

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**

VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

ADDRESS (number and street) **800 Troy Schenectady Road**

Check if different than previously reported. (ACC) **Latham** **NY** **12110-2455**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C **C00021121** 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on / / in the State of

(d) 30-Day **POST-Election** Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on / / in the State of

5. Covering Period / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Pallotta, Andrew, , ,
Type or Print Name of Treasurer

Signature of Treasurer Pallotta, Andrew, , , [Electronically Filed] Date / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>		4143513.98
(b) Cash on Hand at Beginning of Reporting Period.....	5355693.06	
(c) Total Receipts (from Line 19)	896279.63	6749984.14
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	6251972.69	10893498.12
7. Total Disbursements (from Line 31).....	364468.11	5005993.54
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	5887504.58	5887504.58
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	12642.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	100644.93	289326.39
(ii) Unitemized	795181.14	6455617.88
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	895826.07	6744944.27
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	895826.07	6744944.27
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	453.56	5039.87
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	896279.63	6749984.14
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	896279.63	6749984.14

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	195861.88	846919.23
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	195861.88	846919.23
22. Transfers to Affiliated/Other Party Committees.....	70000.00	3830000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	98606.23	329074.31
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	364468.11	5005993.54
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	364468.11	5005993.54

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	895826.07	6744944.27
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	895826.07	6744944.27
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	195861.88	846919.23
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	195861.88	846919.23

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

Unless otherwise stated, there is no coordination with Federal candidates. VOTE/COPE does not conduct fund raising activities for Federal Candidates. NYSUT does not make any payments for stipends from petty cash. Also, this report includes regularly occurring administrative expenses paid by due date (CFR 104.11B)

Form/Schedule:
Transaction ID:

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 7 OF 1094
	<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	

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. ABRAHAM, J. Philippe, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 ASPEN HTS
 City SLINGERLANDS State NY Zip Code 12159
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) UUP-Albany Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt 11 / 24 / 2020
Transaction ID : SA11AI.67151
 Amount of Each Receipt this Period 30.00
 Memo Item

B. ABRAHAM, J. Philippe, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 ASPEN HTS
 City SLINGERLANDS State NY Zip Code 12159
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) UUP-Albany Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 690.00

Date of Receipt 12 / 09 / 2020
Transaction ID : SA11AI.67152
 Amount of Each Receipt this Period 30.00
 Memo Item

C. ABRAHAM, J. Philippe, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 ASPEN HTS
 City SLINGERLANDS State NY Zip Code 12159
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) UUP-Albany Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 12 / 23 / 2020
Transaction ID : SA11AI.67153
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	90.00
TOTAL This Period (last page this line number only).....	

**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 8 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. ABRAHAM, J. Philippe, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12 ASPEN HTS

City SLINGERLANDS	State NY	Zip Code 12159
----------------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Albany	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.67154

Amount of Each Receipt this Period
 30.00

Memo Item

B. ABRAHAMSEN, LINDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10 ALPINE CT

City SMITHTOWN	State NY	Zip Code 11787
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
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Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.67156

Amount of Each Receipt this Period
 10.00

Memo Item

C. ABRAMS, SHELVY Y, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 420 12TH ST APT J3L

City BROOKLYN	State NY	Zip Code 11215
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) United Fed. Tchrs.	Occupation (for Individual) TEACHER
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Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2020

Transaction ID : SA11AI.67157

Amount of Each Receipt this Period
 50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	90.00
TOTAL This Period (last page this line number only).....▶	

**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 9 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. ACKERMAN, LENA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 210 INDEPENDENCE WAY

City MORGANVILLE	State NJ	Zip Code 07751
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NYSUT	Occupation (for Individual) ATTORNEY
--	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 340.00

Date of Receipt
 11 / 27 / 2020
Transaction ID : SA11AI.67158

Amount of Each Receipt this Period
 20.00

Memo Item

B. ACKERMAN, LENA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 210 INDEPENDENCE WAY

City MORGANVILLE	State NJ	Zip Code 07751
---------------------	-------------	-------------------

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

Name of Employer (for Individual) NYSUT	Occupation (for Individual) ATTORNEY
--	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 12 / 11 / 2020
Transaction ID : SA11AI.67159

Amount of Each Receipt this Period
 20.00

Memo Item

C. ACKERMAN, LENA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 210 INDEPENDENCE WAY

City MORGANVILLE	State NJ	Zip Code 07751
---------------------	-------------	-------------------

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

Name of Employer (for Individual) NYSUT	Occupation (for Individual) ATTORNEY
--	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 380.00

Date of Receipt
 12 / 24 / 2020
Transaction ID : SA11AI.67160

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).....	

