Box 165		<b>Transaction ID:</b> A2006-304363	
City State Zip Code Dorchester SC 29437	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NATIONAL EDUCATION ASSOCIATION	Occupation Organizational Specialist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

**PAYROLL DEDUCTION**

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	55.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

**A.** Full Name (Last, First, Middle Initial)  
Arlethia Lemon-Cusack

Mailing Address PO Box 165

City State Zip Code  
Dorchester SC 29437

FEC ID number of contributing federal political committee. **C**

Name of Employer NATIONAL EDUCATION ASSOCIATION  
Occupation Organizational Specialist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 09 / 2006

**Transaction ID:** A2006-306732

Amount of Each Receipt this Period  
170.00

**B.** Full Name (Last, First, Middle Initial)  
Arlethia Lemon-Cusack

Mailing Address PO Box 165

City State Zip Code  
Dorchester SC 29437

FEC ID number of contributing federal political committee. **C**

Name of Employer NATIONAL EDUCATION ASSOCIATION  
Occupation Organizational Specialist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 09 / 2006

**Transaction ID:** A2006-306537

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Arlethia Lemon-Cusack

Mailing Address PO Box 165

City State Zip Code  
Dorchester SC 29437

FEC ID number of contributing federal political committee. **C**

Name of Employer NATIONAL EDUCATION ASSOCIATION  
Occupation Organizational Specialist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2006

**Transaction ID:** A2006-304364

Amount of Each Receipt this Period  
10.00

**PAYROLL DEDUCTION**

**SUBTOTAL** of Receipts This Page (optional) ..... ► 230.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

**A.** Full Name (Last, First, Middle Initial)  
Evon Mazyck

Mailing Address 1861 Harmony Hills Dr

City Lithonia State GA Zip Code 30058

FEC ID number of contributing federal political committee. **C**

Name of Employer National Education Assn. Occupation Regional Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt  
02 / 09 / 2006

Transaction ID: A2006-306704

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Evon Mazyck

Mailing Address 1861 Harmony Hills Dr

City Lithonia State GA Zip Code 30058

FEC ID number of contributing federal political committee. **C**

Name of Employer National Education Assn. Occupation Regional Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt  
02 / 09 / 2006

Transaction ID: A2006-306608

Amount of Each Receipt this Period  
60.00

**C.** Full Name (Last, First, Middle Initial)  
Evon Mazyck

Mailing Address 1861 Harmony Hills Dr

City Lithonia State GA Zip Code 30058

FEC ID number of contributing federal political committee. **C**

Name of Employer National Education Assn. Occupation Regional Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt  
02 / 09 / 2006

Transaction ID: A2006-306261

Amount of Each Receipt this Period  
35.00

PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 195.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

**A.** Full Name (Last, First, Middle Initial)  
Evon Mazyck

Mailing Address 1861 Harmony Hills Dr

City State Zip Code  
Lithonia GA 30058

FEC ID number of contributing federal political committee. **C**

Name of Employer National Education Assn. Occupation Regional Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2006

Transaction ID: A2006-306262

Amount of Each Receipt this Period  
35.00

PAYROLL DEDUCTION

**B.** Full Name (Last, First, Middle Initial)  
Leila C Medley

Mailing Address 3820A Terra Bella Dr

City State Zip Code  
Jefferson City MO 65109

FEC ID number of contributing federal political committee. **C**

Name of Employer Missouri NEA Occupation Political Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt  
MM / DD / YYYY  
02 / 13 / 2006

Transaction ID: A2006-305830

Amount of Each Receipt this Period  
20.00

PAYROLL DEDUCTION

**C.** Full Name (Last, First, Middle Initial)  
Leila C Medley

Mailing Address 3820A Terra Bella Dr

City State Zip Code  
Jefferson City MO 65109

FEC ID number of contributing federal political committee. **C**

Name of Employer Missouri NEA Occupation Political Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2006

Transaction ID: A2006-306028

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	80.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 (Last, First, Middle Initial) <b>A.</b> Princess R Moss		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 1 / 2 0 0 6	
Mailing Address 4212 Lewiston Rd		<b>Transaction ID:</b> A2006-279359	
City State Zip Code Bumpass VA 23024	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. C			
Name of Employer LOUISA CNTY PUBLIC SCHLS	Occupation Classroom Teacher		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 406.00		
		IN KIND	

Full Name (Last, First, Middle Initial) <b>B.</b> Princess R Moss		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 1 / 2 0 0 6	
Mailing Address 4212 Lewiston Rd		<b>Transaction ID:</b> A2006-279360	
City State Zip Code Bumpass VA 23024	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. C			
Name of Employer LOUISA CNTY PUBLIC SCHLS	Occupation Classroom Teacher		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 406.00		
		IN KIND	

Full Name (Last, First, Middle Initial) <b>C.</b> Princess R Moss		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 1 / 2 0 0 6	
Mailing Address 4212 Lewiston Rd		<b>Transaction ID:</b> A2006-306745	
City State Zip Code Bumpass VA 23024	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer LOUISA CNTY PUBLIC SCHLS	Occupation Classroom Teacher		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 406.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	400.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

