

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

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

FOR LINE NUMBER: PAGE 1042 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. KIES, ROGER, L, , JR

Mailing Address 30 ELM ST

City  
BRIDGEPORT

State  
OH

Zip Code  
43912

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 ▼

230.00

Date of Receipt

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

Transaction ID : A2019-2916156

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. KIES, ROGER, L, , JR

Mailing Address 30 ELM ST

City  
BRIDGEPORT

State  
OH

Zip Code  
43912

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 ▼

240.00

Date of Receipt

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

Transaction ID : A2019-2916157

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. KILAR, GRZEGORZ, , ,

Mailing Address 17 PATRIOT WALK

City  
EGG HBR TWP

State  
NJ

Zip Code  
08234

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 ▼

225.00

Date of Receipt

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

Transaction ID : A2019-2907957

Amount of Each Receipt this Period

11.00

☐ Memo Item

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

31.00

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