

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

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

FOR LINE NUMBER: PAGE 113 OF 257

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Treasury Employees Union Political Action Committee

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

A. LAFRANZO, MICHAEL, M., ,

Mailing Address 229 BLUEGRASS PKWY

City
OSWEGO

State
IL

Zip Code
60543-7708

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NRC

Occupation (for Individual)
SENIOR HEALTH PHYSICIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2019

Transaction ID : PR1267321456809

Amount of Each Receipt this Period

182.00

☐ Memo Item

P/R Deduction (\$14.00 Monthly)

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

B. EASTER, CHRISTINA, D., ,

Mailing Address 5 WENDEN CT

City

BRATENAHL

State

OH

Zip Code

44108-1165

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
IRS

Occupation (for Individual)
REVENUE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.50

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2019

Transaction ID : PR1267360956809

Amount of Each Receipt this Period

190.00

☐ Memo Item

P/R Deduction (\$40.00 Monthly)

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

C. KELLY, MARY, T., ,

Mailing Address 17830 EXCHANGE AVE

City

LANSING

State

IL

Zip Code

60438-1821

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
IRS

Occupation (for Individual)
REV OFCR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

347.50

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2019

Transaction ID : PR1267400156809

Amount of Each Receipt this Period

150.00

☐ Memo Item

P/R Deduction (\$25.00 Monthly)

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

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

522.00