

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

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

FOR LINE NUMBER: PAGE 162 OF 1028

(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. COAR, AUBREY, O, ,

Mailing Address 3540 E 139TH ST

City
CLEVELAND

State
OH

Zip Code
44120

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
USPS

Occupation (for Individual)
RETIRED CARRIER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 01 / 2019

Transaction ID : A2019-2688878

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. COLEGROVE, DAVID, A, ,

Mailing Address 270 S ENGLISH ST

City
BRAIDWOOD

State
IL

Zip Code
60408

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 04 / 2019

Transaction ID : A2019-2672348

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. COLEGROVE, DAVID, A, ,

Mailing Address 270 S ENGLISH ST

City
BRAIDWOOD

State
IL

Zip Code
60408

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 ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 18 / 2019

Transaction ID : A2019-2672349

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

85.00

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