

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

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

FOR LINE NUMBER: PAGE 1150 OF 1708

(check only one)

☒ 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. ODELL, JOHN, P, ,**

Mailing Address 5 MARLIN DR

City  
MALVERN

State  
PA

Zip Code  
19355-2917

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PHOENIXVILLE AREA SD

Occupation (for Individual)  
CLASSROOM TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 08 / 2017

**Transaction ID : A2017-1769222**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. ODELL, JOHN, P, ,**

Mailing Address 5 MARLIN DR

City  
MALVERN

State  
PA

Zip Code  
19355-2917

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PHOENIXVILLE AREA SD

Occupation (for Individual)  
CLASSROOM TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 08 / 2017

**Transaction ID : A2017-1769223**

Amount of Each Receipt this Period

185.00

☐ Memo Item

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

**C. ODGERS, CARRIE ANNE, , ,**

Mailing Address 22 GROVE ST

City  
OAKLAND

State  
NJ

Zip Code  
07436-2525

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RINGWOOD BORO

Occupation (for Individual)  
EDUCATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 08 / 2017

**Transaction ID : A2017-1769515**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

230.00