

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

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

FOR LINE NUMBER: PAGE 832 OF 1902

(check only one)

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

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NAME OF COMMITTEE (In Full)

D.R.I.V.E. - Democrat, Republican, Independent Voter Education (The PAC of the International Brotherhood of Teamsters)

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

A. ALLEN, CASSANDRA, , ,

Mailing Address 4915 INDIANOLA AVE

City
INDIANAPOLIS

State
IN

Zip Code
46205-1225

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TEAMSTERS LOCAL UNION 135

Occupation (for Individual)
TRUSTEE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 19 / 2019

Transaction ID : 54713499

Amount of Each Receipt this Period

14.00

☐ Memo Item

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

B. GOVE, SCOTT, , ,

Mailing Address 64 WOODBINE AVE.

City
PENACOOK

State
NH

Zip Code
03303-3459

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNITED PARCEL SERVICE

Occupation (for Individual)
DRIVER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 19 / 2019

Transaction ID : 54713501

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. BRANT, JAMES, , ,

Mailing Address 101 ROLLING RIDGE RD.

City
STAMPING GROUND

State
KY

Zip Code
40379-9528

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNITED PARCEL SERVICE

Occupation (for Individual)
DRIVER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 19 / 2019

Transaction ID : 54713724

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

29.00

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