**A.** Full Name (Last, First, Middle Initial)  
Princess R Moss

Mailing Address 4212 Lewiston Rd

City State Zip Code  
Bumpass VA 23024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
LOUISA CNTY PUBLIC SCHLS Classroom Teacher

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 412.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 2 / 2 0 0 6

Transaction ID: A2006-304201

Amount of Each Receipt this Period  
6.00

**B.** Full Name (Last, First, Middle Initial)  
Tim E Myers

Mailing Address PO Box 3183

City State Zip Code  
Lima OH 45807

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ELIDA LOCAL SD Teacher

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 0 9 / 2 0 0 6

Transaction ID: A2006-306739

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Tim E Myers

Mailing Address PO Box 3183

City State Zip Code  
Lima OH 45807

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ELIDA LOCAL SD Teacher

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 280.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 1 / 2 0 0 6

Transaction ID: A2006-305811

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	226.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

**A.** Full Name (Last, First, Middle Initial)  
Rebecca S Pringle

Mailing Address 1936 Laurel Glen Dr

City State Zip Code  
Harrisburg PA 17110

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SUSQUEHANNA TOWNSHIP SD Classroom Teacher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
02 / 09 / 2006

**Transaction ID:** A2006-306694

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Rebecca S Pringle

Mailing Address 1936 Laurel Glen Dr

City State Zip Code  
Harrisburg PA 17110

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SUSQUEHANNA TOWNSHIP SD Classroom Teacher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 545.00

Date of Receipt  
MM / DD / YYYY  
02 / 21 / 2006

**Transaction ID:** A2006-306744

Amount of Each Receipt this Period  
205.00

**C.** Full Name (Last, First, Middle Initial)  
Rebecca S Pringle

Mailing Address 1936 Laurel Glen Dr

City State Zip Code  
Harrisburg PA 17110

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SUSQUEHANNA TOWNSHIP SD Classroom Teacher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 545.00

Date of Receipt  
MM / DD / YYYY  
02 / 21 / 2006

**Transaction ID:** A2006-306306

Amount of Each Receipt this Period  
40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 345.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

**A.** Full Name (Last, First, Middle Initial)  
Marilyn Rogers

Mailing Address 6628 S Jungfrau Way

City State Zip Code  
Evergreen CO 80439

FEC ID number of contributing federal political committee. **C**

Name of Employer  
NATIONAL EDUCATION ASSOCIATION

Occupation  
Regional Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2006

Transaction ID: A2006-306284

Amount of Each Receipt this Period  
40.00

PAYROLL DEDUCTION

**B.** Full Name (Last, First, Middle Initial)  
Sarah E Ross

Mailing Address 31224 Beaver Cir

City State Zip Code  
Lewes DE 19958

FEC ID number of contributing federal political committee. **C**

Name of Employer  
CAPE HENLOPEN SCHOOL DISTRICT

Occupation  
Classroom Teacher

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2006

Transaction ID: A2006-279350

Amount of Each Receipt this Period  
50.00

IN KIND

**C.** Full Name (Last, First, Middle Initial)  
Sarah E Ross

Mailing Address 31224 Beaver Cir

City State Zip Code  
Lewes DE 19958

FEC ID number of contributing federal political committee. **C**

Name of Employer  
CAPE HENLOPEN SCHOOL DISTRICT

Occupation  
Classroom Teacher

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2006

Transaction ID: A2006-306718

Amount of Each Receipt this Period  
125.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	215.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 / 52						
	(check only one)							
	<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

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NAME OF COMMITTEE (In Full)  
NEA Fund for Children and Public Education

Full Name (Last, First, Middle Initial) <b>A.</b> Sarah E Ross		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6	
Mailing Address 31224 Beaver Cir		<b>Transaction ID:</b> A2006-306630	
City Lewes	State DE	Zip Code 19958	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CAPE HENLOPEN SCHOOL DISTRICT		Occupation Classroom Teacher	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Sarah E Ross		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6	
Mailing Address 31224 Beaver Cir		<b>Transaction ID:</b> A2006-279351	
City Lewes	State DE	Zip Code 19958	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CAPE HENLOPEN SCHOOL DISTRICT		Occupation Classroom Teacher	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 290.00	
		IN KIND	

Full Name (Last, First, Middle Initial) <b>C.</b> Diane M Shust		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6	
Mailing Address 1201 16TH STREET		<b>Transaction ID:</b> A2006-306679	
City WASHINGTON	State DC	Zip Code 20036	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NATIONAL EDUCATION ASSOCIATION		Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	215.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 52
	<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 (Last, First, Middle Initial) <b>A.</b> Diane M Shust		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6
Mailing Address 1201 16TH STREET		Transaction ID: A2006-306338
City State Zip Code WASHINGTON DC 20036	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer NATIONAL EDUCATION ASSOCIATION	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial) <b>B.</b> Ben D Simmons		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address 1709 NW 18th St		Transaction ID: A2006-305302
City State Zip Code Blue Springs MO 64015	Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Missouri NEA	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00	PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial) <b>C.</b> Ben D Simmons		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address 1709 NW 18th St		Transaction ID: A2006-305303
City State Zip Code Blue Springs MO 64015	Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Missouri NEA	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	PAYROLL DEDUCTION

