

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

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

FOR LINE NUMBER: PAGE 303 OF 2246

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. CARLSON, WILLIAM, E, ,**

Mailing Address 49 COBAN DR

City  
Duluth

State  
MN

Zip Code  
55808

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
USPS

Occupation (for Individual)  
LETTER CARRIER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 29 / 2019

**Transaction ID : A2019-2909369**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. CARLTON, KATRINA, L, ,**

Mailing Address 235 SILVER CT

City

BALTIMORE

State

MD

Zip Code

21231

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
USPS

Occupation (for Individual)  
LETTER CARRIER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 15 / 2019

**Transaction ID : A2019-2933407**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**C. CARLTON, KATRINA, L, ,**

Mailing Address 235 SILVER CT

City

BALTIMORE

State

MD

Zip Code

21231

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
USPS

Occupation (for Individual)  
LETTER CARRIER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 29 / 2019

**Transaction ID : A2019-2933408**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

40.00