**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 10 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. ACKERMAN, LENA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 210 INDEPENDENCE WAY
 City MORGANVILLE State NJ Zip Code 07751
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYSUT Occupation (for Individual) ATTORNEY
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67161
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. ACQUARO, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 GAIGAL DR
 City NESCONSET State NY Zip Code 11767
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67164
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. ADAMCZYK, ALICIA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 703 COSBY RD
 City UTICA State NY Zip Code 13502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Utica T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.67165
 Amount of Each Receipt this Period
 204.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	234.00
TOTAL This Period (last page this line number only).....	

**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 11 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. ADAMCZYK, ALICIA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 703 COSBY RD
 City UTICA State NY Zip Code 13502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Utica T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.67166
 Amount of Each Receipt this Period
 12.00
 Memo Item

B. ADAMS, MARTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 141 LAKE BREEZE PARK
 City ROCHESTER State NY Zip Code 14622
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) W Irondequoit T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.67137
 Amount of Each Receipt this Period
 30.00
 Memo Item

C. ADAMS, MARTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 141 LAKE BREEZE PARK
 City ROCHESTER State NY Zip Code 14622
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) W Irondequoit T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67138
 Amount of Each Receipt this Period
 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	72.00
TOTAL This Period (last page this line number only).....	

**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 12 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. ADE, VERONICA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2093 SADDLE PATH
 City SEAFORD State NY Zip Code 11783
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67169
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Adelmann, Lucille, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1521 OCEAN AVE
 City MANTOLOKING State NJ Zip Code 08738
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bronxville T.A. Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.67139
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Adelmann, Lucille, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1521 OCEAN AVE
 City MANTOLOKING State NJ Zip Code 08738
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bronxville T.A. Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67140
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	50.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. ADER, ANGELA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 261 OLD LAKE ST
 City WEST HARRISON State NY Zip Code 10604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harrison Assn Of Tch Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.67170
 Amount of Each Receipt this Period 15.00
 Memo Item

B. ADER, ANGELA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 261 OLD LAKE ST
 City WEST HARRISON State NY Zip Code 10604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harrison Assn Of Tch Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.67171
 Amount of Each Receipt this Period 15.00
 Memo Item

C. ADER, ANGELA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 261 OLD LAKE ST
 City WEST HARRISON State NY Zip Code 10604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harrison Assn Of Tch Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.67172
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

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 14 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. ADEYEYE, MELISSA J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 274 HALLOCK ROAD

City STONY BROOK	State NY	Zip Code 11790
---------------------	-------------	-------------------

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

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 12 / 08 / 2020
Transaction ID : SA11AI.67173

Amount of Each Receipt this Period
 10.00

Memo Item

B. ADEYEYE, MELISSA J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 274 HALLOCK ROAD

City STONY BROOK	State NY	Zip Code 11790
---------------------	-------------	-------------------

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

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.67174

Amount of Each Receipt this Period
 10.00

Memo Item

C. ADEYEYE, MELISSA J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 274 HALLOCK ROAD

City STONY BROOK	State NY	Zip Code 11790
---------------------	-------------	-------------------

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

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.67175

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. ADEYEYE, MELISSA J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 274 HALLOCK ROAD

City STONY BROOK	State NY	Zip Code 11790
---------------------	-------------	-------------------

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

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.67176

Amount of Each Receipt this Period
 10.00

Memo Item

B. AFKHAM, MARYAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 32 NATHAN HALE DR APT 70A

City HUNTINGTON	State NY	Zip Code 11743
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.67179

Amount of Each Receipt this Period
 10.00

Memo Item

C. AGRESTA, EUGENE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 98 WESLEYAN AVE

City AMSTERDAM	State NY	Zip Code 12010
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Amsterdam T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 445.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020

Transaction ID : SA11AI.67181

Amount of Each Receipt this Period
 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	45.00
TOTAL This Period (last page this line number only).....	

**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 16 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. AGRESTA, EUGENE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 98 WESLEYAN AVE

City AMSTERDAM	State NY	Zip Code 12010
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Amsterdam T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 470.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.67182

Amount of Each Receipt this Period
 25.00

Memo Item

B. AGRESTA, EUGENE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 98 WESLEYAN AVE

City AMSTERDAM	State NY	Zip Code 12010
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Amsterdam T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 495.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.67183

Amount of Each Receipt this Period
 25.00

Memo Item

C. AGRESTA, MARIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 98 WESLEYAN AVE

City AMSTERDAM	State NY	Zip Code 12010
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Amsterdam T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020

Transaction ID : SA11AI.67184

Amount of Each Receipt this Period
 15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	65.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. AGRESTA, MARIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **98 WESLEYAN AVE**

City AMSTERDAM	State NY	Zip Code 12010
--------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) Amsterdam T A	Occupation (for Individual) TEACHER
---	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2020