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	80.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 52
	<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 (Last, First, Middle Initial) <b>A.</b> Marsha D Smith		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6	
Mailing Address 2204 Eaglesham Ct		<b>Transaction ID:</b> A2006-306709	
City State Zip Code Olney MD 20832		Amount of Each Receipt this Period 105.00	
FEC ID number of contributing federal political committee. C			
Name of Employer MONTGOMERY COUNTY PUBLIC SCHLS		Occupation Classroom Teacher	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 296.50	

Full Name (Last, First, Middle Initial) <b>B.</b> Marsha D Smith		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6	
Mailing Address 2204 Eaglesham Ct		<b>Transaction ID:</b> A2006-290036	
City State Zip Code Olney MD 20832		Amount of Each Receipt this Period 0.50	
FEC ID number of contributing federal political committee. C			
Name of Employer MONTGOMERY COUNTY PUBLIC SCHLS		Occupation Classroom Teacher	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 296.50	

**PAYROLL DEDUCTION**

Full Name (Last, First, Middle Initial) <b>C.</b> Marsha D Smith		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6	
Mailing Address 2204 Eaglesham Ct		<b>Transaction ID:</b> A2006-306746	
City State Zip Code Olney MD 20832		Amount of Each Receipt this Period 305.00	
FEC ID number of contributing federal political committee. C			
Name of Employer MONTGOMERY COUNTY PUBLIC SCHLS		Occupation Classroom Teacher	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 631.50	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	410.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

**A.** Full Name (Last, First, Middle Initial)  
Marsha D Smith

Mailing Address 2204 Eaglesham Ct

City Olney State MD Zip Code 20832

FEC ID number of contributing federal political committee. **C**

Name of Employer MONTGOMERY COUNTY PUBLIC SCHLS  
Occupation Classroom Teacher

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 631.50

Date of Receipt  
MM / DD / YYYY  
02 / 21 / 2006

Transaction ID: A2006-306223

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
Frances K Steenbergen

Mailing Address PO Box 127

City Glasgow State KY Zip Code 42142

FEC ID number of contributing federal political committee. **C**

Name of Employer Kentucky Education Association  
Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 244.00

Date of Receipt  
MM / DD / YYYY  
02 / 09 / 2006

Transaction ID: A2006-306621

Amount of Each Receipt this Period  
69.00

**C.** Full Name (Last, First, Middle Initial)  
Frances K Steenbergen

Mailing Address PO Box 127

City Glasgow State KY Zip Code 42142

FEC ID number of contributing federal political committee. **C**

Name of Employer Kentucky Education Association  
Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 244.00

Date of Receipt  
MM / DD / YYYY  
02 / 09 / 2006

Transaction ID: A2006-306265

Amount of Each Receipt this Period  
35.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	134.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 52
	<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 (Last, First, Middle Initial) <b>A.</b> Kathryn E Turning		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address 2710 Winchester Woods		<b>Transaction ID:</b> A2006-303443
City State Zip Code Wooster OH 44691	Amount of Each Receipt this Period 4.00	
FEC ID number of contributing federal political committee. <b>C</b>		PAYROLL DEDUCTION
Name of Employer WOOSTER CITY SD	Occupation Teacher	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 213.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Kathryn E Turning		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address 2710 Winchester Woods		<b>Transaction ID:</b> A2006-279397
City State Zip Code Wooster OH 44691	Amount of Each Receipt this Period 55.00	
FEC ID number of contributing federal political committee. <b>C</b>		IN KIND
Name of Employer WOOSTER CITY SD	Occupation Teacher	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 213.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Kathryn E Turning		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address 2710 Winchester Woods		<b>Transaction ID:</b> A2006-306728
City State Zip Code Wooster OH 44691	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer WOOSTER CITY SD	Occupation Teacher	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 213.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	209.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

**A.** Full Name (Last, First, Middle Initial)  
Kathryn E Turning

Mailing Address 2710 Winchester Woods

City State Zip Code  
Wooster OH 44691

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
WOOSTER CITY SD Teacher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 348.00

Date of Receipt  
MM / DD / YYYY  
02 / 21 / 2006

Transaction ID: A2006-306046

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
Kathryn E Turning

Mailing Address 2710 Winchester Woods

City State Zip Code  
Wooster OH 44691

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
WOOSTER CITY SD Teacher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 348.00

Date of Receipt  
MM / DD / YYYY  
02 / 21 / 2006

Transaction ID: A2006-306711

Amount of Each Receipt this Period  
110.00

**C.** Full Name (Last, First, Middle Initial)  
OLLIE UNDERWOOD

Mailing Address 1008 EAST 8TH ST

City State Zip Code  
TUSCUMBIA AL 35674

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ALABAMA ED. ASSN PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
02 / 14 / 2006

