

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 197 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
SEIU COPE (Service Employees International Union Committee On Political Education)

A. Zachary Young
Full Name (Last, First, Middle Initial)

Mailing Address 4755 Templeton St
Apt 2222

City Los Angeles State CA Zip Code 90032

FEC ID number of contributing federal political committee. **C**

Name of Employer County of Los Angeles Occupation Registered Nurse

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt
12 / 08 / 2015
Transaction ID : C7068189

Amount of Each Receipt this Period
10.00

* Payroll Deduction: \$10.00 Semi-Monthly

B. Kristen Young
Full Name (Last, First, Middle Initial)

Mailing Address 1253 W 61St St

City Los Angeles State CA Zip Code 90044

FEC ID number of contributing federal political committee. **C**

Name of Employer County of Los Angeles Occupation Home Healthcare

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
12 / 30 / 2015
Transaction ID : C7068562

Amount of Each Receipt this Period
20.00

* Payroll Deduction: \$20.00 Monthly

C. Elvia Zambrano
Full Name (Last, First, Middle Initial)

Mailing Address 664 E Imperial Hwy

City Los Angeles State CA Zip Code 90059

FEC ID number of contributing federal political committee. **C**

Name of Employer County of Los Angeles Occupation Home Healthcare

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
12 / 30 / 2015
Transaction ID : C7068470

Amount of Each Receipt this Period
20.00

* Payroll Deduction: \$20.00 Monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 50.00

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