

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

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

FOR LINE NUMBER: PAGE 851 OF 1347

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Rural Letter Carriers' Association Political Action Committee

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

A. Gamerdinger, MISTY, D., ,

Mailing Address 29 Main Street

City

CHILLICOTHE

State

OH

Zip Code

45601-8853

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 ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2019

Transaction ID : PR1567311455433

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$10.00 Monthly)

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

B. Kelly, DOROTHY, M., ,

Mailing Address 331 NE 134 Court

City

Williston

State

FL

Zip Code

32696-8771

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 ▼

1398.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2019

Transaction ID : PR1593530455433

Amount of Each Receipt this Period

120.00

☐ Memo Item

P/R Deduction (\$40.00 Monthly)

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

C. Russo, DAWN, L., ,

Mailing Address 707 Marigold Dr

City

LADY LAKE

State

FL

Zip Code

32159-6101

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 ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2019

Transaction ID : PR1593535955433

Amount of Each Receipt this Period

150.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

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

300.00

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