Transaction ID: A2006-306658

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	235.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 (Last, First, Middle Initial) <b>A.</b> OLLIE UNDERWOOD		Date of Receipt MM / DD / YYYY 02 / 14 / 2006
Mailing Address 1008 EAST 8TH ST		<b>Transaction ID:</b> A2006-306717
City TUSCUMBIA	State AL	Zip Code 35674
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 125.00
Name of Employer ALABAMA ED. ASSN	Occupation PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Kathryn A Valido		Date of Receipt MM / DD / YYYY 02 / 21 / 2006
Mailing Address 8408 Barrington Rd		<b>Transaction ID:</b> A2006-306726
City Cheyenne	State WY	Zip Code 82009
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 150.00
Name of Employer LARAMIE CO SCHOOL DIST 01	Occupation Classroom Teacher	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Kathryn A Valido		Date of Receipt MM / DD / YYYY 02 / 21 / 2006
Mailing Address 8408 Barrington Rd		<b>Transaction ID:</b> A2006-305847
City Cheyenne	State WY	Zip Code 82009
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 20.00
Name of Employer LARAMIE CO SCHOOL DIST 01	Occupation Classroom Teacher	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	295.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 (Last, First, Middle Initial) <b>A.</b> Kathryn A Valido		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 1 / 2 0 0 6	
Mailing Address 8408 Barrington Rd		<b>Transaction ID:</b> A2006-305846	
City State Zip Code Cheyenne WY 82009	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer LARAMIE CO SCHOOL DIST 01	Occupation Classroom Teacher		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dennis B Van Roekel		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 1 / 2 0 0 6	
Mailing Address 6840 N 18th St		<b>Transaction ID:</b> A2006-306741	
City State Zip Code Phoenix AZ 85016	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer National Education Association	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Elizabeth Waid		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 9 / 2 0 0 6	
Mailing Address 890 Borel Ct		<b>Transaction ID:</b> A2006-306716	
City State Zip Code Gahanna OH 43230	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Ohio Education Association	Occupation Asst Executive Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 237.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	345.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 52
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Elizabeth Waid Mailing Address 890 Borel Ct City Gahanna State OH Zip Code 43230 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6 <b>Transaction ID: A2006-306656</b> Amount of Each Receipt this Period 100.00
Name of Employer Ohio Education Association Occupation Asst Executive Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 237.00		

<b>B.</b> Full Name (Last, First, Middle Initial) John I Wilson Mailing Address 1650 A Beekman PI NW City Washington State DC Zip Code 20009 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6 <b>Transaction ID: A2006-306722</b> Amount of Each Receipt this Period 150.00
Name of Employer NATIONAL EDUCATION ASSOCIATION Occupation Executive Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 410.00		PAYROLL DEDUCTION

<b>C.</b> Full Name (Last, First, Middle Initial) John I Wilson Mailing Address 1650 A Beekman PI NW City Washington State DC Zip Code 20009 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6 <b>Transaction ID: A2006-279358</b> Amount of Each Receipt this Period 50.00
Name of Employer NATIONAL EDUCATION ASSOCIATION Occupation Executive Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 560.00		IN KIND

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

**A.** Full Name (Last, First, Middle Initial)  
John I Wilson

Mailing Address 1650 A Beekman PI NW

City State Zip Code  
Washington DC 20009

FEC ID number of contributing federal political committee. **C**

Name of Employer NATIONAL EDUCATION ASSOCIATION  
Occupation Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
560.00

Date of Receipt  
MM / DD / YYYY  
02 / 21 / 2006

**Transaction ID:** A2006-306675

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
John I Wilson

Mailing Address 1650 A Beekman PI NW

City State Zip Code  
Washington DC 20009

FEC ID number of contributing federal political committee. **C**

Name of Employer NATIONAL EDUCATION ASSOCIATION  
Occupation Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
720.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2006

**Transaction ID:** A2006-306723

Amount of Each Receipt this Period  
150.00

**PAYROLL DEDUCTION**

**C.** Full Name (Last, First, Middle Initial)  
John I Wilson

Mailing Address 1650 A Beekman PI NW

City State Zip Code  
Washington DC 20009

FEC ID number of contributing federal political committee. **C**

Name of Employer NATIONAL EDUCATION ASSOCIATION  
Occupation Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
720.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2006

**Transaction ID:** A2006-304679

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **260.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 35 / 52	
	(check only one)			
	<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

**A.** Full Name (Last, First, Middle Initial)  
Earl H Wiman

Mailing Address 304 Russell Rd

City State Zip Code  
Jackson TN 38301

FEC ID number of contributing federal political committee. **C**

Name of Employer Tennessee Education Association  
Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	4	/	2	0	0	6

Transaction ID: A2006-306736

Amount of Each Receipt this Period  
200.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	7603.50

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 36 / 52	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
NEA Fund for Children and Public Education

**A.** Full Name (Last, First, Middle Initial)  
Manufacturers & Traders Trust Co.

Mailing Address 40 East Pratt St.