Transaction ID : SA11AI.67185

Amount of Each Receipt this Period

15.00

 Memo Item

B. AGRESTA, MARIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **98 WESLEYAN AVE**

City AMSTERDAM	State NY	Zip Code 12010
--------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) Amsterdam T A	Occupation (for Individual) TEACHER
---	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2020

Transaction ID : SA11AI.67186

Amount of Each Receipt this Period

15.00

 Memo Item

C. AGRONIN-ROTH, COLLEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **58 INDEPENDENCE DR**

City LOCKPORT	State NY	Zip Code 14094
-------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) Lockport E A	Occupation (for Individual) TEACHER
--	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **218.82**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2020

Transaction ID : SA11AI.67187

Amount of Each Receipt this Period

15.63

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	45.63
TOTAL This Period (last page this line number only).....▶	

**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 18 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. AGRONIN-ROTH, COLLEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 58 INDEPENDENCE DR
 City LOCKPORT State NY Zip Code 14094
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lockport E A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 234.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67188
 Amount of Each Receipt this Period 15.63
 Memo Item

B. AGRONIN-ROTH, COLLEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 58 INDEPENDENCE DR
 City LOCKPORT State NY Zip Code 14094
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lockport E A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67189
 Amount of Each Receipt this Period 15.63
 Memo Item

C. AHERN, JOHN L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 77 RIDGEVIEW RD
 City POUGHKEEPSIE State NY Zip Code 12603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Millbrook TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.67190
 Amount of Each Receipt this Period 209.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	240.26
TOTAL This Period (last page this line number only).....▶	

**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 19 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. AHERN, KEVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 122 RAMSEY AVE

City SYRACUSE	State NY	Zip Code 13224
------------------	-------------	-------------------

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

Name of Employer (for Individual) Syracuse T A Inc	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 352.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020

Transaction ID : SA11AI.67191

Amount of Each Receipt this Period
 22.00

Memo Item

B. AHERN, KEVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 122 RAMSEY AVE

City SYRACUSE	State NY	Zip Code 13224
------------------	-------------	-------------------

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

Name of Employer (for Individual) Syracuse T A Inc	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 374.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2020

Transaction ID : SA11AI.67192

Amount of Each Receipt this Period
 22.00

Memo Item

C. AHERN, KEVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 122 RAMSEY AVE

City SYRACUSE	State NY	Zip Code 13224
------------------	-------------	-------------------

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

Name of Employer (for Individual) Syracuse T A Inc	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 396.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.67193

Amount of Each Receipt this Period
 22.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	66.00
TOTAL This Period (last page this line number only).....	

**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 20 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. AIOSA, AMY, , ,		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>31</td> <td></td> <td>2020</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	12		31		2020
M M M	/	D D D	/	Y Y Y Y Y Y								
12		31		2020								
Mailing Address 42 WOODLAND DR		Transaction ID : SA11AI.67195										
City OYSTER BAY	State NY	Zip Code 11771										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00										
Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER	<input type="checkbox"/> Memo Item										
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00											

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. ALBANESE, LAURA, , ,		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>31</td> <td></td> <td>2020</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	12		31		2020
M M M	/	D D D	/	Y Y Y Y Y Y								
12		31		2020								
Mailing Address 5 TAP CT		Transaction ID : SA11AI.67197										
City NESCONSET	State NY	Zip Code 11767										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00										
Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER	<input type="checkbox"/> Memo Item										
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00											

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Alexander, Ignatius, , ,		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>30</td> <td></td> <td>2020</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	11		30		2020
M M M	/	D D D	/	Y Y Y Y Y Y								
11		30		2020								
Mailing Address 8289 OAKVIEW CT N		Transaction ID : SA11AI.67141										
City MAPLE GROVE	State MN	Zip Code 55369										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00										
Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER	<input type="checkbox"/> Memo Item										
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00											

SUBTOTAL of Receipts This Page (optional).....	40.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 21 OF 1094
(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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Alexander, Ignatius, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8289 OAKVIEW CT N
 City MAPLE GROVE State MN Zip Code 55369
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Yonkers Fed Of Tchrs TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67142
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. ALFORD, KAREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10572 AVENUE L
 City BROOKLYN State NY Zip Code 11236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 United Fed. Tchrs. TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 463.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2020
Transaction ID : SA11AI.67199
 Amount of Each Receipt this Period
 46.30
 Memo Item

C. ALFRED, ANGELA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 76 GRANT AVE
 City ISLIP State NY Zip Code 11751
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Syosset T A TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67201
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 76.30
TOTAL This Period (last page this line number only)..... ▶

**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 22 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. ALONSO-ALMAGR, MARIA N, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 97 TWIN OAKS DR

City KINGS PARK	State NY	Zip Code 11754
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 208.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11Al.67206

Amount of Each Receipt this Period
 8.00

Memo Item

B. ALONSO-ALMAGR, MARIA N, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 97 TWIN OAKS DR

City KINGS PARK	State NY	Zip Code 11754
--------------------	-------------	-------------------

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

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 216.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11Al.67207

Amount of Each Receipt this Period
 8.00

Memo Item

C. ALTINAY, LYDIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 56 CEDAR POND LN

City CORTLANDT MNR	State NY	Zip Code 10567
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 232.00

Date of Receipt
 12 / 01 / 2020
Transaction ID : SA11Al.67208

Amount of Each Receipt this Period
 8.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	24.00
TOTAL This Period (last page this line number only).....	

