

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

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

FOR LINE NUMBER: PAGE 379 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. HARRISON, DWAYNE, E, ,**

Mailing Address 9210 LA BELL PL

City

Fort Wayne

State

IN

Zip Code

46804

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 ▼

300.00

Date of Receipt

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

Transaction ID : A2019-2656226

Amount of Each Receipt this Period

15.00

☐

Memo Item

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

**B. HARRISON, DWAYNE, E, ,**

Mailing Address 9210 LA BELL PL

City

Fort Wayne

State

IN

Zip Code

46804

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 ▼

315.00

Date of Receipt

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

Transaction ID : A2019-2656227

Amount of Each Receipt this Period

15.00

☐

Memo Item

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

**C. HARRISON, STEVE, P, ,**

Mailing Address 10007 HILGERT DR

City

CLEVELAND

State

OH

Zip Code

44104

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 ▼

210.00

Date of Receipt

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

Transaction ID : A2019-2667321

Amount of Each Receipt this Period

10.00

☐

Memo Item

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

40.00

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