

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

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

FOR LINE NUMBER: PAGE 43 OF 313

(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. CLARK, PAMLA, J, ,

Mailing Address PO BOX 80221

City  
LAS VEGAS

State  
NV

Zip Code  
89180

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 ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 28 / 2019

Transaction ID : A2019-1473997

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. COLEGROVE, DAVID, A, ,

Mailing Address 270 S ENGLISH ST

City  
BRAIDWOOD

State  
IL

Zip Code  
60408

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 14 / 2019

Transaction ID : A2019-1483201

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. COLEGROVE, DAVID, A, ,

Mailing Address 270 S ENGLISH ST

City  
BRAIDWOOD

State  
IL

Zip Code  
60408

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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 28 / 2019

Transaction ID : A2019-1483202

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

85.00

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