**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 23 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 ALTINAY, LYDIA, , ,

Mailing Address 56 CEDAR POND LN

City CORTLANDT MNR	State NY	Zip Code 10567
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 12 / 16 / 2020
Transaction ID : SA11AI.67209

Amount of Each Receipt this Period
 8.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 ALTINAY, LYDIA, , ,

Mailing Address 56 CEDAR POND LN

City CORTLANDT MNR	State NY	Zip Code 10567
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 248.00

Date of Receipt
 12 / 24 / 2020
Transaction ID : SA11AI.67210

Amount of Each Receipt this Period
 8.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 ALTINAY, LYDIA, , ,

Mailing Address 56 CEDAR POND LN

City CORTLANDT MNR	State NY	Zip Code 10567
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 256.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.67211

Amount of Each Receipt this Period
 8.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	24.00
TOTAL This Period (last page this line number only).....	

**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 24 OF 1094
	<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

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Altobelli, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 581 PIXLEY RD
 City ROCHESTER State NY Zip Code 14624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rochester T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 242.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.67143
 Amount of Each Receipt this Period
 22.00
 Memo Item

B. Altobelli, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 581 PIXLEY RD
 City ROCHESTER State NY Zip Code 14624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rochester T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67144
 Amount of Each Receipt this Period
 22.00
 Memo Item

C. ALVEREZGAUME, LUIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 129 OLD FIELD RD
 City EAST SETAUKET State NY Zip Code 11733
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Stony Brook Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2020
Transaction ID : SA11AI.67213
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	54.00
TOTAL This Period (last page this line number only).....▶	

**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 25 OF 1094
	<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	

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. ALVEREZGAUME, LUIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 129 OLD FIELD RD

City EAST SETAUKET	State NY	Zip Code 11733
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Stony Brook	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2020

Transaction ID : SA11AI.67214

Amount of Each Receipt this Period
 10.00

Memo Item

B. ALVEREZGAUME, LUIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 129 OLD FIELD RD

City EAST SETAUKET	State NY	Zip Code 11733
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Stony Brook	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2020

Transaction ID : SA11AI.67215

Amount of Each Receipt this Period
 10.00

Memo Item

C. ALVEREZGAUME, LUIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 129 OLD FIELD RD

City EAST SETAUKET	State NY	Zip Code 11733
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Stony Brook	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.67216

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**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 26 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. AMBROSIO, SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 BRIAN LN
 City E NORTHPORT State NY Zip Code 11731
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67218
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. AMOIA, MICHELE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 80 HILLTOP CTS
 City WEST SENECA State NY Zip Code 14224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lake Shore Cent T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2020
Transaction ID : SA11AI.67221
 Amount of Each Receipt this Period
 12.00
 Memo Item

C. AMOIA, MICHELE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 80 HILLTOP CTS
 City WEST SENECA State NY Zip Code 14224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lake Shore Cent T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2020
Transaction ID : SA11AI.67222
 Amount of Each Receipt this Period
 12.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	34.00
TOTAL This Period (last page this line number only).....	

**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 27 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. AMORIELLO, CHRISTINE A, , ,			Date of Receipt
Mailing Address 149 WHITE RD			<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2020"/>
City SCARSDALE	State NY	Zip Code 10583	Transaction ID : SA11AI.67223
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="148.00"/>
Name of Employer (for Individual) Edgemont T A		Occupation (for Individual) TEACHER	<input type="checkbox"/> Memo Item
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="350.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. ANDERSON, CHRISTOPHER J, , ,			Date of Receipt
Mailing Address 7488 HARDENBURG RD			<input type="text" value="12"/> / <input type="text" value="02"/> / <input type="text" value="2020"/>
City WESTFIELD	State NY	Zip Code 14787	Transaction ID : SA11AI.67225
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="20.00"/>
Name of Employer (for Individual) Fredonia T A		Occupation (for Individual) TEACHER	<input type="checkbox"/> Memo Item
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="360.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. ANDERSON, CHRISTOPHER J, , ,			Date of Receipt
Mailing Address 7488 HARDENBURG RD			<input type="text" value="12"/> / <input type="text" value="16"/> / <input type="text" value="2020"/>
City WESTFIELD	State NY	Zip Code 14787	Transaction ID : SA11AI.67226
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="20.00"/>
Name of Employer (for Individual) Fredonia T A		Occupation (for Individual) TEACHER	<input type="checkbox"/> Memo Item
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="380.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="188.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 28 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. ANDERSON, CHRISTOPHER J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7488 HARDENBURG RD
 City WESTFIELD State NY Zip Code 14787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fredonia T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67227
 Amount of Each Receipt this Period 20.00
 Memo Item