City	State	Zip Code
Baltimore	MD	21202

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
9989.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	1	/	2	0	0	6

Transaction ID: A5296

Amount of Each Receipt this Period  
5114.13

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5114.13
<b>TOTAL</b> This Period (last page this line number only) .....	▶	5114.13

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NEA Fund for Children and Public Education

<b>A. Patricia Foerster</b> Full Name (Last, First, Middle Initial) Mailing Address 45 Cedar Knoll Rd City Cockeysville State MD Zip Code 21030 Purpose of Disbursement In-Kind: Fundraising Item Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable		<b>Transaction ID: B137756</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6 Amount of Each Disbursement this Period 150.00 In-Kind: Fundraising Item
--	--	--

<b>B. Princess Moss</b> Full Name (Last, First, Middle Initial) Mailing Address 4212 Lewiston Rd City Bumpass State VA Zip Code 23024 Purpose of Disbursement In-Kind: Fundraising Item Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable		<b>Transaction ID: B137773</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6 Amount of Each Disbursement this Period 75.00 In-Kind: Fundraising Item
--	--	---

<b>C. Vicki Tobias Huff</b> Full Name (Last, First, Middle Initial) Mailing Address 1763 Wilshire Dr City Xenia State OH Zip Code 45385 Purpose of Disbursement In-Kind: Fundraising Item Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable		<b>Transaction ID: B137768</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 In-Kind: Fundraising Item
--	--	---

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	275.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NEA Fund for Children and Public Education

<b>A. Barbara Grogg</b> Full Name (Last, First, Middle Initial) Mailing Address 819 Birch Ln City Wilmington State DE Zip Code 19809 Purpose of Disbursement In-Kind: Fundraising Item Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable		<b>Transaction ID: B137760</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6 Amount of Each Disbursement this Period 102.00 In-Kind: Fundraising Item Category/Type: 003
--	--	--

<b>B. Sarah Ross</b> Full Name (Last, First, Middle Initial) Mailing Address 31224 Beaver Cir City Lewes State DE Zip Code 19958 Purpose of Disbursement In-Kind: Fundraising Item Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable		<b>Transaction ID: B137784</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 In-Kind: Fundraising Item Category/Type: 003
--	--	---

<b>C. Kathryn Turning</b> Full Name (Last, First, Middle Initial) Mailing Address 2710 Winchester Woods City Wooster State OH Zip Code 44691 Purpose of Disbursement In-Kind: Fundraising Item Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable		<b>Transaction ID: B137795</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6 Amount of Each Disbursement this Period 55.00 In-Kind: Fundraising Item Category/Type: 003
--	--	---

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	207.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NEA Fund for Children and Public Education

Full Name (Last, First, Middle Initial) <b>A. Daniel Hinnenkamp</b>		Transaction ID: B137764 Date of Disbursement 02 / 21 / 2006
Mailing Address 1003 S 24th St		Amount of Each Disbursement this Period 25.00
City Grand Forks State ND Zip Code 58201	Purpose of Disbursement In-Kind: Fundraising Item Candidate Name Category/Type: 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	In-Kind: Fundraising Item

Full Name (Last, First, Middle Initial) <b>B. John Wilson</b>		Transaction ID: B137796 Date of Disbursement 02 / 21 / 2006
Mailing Address 1650 A Beekman PI NW		Amount of Each Disbursement this Period 50.00
City Washington State DC Zip Code 20009	Purpose of Disbursement In-Kind: Fundraising Item Candidate Name Category/Type: 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	In-Kind: Fundraising Item

Full Name (Last, First, Middle Initial) <b>C. Ronald Brady</b>		Transaction ID: B137745 Date of Disbursement 02 / 21 / 2006
Mailing Address 351 Milwaukee St		Amount of Each Disbursement this Period 100.00
City Denver State CO Zip Code 80206	Purpose of Disbursement In-Kind: Fundraising Item Candidate Name Category/Type: 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	In-Kind: Fundraising Item

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	175.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NEA Fund for Children and Public Education

<p><b>A.</b> Full Name (Last, First, Middle Initial) Sheila Gallagher</p>		<p><b>Transaction ID:</b> B137757 <b>Date of Disbursement</b> 02 / 21 / 2006</p>	
<p>Mailing Address 1717 Raven Dr</p>		<p>Amount of Each Disbursement this Period 35.00</p>	
<p>City Florence State SC Zip Code 29505</p>	<p>Purpose of Disbursement In-Kind: Fundraising Item</p>	<p>003 Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable</p>	<p>In-Kind: Fundraising Item</p>	

<p><b>B.</b> Full Name (Last, First, Middle Initial) Annie Crego</p>		<p><b>Transaction ID:</b> B137750 <b>Date of Disbursement</b> 02 / 21 / 2006</p>	
<p>Mailing Address 9150 W Antoinette Way</p>		<p>Amount of Each Disbursement this Period 65.00</p>	
<p>City Flagstaff State AZ Zip Code 86001</p>	<p>Purpose of Disbursement In-Kind: Fundraising Item</p>	<p>003 Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable</p>	<p>In-Kind: Fundraising Item</p>	

