

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

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

FOR LINE NUMBER: PAGE 101 OF 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

WORKING FAMILIES PARTY NATIONAL POLITICAL ACTION COMMITTEE

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

A. Roosevelt III, F D, , ,

Mailing Address 404 Riverside Dr

City
New York

State
NY

Zip Code
10025

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Metropolitan College of New York

Occupation (for Individual)
college professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

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

Transaction ID : SA11AI.71861

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Roosevelt III, F D, , ,

Mailing Address 404 Riverside Dr

City
New York

State
NY

Zip Code
10025

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Metropolitan College of New York

Occupation (for Individual)
college professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 31 / 2019

Transaction ID : SA11AI.73308

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Roosevelt III, F D, , ,

Mailing Address 404 Riverside Dr

City
New York

State
NY

Zip Code
10025

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Metropolitan College of New York

Occupation (for Individual)
college professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1175.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2019

Transaction ID : SA11AI.74494

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

300.00

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