B. ANDERSON, CHRISTOPHER J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7488 HARDENBURG RD
 City WESTFIELD State NY Zip Code 14787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fredonia T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67228
 Amount of Each Receipt this Period 20.00
 Memo Item

C. ANDERSON, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 56 RIDGE RD
 City SMITHTOWN State NY Zip Code 11787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67230
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	50.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. ANDERSON, PAUL D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 322 EDWARDS AVE

City CALVERTON	State NY	Zip Code 11933
-------------------	-------------	-------------------

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

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 12 / 08 / 2020
Transaction ID : SA11AI.67231

Amount of Each Receipt this Period
 10.00

Memo Item

B. ANDERSON, PAUL D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 322 EDWARDS AVE

City CALVERTON	State NY	Zip Code 11933
-------------------	-------------	-------------------

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

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.67232

Amount of Each Receipt this Period
 10.00

Memo Item

C. ANDERSON, PAUL D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 322 EDWARDS AVE

City CALVERTON	State NY	Zip Code 11933
-------------------	-------------	-------------------

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

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.67233

Amount of Each Receipt this Period
 10.00

Memo Item

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

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

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. ANDERSON, PAUL D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 322 EDWARDS AVE
 City CALVERTON State NY Zip Code 11933
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Occupation (for Individual)
 F A Of Suffolk CC TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67234
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. ANDERSON, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 LANCASTER ST
 City LYNBROOK State NY Zip Code 11563
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Occupation (for Individual)
 SEWANHAKA FT TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.67237
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. Andrade, Nancy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 51 ASHLAND AVE
 City ELMIRA State NY Zip Code 14903
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Occupation (for Individual)
 Horseheads T A TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.67145
 Amount of Each Receipt this Period
 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	47.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 31 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Andrake, Nancy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 51 ASHLAND AVE

City ELMIRA	State NY	Zip Code 14903
----------------	-------------	-------------------

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

Name of Employer (for Individual) Horseheads T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 317.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.67146

Amount of Each Receipt this Period
 20.00

Memo Item

B. ANDREWS, CARRIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 ROSEVIEW AVE

City ROCHESTER	State NY	Zip Code 14609
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NYSUT	Occupation (for Individual) MANAGER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1610.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 27 / 2020

Transaction ID : SA11AI.67238

Amount of Each Receipt this Period
 70.00

Memo Item

C. ANDREWS, CARRIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 ROSEVIEW AVE

City ROCHESTER	State NY	Zip Code 14609
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NYSUT	Occupation (for Individual) MANAGER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1680.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2020

Transaction ID : SA11AI.67239

Amount of Each Receipt this Period
 70.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	160.00
TOTAL This Period (last page this line number only).....▶	

**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 32 OF 1094
	<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"/>	<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. ANDREWS, CARRIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 ROSEVIEW AVE
 City ROCHESTER State NY Zip Code 14609
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) NYSUT Occupation (for Individual) MANAGER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020
Transaction ID : SA11AI.67240
 Amount of Each Receipt this Period
 70.00
 Memo Item

B. ANDREWS, CARRIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 ROSEVIEW AVE
 City ROCHESTER State NY Zip Code 14609
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) NYSUT Occupation (for Individual) MANAGER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1820.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67241
 Amount of Each Receipt this Period
 70.00
 Memo Item

C. ANGELO, GINA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 VICTORIA DR
 City NEWBURGH State NY Zip Code 12550
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Goshen TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.67242
 Amount of Each Receipt this Period
 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	155.00
TOTAL This Period (last page this line number only).....▶	

**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 33 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ANGELO, GINA M, , ,

Mailing Address **17 VICTORIA DR**

City NEWBURGH	State NY	Zip Code 12550
-------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) Goshen TA	Occupation (for Individual) TEACHER
---	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2020

Transaction ID : SA11AI.67243

Amount of Each Receipt this Period

15.00

 Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ANGELO, GINA M, , ,

Mailing Address **17 VICTORIA DR**

City NEWBURGH	State NY	Zip Code 12550
-------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) Goshen TA	Occupation (for Individual) TEACHER
---	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2020

Transaction ID : SA11AI.67244

Amount of Each Receipt this Period

15.00

 Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ANGELO, GINA M, , ,

Mailing Address **17 VICTORIA DR**

City NEWBURGH	State NY	Zip Code 12550
-------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) Goshen TA	Occupation (for Individual) TEACHER
---	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2020

