

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**NEA Fund for Children and Public Education**

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

**A. BEEBE, JOAN, M, ,**

Mailing Address 47 WILLIAMSBURG CT

City  
GLASSBORO

State  
NJ

Zip Code  
08028-1668

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GLASSBORO

Occupation (for Individual)  
UNKNOWN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 08 / 2018

**Transaction ID : A2018-1760659**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**B. BEELER, DEBRA, K, ,**

Mailing Address 463 BIRCH LN

City  
MOORHEAD

State  
MN

Zip Code  
56560-3223

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WEST FARGO 6

Occupation (for Individual)  
SPEECH/HEARING THERAPIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 08 / 2018

**Transaction ID : A2018-1761491**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**C. BEELER, DEBRA, K, ,**

Mailing Address 463 BIRCH LN

City  
MOORHEAD

State  
MN

Zip Code  
56560-3223

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WEST FARGO 6

Occupation (for Individual)  
SPEECH/HEARING THERAPIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 08 / 2018

**Transaction ID : A2018-1761490**

Amount of Each Receipt this Period

185.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

205.00