

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

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

FOR LINE NUMBER: PAGE 71 OF 295

(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. DICE, PATRICIA, L, ,

Mailing Address 13558 MILLER RD

City
MOUNT VERNON

State
OH

Zip Code
43050-9417

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MOUNT VERNON CITY SD

Occupation (for Individual)
CLASSROOM TEACHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

284.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2019

Transaction ID : A2019-3161410

Amount of Each Receipt this Period

2.20

☐ Memo Item

PAYROLL DEDUCTION

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

B. DICE, PATRICIA, L, ,

Mailing Address 13558 MILLER RD

City
MOUNT VERNON

State
OH

Zip Code
43050-9417

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MOUNT VERNON CITY SD

Occupation (for Individual)
CLASSROOM TEACHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.20

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2019

Transaction ID : A2019-3161411

Amount of Each Receipt this Period

2.20

☐ Memo Item

PAYROLL DEDUCTION

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

C. DICKINSON, JENNIFER, C, ,

Mailing Address 160 WOODRIDGE CIR

City
VACAVILLE

State
CA

Zip Code
95687-7100

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SOLANO CO. OFFICE OF EDUCATION

Occupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 18 / 2019

Transaction ID : A2019-3131415

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

29.40

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