

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

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

FOR LINE NUMBER: PAGE 994 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. JONES, DEAN, E, ,**

Mailing Address 313 Elges Way

City  
SPARKSState  
NVZip Code  
89431FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary   ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 11 / 01 / 2019

Transaction ID : A2019-2892803

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**B. JONES, DEAN, E, ,**

Mailing Address 313 Elges Way

City  
SPARKSState  
NVZip Code  
89431FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary   ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

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

Transaction ID : A2019-2892804

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**C. JONES, DEAN, E, ,**

Mailing Address 313 Elges Way

City  
SPARKSState  
NVZip Code  
89431FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary   ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID : A2019-2892805

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

30.00

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