

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

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

FOR LINE NUMBER: PAGE 315 OF 624

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

International Union of Painters and Allied Trades Political Action Together Political Committee

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

A. CIUDAD REAL, RENE, D, , SR

Mailing Address 5178 WISTERIA LN

City
FONTANA

State
CA

Zip Code
92336-0226

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
IUPAT District Council 36

Occupation (for Individual)
GLAZIER / GLASS WORKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID : 44372456

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. COLEY, JOHN, H, ,

Mailing Address 3702 HACKETT AVE

City
LONG BEACH

State
CA

Zip Code
90808-2416

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
IUPAT

Occupation (for Individual)
SIGN AND DISPLAY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID : 44372457

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. DAVIDSON, PATRICK, , ,

Mailing Address 2720 PALM LN

City
LEMON GROVE

State
CA

Zip Code
91945-2662

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PAINTERS AND ALLIED TRADES DC36

Occupation (for Individual)
GLAZIER / GLASS WORKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID : 44372459

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

60.00

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