<p><b>C.</b> Full Name (Last, First, Middle Initial) Helen Davis</p>		<p><b>Transaction ID:</b> B137753 <b>Date of Disbursement</b> 02 / 21 / 2006</p>	
<p>Mailing Address 1909 Burke Road</p>		<p>Amount of Each Disbursement this Period 12.00</p>	
<p>City Las Cruces State NM Zip Code 88007</p>	<p>Purpose of Disbursement In-Kind: Fundraising Item</p>	<p>003 Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable</p>	<p>In-Kind: Fundraising Item</p>	

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>112.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NEA Fund for Children and Public Education

Full Name (Last, First, Middle Initial) <b>A. Sarah Ross</b>		Transaction ID: B137785 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6	
Mailing Address 31224 Beaver Cir		Amount of Each Disbursement this Period 40.00	
City Lewes State DE Zip Code 19958	Purpose of Disbursement In-Kind: Fundraising Item Candidate Name	003 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	In-Kind: Fundraising Item	

Full Name (Last, First, Middle Initial) <b>B. Barbara Grogg</b>		Transaction ID: B137761 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6	
Mailing Address 819 Birch Ln		Amount of Each Disbursement this Period 75.00	
City Wilmington State DE Zip Code 19809	Purpose of Disbursement In-Kind: Fundraising Item Candidate Name	003 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	In-Kind: Fundraising Item	

Full Name (Last, First, Middle Initial) <b>C. Manufacturers &amp; Traders Trust Co.</b>		Transaction ID: B137818 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 6	
Mailing Address 40 East Pratt St.		Amount of Each Disbursement this Period 663.99	
City Baltimore State MD Zip Code 21202	Purpose of Disbursement Bank Service Charge Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	778.99
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NEA Fund for Children and Public Education

Full Name (Last, First, Middle Initial) <b>A. Manufacturers &amp; Traders Trust Co.</b>		<b>Transaction ID: B137856</b> Date of Disbursement MM / DD / YYYY 02 / 06 / 2006	
Mailing Address 40 East Pratt St.		Amount of Each Disbursement this Period 30.17	
City Baltimore State MD Zip Code 21202	Purpose of Disbursement Bank Service Charge Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable		

Full Name (Last, First, Middle Initial) <b>B. Manufacturers &amp; Traders Trust Co.</b>		<b>Transaction ID: B137819</b> Date of Disbursement MM / DD / YYYY 02 / 07 / 2006	
Mailing Address 40 East Pratt St.		Amount of Each Disbursement this Period 4.50	
City Baltimore State MD Zip Code 21202	Purpose of Disbursement Bank Service Charge Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable		

Full Name (Last, First, Middle Initial) <b>C. Manufacturers &amp; Traders Trust Co.</b>		<b>Transaction ID: B137859</b> Date of Disbursement MM / DD / YYYY 02 / 10 / 2006	
Mailing Address 40 East Pratt St.		Amount of Each Disbursement this Period 63.14	
City Baltimore State MD Zip Code 21202	Purpose of Disbursement Bank Service Charge Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	97.81
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	1645.80

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NEA Fund for Children and Public Education

Full Name (Last, First, Middle Initial) <b>A. Congressional Black Caucus PAC</b>		<b>Transaction ID: B133882</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address 509 C Street NE		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20002	Purpose of Disbursement Fed Multi-cand. PAC US Candidate Name 011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: US District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	

Full Name (Last, First, Middle Initial) <b>B. Friends of Patrick Kennedy</b>		<b>Transaction ID: B133881</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address 400 C Street NE Suite 201		Amount of Each Disbursement this Period 2000.00
City Washington State DC Zip Code 20002	Purpose of Disbursement P-2006 U.S. House 01 RI Candidate Name Patrick J Kennedy 011 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. 21st Century PAC</b>		<b>Transaction ID: B133873</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address 2052 Lake Audubon Court		Amount of Each Disbursement this Period 5000.00
City Reston State VA Zip Code 20191	Purpose of Disbursement Fed Multi-cand. PAC US Candidate Name 011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: US District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	12000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NEA Fund for Children and Public Education

Full Name (Last, First, Middle Initial) <b>A. A Lot of People Who Support Jeff Bingaman</b>		<b>Transaction ID:</b> B133874
Mailing Address 110-B East Broad Street		Date of Disbursement MM / DD / YYYY 02 / 01 / 2006
City Falls Church	State VA	Zip Code 22046
Purpose of Disbursement P-2006 U.S. Senate NM	011 Category/ Type	
Candidate Name Jeff Bingaman	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
State: NM	District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		Amount of Each Disbursement this Period 500.00

Full Name (Last, First, Middle Initial) <b>B. Adam Smith for Congress Committee</b>		<b>Transaction ID:</b> B134020
Mailing Address P.O. Box 23626		Date of Disbursement MM / DD / YYYY 02 / 09 / 2006
City Federal Way	State WA	Zip Code 98093
Purpose of Disbursement P-2006 U.S. House 09 WA	011 Category/ Type	
Candidate Name Adam Smith	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: WA	District: 09 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		Amount of Each Disbursement this Period 1000.00

