

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

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

FOR LINE NUMBER: PAGE 8 OF 295

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. ALLEN, NATHAN, , ,

Mailing Address 850 PLANTATION RD
APT 201

City
ALEXANDRIA

State
VA

Zip Code
24060-3866

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NATIONAL EDUCATION ASSOCIATION

Occupation (for Individual)
ORGANIZATIONAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 06 / 2019

Transaction ID : A2019-3131688

Amount of Each Receipt this Period

10.00

☐ Memo Item

PAYROLL DEDUCTION

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

B. AMBRI, KRISTINA, M, ,

Mailing Address 10562 E MORNING STAR DR

City
SCOTTSDALE

State
AZ

Zip Code
85255-8817

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SCOTTSDALE UNIFIED DISTRICT

Occupation (for Individual)
CLASSROOM TEACHER

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
12 / 18 / 2019

Transaction ID : A2019-3131462

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. ANDERSON, KIMBERLY, C, ,

Mailing Address 116 S 3RD ST

City
RICHMOND

State
VA

Zip Code
23219-3704

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NATIONAL EDUCATION ASSOCIATION

Occupation (for Individual)
ORGANIZATIONAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 06 / 2019

Transaction ID : A2019-3137190

Amount of Each Receipt this Period

20.00

☐ Memo Item

PAYROLL DEDUCTION

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

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

55.00