

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 595 OF 1708

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. HAGGERTY, BARBARA, A, ,**

Mailing Address 16219 FANTASIA DR

City  
TAMPAState  
FLZip Code  
33624-1129FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HILLSBOROUGH COUNTY PUBLIC SCHOOLS

Occupation (for Individual)

EDUCATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M	D D	Y Y Y Y
07	08	2017

Transaction ID : A2017-1770440

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**B. HAGGERTY, BARBARA, A, ,**

Mailing Address 16219 FANTASIA DR

City  
TAMPAState  
FLZip Code  
33624-1129FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HILLSBOROUGH COUNTY PUBLIC SCHOOLS

Occupation (for Individual)

EDUCATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M	D D	Y Y Y Y
07	08	2017

Transaction ID : A2017-1770438

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**C. HAGGERTY, LEO, , ,**

Mailing Address 16219 FANTASIA DR

City  
TAMPAState  
FLZip Code  
33624-1129FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HILLSBOROUGH COUNTY PUBLIC SCHOOLS

Occupation (for Individual)

CLASSROOM TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M	D D	Y Y Y Y
07	08	2017

Transaction ID : A2017-1766582

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

30.00

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