Full Name (Last, First, Middle Initial) <b>C. Silvestre Reyes for US Congress</b>		<b>Transaction ID:</b> B134017
Mailing Address 729 15th Street NW 3rd Floor		Date of Disbursement MM / DD / YYYY 02 / 09 / 2006
City Washington	State DC	Zip Code 20005
Purpose of Disbursement P-2006 U.S. House 16 TX	011 Category/ Type	
Candidate Name Silvestre Reyes	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: TX	District: 16 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		Amount of Each Disbursement this Period 4000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	5500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NEA Fund for Children and Public Education

Full Name (Last, First, Middle Initial) <b>A. Stephanie Tubbs Jones for US Congress</b>		<b>Transaction ID: B134060</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6
Mailing Address 3729 Silsby Rd.		Amount of Each Disbursement this Period 1000.00
City University Heights State OH Zip Code 44118	011 Category/ Type	
Purpose of Disbursement P-2006 U.S. House 11 OH		
Candidate Name Stephanie Tubbs Jones		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 11	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Lampson for Congress</b>		<b>Transaction ID: B134019</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6
Mailing Address 38 Ivy Street SE		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20003	011 Category/ Type	
Purpose of Disbursement P-2006 U.S. House 22 TX		
Candidate Name Nick Lampson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 22	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. A Whole Lot of People for Grijalva Cong Cmte</b>		<b>Transaction ID: B134018</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6
Mailing Address P.O. Box 1242		Amount of Each Disbursement this Period 1000.00
City Tucson State AZ Zip Code 85702	011 Category/ Type	
Purpose of Disbursement P-2006 U.S. House 07 AZ		
Candidate Name Raul M Grijalva		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 07	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NEA Fund for Children and Public Education

Full Name (Last, First, Middle Initial) <b>A. The WISH List</b>		<b>Transaction ID:</b> B134231 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 333 North Fairfax Street Suite 302		Amount of Each Disbursement this Period 5000.00
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Fed Multi-cand. PAC US Candidate Name 011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: US District:		Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

Full Name (Last, First, Middle Initial) <b>B. KOMPAC</b>		<b>Transaction ID:</b> B134229 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address P.O. Box 20209		Amount of Each Disbursement this Period 5000.00
City Alexandria State VA Zip Code 22320	Purpose of Disbursement Fed Multi-cand. PAC US Candidate Name 011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: US District:		Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

Full Name (Last, First, Middle Initial) <b>C. Missouri Democratic Party Federal Acct.</b>		<b>Transaction ID:</b> B134230 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 208 Madison Street		Amount of Each Disbursement this Period 5000.00
City Jefferson City State MO Zip Code 65109	Purpose of Disbursement Fed Multi-cand. Party Cmte MO Candidate Name 011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District:		Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	15000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NEA Fund for Children and Public Education

Full Name (Last, First, Middle Initial) <b>A. AMERIPAC</b>		Transaction ID: B134228 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 499 South Capitol St. SW #414		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20003	Purpose of Disbursement Fed Multi-cand. PAC US Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: US District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>B. Hinojosa for Congress</b>		Transaction ID: B134227 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 417 New Jersey SE		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20003	Purpose of Disbursement P-2006 U.S. House 15 TX Candidate Name Ruben E Hinojosa Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 15 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>C. Friends of John Barrow</b>		Transaction ID: B134370 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6
Mailing Address P.O. Box 8166		Amount of Each Disbursement this Period 2500.00
City Savannah State GA Zip Code 31412	Purpose of Disbursement P-2006 U.S. House 12 GA Candidate Name John Barrow Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	12500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NEA Fund for Children and Public Education

Full Name (Last, First, Middle Initial) <b>A. Pederson 2006</b>		Transaction ID: B134368 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6	
Mailing Address P.O. Box 34144		Amount of Each Disbursement this Period 4000.00	
City Phoenix State AZ Zip Code 85067	Purpose of Disbursement P-2006 U.S. Senate AZ	011 Category/ Type	
Candidate Name Jim Pederson	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AZ District:			

Full Name (Last, First, Middle Initial) <b>B. Sanders for Senate</b>		Transaction ID: B134369 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6	
Mailing Address P.O. Box 391		Amount of Each Disbursement this Period 2500.00	
City Burlington State VT Zip Code 05402	Purpose of Disbursement P-2006 U.S. Senate VT	011 Category/ Type	
Candidate Name Bernard Sanders	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VT District:			

Full Name (Last, First, Middle Initial) <b>C. Melancon for Congress</b>		Transaction ID: B134371 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6	
Mailing Address P.O. Box 549		Amount of Each Disbursement this Period 1500.00	
City Napoleonville State LA Zip Code 70390	Purpose of Disbursement P-2006 U.S. House 3 LA	011 Category/ Type	
Candidate Name Charles Melancon	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: LA District: 3			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NEA Fund for Children and Public Education