Transaction ID : SA11AI.67245

Amount of Each Receipt this Period

15.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

**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 34 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. ANGELO, GINA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 VICTORIA DR
 City NEWBURGH State NY Zip Code 12550
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Goshen TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.67246
 Amount of Each Receipt this Period 15.00
 Memo Item

B. ANGELO, GINA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 VICTORIA DR
 City NEWBURGH State NY Zip Code 12550
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Goshen TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 405.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.67247
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Anton, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 249 MAIN ST
 City OTEGO State NY Zip Code 13825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pearl River Tchr Asn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.67147
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	

**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 35 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Anton, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 249 MAIN ST
 City OTEGO State NY Zip Code 13825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pearl River Tchr Asn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67148
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. ANTONIO, SAMUEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5095 SALT RD
 City CLARENCE State NY Zip Code 14031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lockport E A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2020
Transaction ID : SA11AI.67248
 Amount of Each Receipt this Period
 18.75
 Memo Item

C. ANTONIO, SAMUEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5095 SALT RD
 City CLARENCE State NY Zip Code 14031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lockport E A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 248.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67249
 Amount of Each Receipt this Period
 18.75
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	57.50
TOTAL This Period (last page this line number only).....	

**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 36 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. ANTONIO, SAMUEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5095 SALT RD
 City CLARENCE State NY Zip Code 14031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lockport E A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 267.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67250
 Amount of Each Receipt this Period
 18.75
 Memo Item

B. APPLEBEE, PETER S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42 PARKWYN DRIVE
 City DELMAR State NY Zip Code 12054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYSUT Occupation (for Individual) MANAGER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 27 / 2020
Transaction ID : SA11AI.67251
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. APPLEBEE, PETER S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42 PARKWYN DRIVE
 City DELMAR State NY Zip Code 12054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYSUT Occupation (for Individual) MANAGER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2020
Transaction ID : SA11AI.67252
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	38.75
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 37 OF 1094
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. APPLEBEE, PETER S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42 PARKWYN DRIVE
 City DELMAR State NY Zip Code 12054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYSUT Occupation (for Individual) MANAGER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 24 / 2020
Transaction ID : SA11AI.67253
 Amount of Each Receipt this Period 10.00
 Memo Item

B. APPLEBEE, PETER S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42 PARKWYN DRIVE
 City DELMAR State NY Zip Code 12054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYSUT Occupation (for Individual) MANAGER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.67254
 Amount of Each Receipt this Period 10.00
 Memo Item

C. ARIAS, E CONSUELO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 68 MONTAGUE ST APT 7F
 City BROOKLYN State NY Zip Code 11201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nassau CC Fed Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 12 / 29 / 2020
Transaction ID : SA11AI.67257
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶
TOTAL This Period (last page this line number only).....▶

30.00

**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 38 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. ARIAS, E CONSUELO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 68 MONTAGUE ST APT 7F
 City BROOKLYN State NY Zip Code 11201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nassau CC Fed Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 12 / 29 / 2020
Transaction ID : SA11AI.67258
 Amount of Each Receipt this Period 10.00
 Memo Item

B. ARMET, PATRICK M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 56 HIGHMORE DR
 City OSWEGO State NY Zip Code 13126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fulton T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt 12 / 08 / 2020
Transaction ID : SA11AI.67259
 Amount of Each Receipt this Period 204.00
 Memo Item

C. ARMET, PATRICK M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 56 HIGHMORE DR
 City OSWEGO State NY Zip Code 13126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fulton T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 12 / 16 / 2020
Transaction ID : SA11AI.67260
 Amount of Each Receipt this Period 12.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	226.00
TOTAL This Period (last page this line number only).....	

**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 39 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. ARMET, PATRICK M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 56 HIGHMORE DR
 City OSWEGO State NY Zip Code 13126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Fulton T A TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 228.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.67261
 Amount of Each Receipt this Period
 12.00
 Memo Item

B. ARORA, SUPRITA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 MURRAY DR
 City CHESTER State NY Zip Code 10918
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Washingtonville TA TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.67264
 Amount of Each Receipt this Period
 210.00
 Memo Item

C. ARORA, SUPRITA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 MURRAY DR
 City CHESTER State NY Zip Code 10918
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Washingtonville TA TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67265
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	242.00
TOTAL This Period (last page this line number only).....	

