

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

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

FOR LINE NUMBER: PAGE 1548 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. PHILLIPS, ERNEST, L, ,

Mailing Address 1692 EAST 236TH STREET

City  
EUCLIDState  
OHZip Code  
44117FEC 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 ▼

215.00

Date of Receipt

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

Transaction ID : A2019-2905902

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

B. PHILLIPS, ERNEST, L, ,

Mailing Address 1692 EAST 236TH STREET

City  
EUCLIDState  
OHZip Code  
44117FEC 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 / 29 / 2019

Transaction ID : A2019-2905903

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

C. PHILLIPS, HERMAN, R, , JR

Mailing Address PO BOX 784

City  
FAYETTEVILLEState  
GAZip Code  
30214FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 11 / 04 / 2019

Transaction ID : A2019-2921674

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

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

70.00