Full Name (Last, First, Middle Initial) <b>A. Melissa Bean for Congress</b>		Transaction ID: B134365 Date of Disbursement 02 / 16 / 2006	
Mailing Address P.O. Box 3068		Amount of Each Disbursement this Period 2500.00	
City Barrington	State IL	Zip Code 60010	
Purpose of Disbursement P-2006 U.S. House 08 IL		011 Category/ Type	
Candidate Name Melissa Bean			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IL District: 08			

Full Name (Last, First, Middle Initial) <b>B. Friends of Jim Clyburn</b>		Transaction ID: B134373 Date of Disbursement 02 / 16 / 2006	
Mailing Address 499 South Capitol Street SW Suite		Amount of Each Disbursement this Period 5000.00	
City Washington	State DC	Zip Code 20003	
Purpose of Disbursement P-2006 U.S. House 06 SC		011 Category/ Type	
Candidate Name James E Clyburn			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: SC District: 06			

Full Name (Last, First, Middle Initial) <b>C. Hoyer for Congress</b>		Transaction ID: B134361 Date of Disbursement 02 / 16 / 2006	
Mailing Address 7905 Malcolm Rd. Suite 102		Amount of Each Disbursement this Period 3000.00	
City Clinton	State MD	Zip Code 20735	
Purpose of Disbursement P-2006 U.S. House 05 MD		011 Category/ Type	
Candidate Name Steny H Hoyer			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MD District: 05			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NEA Fund for Children and Public Education

<p><b>A.</b> Full Name (Last, First, Middle Initial) Lucille Roybal Allard for Congress</p>		<p><b>Transaction ID:</b> B134372 <b>Date of Disbursement</b>  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	2		1	6		2	0	0	6														
<p>Mailing Address P.O. Box 582</p>		<p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>500.00</td> </tr> </table> </p>		500.00																			
500.00																							
<p>City Kensington State MD Zip Code 20895</p>	<p>Purpose of Disbursement P-2006 U.S. House 34 CA</p>	<p>011 Category/ Type</p>																					
<p>Candidate Name Lucille Roybal-Allard</p>	<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                  Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼                  State: CA District: 34</p>																						

<p><b>B.</b> Full Name (Last, First, Middle Initial) Klobuchar for Minnesota</p>		<p><b>Transaction ID:</b> B134366 <b>Date of Disbursement</b>  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	2		1	6		2	0	0	6														
<p>Mailing Address 1430 Concordia Ave.</p>		<p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>5000.00</td> </tr> </table> </p>		5000.00																			
5000.00																							
<p>City St. Paul State MN Zip Code 55104</p>	<p>Purpose of Disbursement P-2006 U.S. Senate MN</p>	<p>011 Category/ Type</p>																					
<p>Candidate Name Amy Klobuchar</p>	<p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President                  Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼                  State: MN District:</p>																						

<p><b>C.</b> Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p>		<p><b>Transaction ID:</b> B134362 <b>Date of Disbursement</b>  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	2		1	6		2	0	0	6														
<p>Mailing Address 430 South Capitol St. SE</p>		<p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>15000.00</td> </tr> </table> </p>		15000.00																			
15000.00																							
<p>City Washington State DC Zip Code 20003</p>	<p>Purpose of Disbursement National Party Cmte-Fed Acct US</p>	<p>011 Category/ Type</p>																					
<p>Candidate Name</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                  Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼                  State: US District: Not Applicable</p>																						

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>20500.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NEA Fund for Children and Public Education

Full Name (Last, First, Middle Initial) <b>A. McCaskill for Missouri</b>		Transaction ID: B134367 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6	
Mailing Address P.O. Box 6771		Amount of Each Disbursement this Period 5000.00	
City St. Louis State MO Zip Code 63144	Purpose of Disbursement P-2006 U.S. Senate MO	011 Category/ Type	
Candidate Name Claire McCaskill	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. The Nebraska Republican Party Federal Acct.</b>		Transaction ID: B134512 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6	
Mailing Address 1610 N Street		Amount of Each Disbursement this Period 1000.00	
City Lincoln State NE Zip Code 68508	Purpose of Disbursement Fed Multi-cand. Party Cmte NE	011 Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	

Full Name (Last, First, Middle Initial) <b>C. Spratt for Congress Committee</b>		Transaction ID: B134511 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6	
Mailing Address P.O. Box 830		Amount of Each Disbursement this Period 3000.00	
City York State SC Zip Code 29745	Purpose of Disbursement P-2006 U.S. House 05 SC	011 Category/ Type	
Candidate Name John M Spratt	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 05	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	100000.00

Form/Schedule: **SA11A1**

Transaction ID:

Please note that the PAC is aware that we follow an alternate method of itemizing payroll receipts rather than the suggested manner of disclosing a single total for the reporting period along with the amount deducted per pay period. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately more accurately discloses how the receipts are collected.

Form/Schedule: **SB21b**

Transaction ID:

The disbursements listed on line 21b of the report as disbursements for 'in-kind fundraising item' represent disbursements to offset receipt of fundraising items donated by NEA members to be auctioned off at fundraising events to raise voluntary contributions for the NEA Fund for Children and Public Education.