**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 40 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. ASBILL, MICHAEL P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 484 METTACAHONTS RD
 City ACCORD State NY Zip Code 12404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-New Paltz Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 11 / 24 / 2020
Transaction ID : SA11AI.67266
 Amount of Each Receipt this Period 10.00
 Memo Item

B. ASBILL, MICHAEL P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 484 METTACAHONTS RD
 City ACCORD State NY Zip Code 12404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-New Paltz Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 12 / 09 / 2020
Transaction ID : SA11AI.67267
 Amount of Each Receipt this Period 10.00
 Memo Item

C. ASBILL, MICHAEL P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 484 METTACAHONTS RD
 City ACCORD State NY Zip Code 12404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-New Paltz Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 12 / 23 / 2020
Transaction ID : SA11AI.67268
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 41 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. ASBILL, MICHAEL P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 484 METTACAHONTS RD

City ACCORD	State NY	Zip Code 12404
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-New Paltz	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.67269

Amount of Each Receipt this Period
 10.00

Memo Item

B. Ascher, Randy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1743 FRENCH HILL RD

City YORKTOWN HEIGHTS	State NY	Zip Code 10598
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020

Transaction ID : SA11AI.67149

Amount of Each Receipt this Period
 30.00

Memo Item

C. Ascher, Randy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1743 FRENCH HILL RD

City YORKTOWN HEIGHTS	State NY	Zip Code 10598
--------------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.67150

Amount of Each Receipt this Period
 30.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	70.00
TOTAL This Period (last page this line number only).....▶	

**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 42 OF 1094
	<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

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. ATALLAH, MICHELE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 645 MORRIS ST
 City ALBANY State NY Zip Code 12208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bethlehem Ctrl TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2020
Transaction ID : SA11AI.67271
 Amount of Each Receipt this Period 20.00
 Memo Item

B. ATALLAH, MICHELE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 645 MORRIS ST
 City ALBANY State NY Zip Code 12208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bethlehem Ctrl TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2020
Transaction ID : SA11AI.67272
 Amount of Each Receipt this Period 20.00
 Memo Item

C. ATKINS, VICKI-ANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 47 RISLEY RD
 City PATCHOGUE State NY Zip Code 11772
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Patchogue Medfrd C T Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2020
Transaction ID : SA11AI.67273
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	340.00
TOTAL This Period (last page this line number only).....	

**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 43 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. AUGUSTINE, JUDITH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 949 PALMER RD APT 3M
 City BRONXVILLE State NY Zip Code 10708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020
Transaction ID : SA11AI.67276
 Amount of Each Receipt this Period
 8.00
 Memo Item

B. AUGUSTINE, JUDITH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 949 PALMER RD APT 3M
 City BRONXVILLE State NY Zip Code 10708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 248.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.67277
 Amount of Each Receipt this Period
 8.00
 Memo Item

C. AUGUSTINE, JUDITH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 949 PALMER RD APT 3M
 City BRONXVILLE State NY Zip Code 10708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 256.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020
Transaction ID : SA11AI.67278
 Amount of Each Receipt this Period
 8.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	24.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 44 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. AUGUSTINE, JUDITH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 949 PALMER RD APT 3M
 City BRONXVILLE State NY Zip Code 10708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67279
 Amount of Each Receipt this Period 8.00
 Memo Item

B. AUGUSTINE, KEITH R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 FELBER LN
 City DEPEW State NY Zip Code 14043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kenmore Tchrs Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 204.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67280
 Amount of Each Receipt this Period 204.40
 Memo Item

C. AUGUSTINE, KEITH R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 FELBER LN
 City DEPEW State NY Zip Code 14043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kenmore Tchrs Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 214.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67281
 Amount of Each Receipt this Period 10.22
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	222.62
TOTAL This Period (last page this line number only).....▶	

**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 45 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. AUSFELD, WENDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 79B SOUTHBURY RD
 City CLIFTON PARK State NY Zip Code 12065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Schenectady Fed Tchr Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67284
 Amount of Each Receipt this Period
 10.53
 Memo Item

B. AVAZIS, LORRAINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 ARLINGTON LN
 City BAYVILLE State NY Zip Code 11709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67286
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. AZZARA, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 321 E SHORE DR
 City MASSAPEQUA State NY Zip Code 11758
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67289
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.53
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 46 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BABIKIAN, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6439 RIVER BIRCHFIELD RD
 City JAMESVILLE State NY Zip Code 13078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N Syracuse Educ Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67311
 Amount of Each Receipt this Period 10.00
 Memo Item

B. BAGNI, JOSEPHINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 121 BILTMORE BLVD
 City MASSAPEQUA State NY Zip Code 11758
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67313
 Amount of Each Receipt this Period 10.00
 Memo Item

C. BAILEY, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 309 BETSY BROWN RD
 City RYE BROOK State NY Zip Code 10573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rye Tchrs Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.67314
 Amount of Each Receipt this Period 16.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	36.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 47 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Baker, Jacqueline, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 ADELA CT
 City YORKTOWN HEIGHTS State NY Zip Code 10598
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.67291
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Baker, Jacqueline, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 ADELA CT
 City YORKTOWN HEIGHTS State NY Zip Code 10598
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67292
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. BALDWIN, ALEJANDRA A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4051 BRADY HILL RD
 City BINGHAMTON State NY Zip Code 13903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VESTAL TEACHERS ASSN Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.67320
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	210.00
TOTAL This Period (last page this line number only).....	

