

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

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

FOR LINE NUMBER: PAGE 990 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. Matthews, DEBORAH, S., ,

Mailing Address 622 Bluebird Cir

City
SandwichState
ILZip Code
60548-9583FEC 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 ▼

510.00

Date of Receipt

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

Transaction ID : PR863816055433

Amount of Each Receipt this Period

60.00

☐ Memo Item

P/R Deduction (\$20.00 Monthly)

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

B. Calhoon, SANDRA, K, Ms,

Mailing Address 5475 Dale Road

City
BeavertonState
MIZip Code
48612-8322FEC 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 ▼

1080.00

Date of Receipt

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

Transaction ID : PR863883655433

Amount of Each Receipt this Period

75.00

☐ Memo Item

P/R Deduction (\$25.00 Monthly)

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

C. Bedsole, JANET, A, ,

Mailing Address 5485 NW Branch Avenue

City
Port St LucieState
FLZip Code
34986-4019FEC 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 ▼

260.00

Date of Receipt

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

Transaction ID : PR863887855433

Amount of Each Receipt this Period

45.00

☐ Memo Item

P/R Deduction (\$15.00 Monthly)

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

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

180.00