

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

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

FOR LINE NUMBER: PAGE 153 OF 313

(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)

**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. LAWSON, JOHN, E, ,**

Mailing Address 13842 Outlet Dr

City  
Silver Sprin

State  
MD

Zip Code  
20904

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  
06 / 14 / 2019

**Transaction ID : A2019-1492092**

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

**B. LAWSON, JOHN, E, ,**

Mailing Address 13842 Outlet Dr

City  
Silver Sprin

State  
MD

Zip Code  
20904

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 ▼

425.00

Date of Receipt

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

**Transaction ID : A2019-1492093**

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

**C. LEAR, MICHAEL, T, ,**

Mailing Address 7702 BONNIE DR

City  
WEST CHESTER

State  
OH

Zip Code  
45069

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 ▼

600.00

Date of Receipt

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

**Transaction ID : A2019-1475538**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

120.00