**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 48 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BALSAMO, STEVEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 BEVERLY ST
 City ISLIP State NY Zip Code 11751
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67323
 Amount of Each Receipt this Period 10.00
 Memo Item

B. BAMBRICK-ORIA, DEIRDRE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 670 GARFIELD RD
 City BALDWIN State NY Zip Code 11510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Herricks T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.67324
 Amount of Each Receipt this Period 12.00
 Memo Item

C. BAMBRICK-ORIA, DEIRDRE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 670 GARFIELD RD
 City BALDWIN State NY Zip Code 11510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Herricks T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.67325
 Amount of Each Receipt this Period 12.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	34.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 49 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BAMBRICK-ORIA, DEIRDRE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 670 GARFIELD RD
 City BALDWIN State NY Zip Code 11510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Herricks T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.67326
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. BAMGBOLA, OLUWATOYIM F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 DEKALB ST
 City STATEN ISLAND State NY Zip Code 10304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Downstate Med Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2020
Transaction ID : SA11AI.67327
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. BAMGBOLA, OLUWATOYIM F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 DEKALB ST
 City STATEN ISLAND State NY Zip Code 10304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Downstate Med Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2020
Transaction ID : SA11AI.67328
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	52.00
TOTAL This Period (last page this line number only).....	

**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 50 OF 1094
	<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	

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BAMGBOLA, OLUWATOYIM F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 101 DEKALB ST

City STATEN ISLAND	State NY	Zip Code 10304
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Downstate Med	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2020

Transaction ID : SA11AI.67329

Amount of Each Receipt this Period
 20.00

Memo Item

B. BAMGBOLA, OLUWATOYIM F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 101 DEKALB ST

City STATEN ISLAND	State NY	Zip Code 10304
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Downstate Med	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.67330

Amount of Each Receipt this Period
 20.00

Memo Item

C. BARBARA, DONNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 41 ONEIDA AVE

City CROTON ON HUDSON	State NY	Zip Code 10520
--------------------------	-------------	-------------------

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

Name of Employer (for Individual) Eastchester T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 208.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020

Transaction ID : SA11AI.67331

Amount of Each Receipt this Period
 208.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	248.00
TOTAL This Period (last page this line number only).....▶	

**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 51 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BARBARA, DONNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 41 ONEIDA AVE

City CROTON ON HUDSON	State NY	Zip Code 10520
--------------------------	-------------	-------------------

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

Name of Employer (for Individual) Eastchester T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 222.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020

Transaction ID : SA11AI.67332

Amount of Each Receipt this Period
 14.00

Memo Item

B. BARBARA, DONNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 41 ONEIDA AVE

City CROTON ON HUDSON	State NY	Zip Code 10520
--------------------------	-------------	-------------------

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

Name of Employer (for Individual) Eastchester T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 236.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020

Transaction ID : SA11AI.67333

Amount of Each Receipt this Period
 14.00

Memo Item

C. BARBARA, DONNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 41 ONEIDA AVE

City CROTON ON HUDSON	State NY	Zip Code 10520
--------------------------	-------------	-------------------

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

Name of Employer (for Individual) Eastchester T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 249.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.67334

Amount of Each Receipt this Period
 13.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	41.00
TOTAL This Period (last page this line number only).....▶	

**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 52 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BARBARA, DONNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41 ONEIDA AVE
 City CROTON ON HUDSON State NY Zip Code 10520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eastchester T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 263.00

Date of Receipt 12 / 29 / 2020
Transaction ID : SA11AI.67335
 Amount of Each Receipt this Period 14.00
 Memo Item

B. BARBARA, DONNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41 ONEIDA AVE
 City CROTON ON HUDSON State NY Zip Code 10520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eastchester T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 277.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.67336
 Amount of Each Receipt this Period 14.00
 Memo Item

C. BARBER, JEAN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1770 CENTRAL ST
 City YORKTOWN HEIGHTS State NY Zip Code 10598
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yorktown Cong Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.67337
 Amount of Each Receipt this Period 90.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	118.00
TOTAL This Period (last page this line number only).....▶	

**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 53 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BARBIERI, CRAIG, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1645 BROADWAY

City NEW HYDE PARK	State NY	Zip Code 11040
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) SEWANHAKA FT	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020

Transaction ID : SA11AI.67338

Amount of Each Receipt this Period
 15.00

Memo Item

B. BARBIERI, CRAIG, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1645 BROADWAY

City NEW HYDE PARK	State NY	Zip Code 11040
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) SEWANHAKA FT	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.67339

Amount of Each Receipt this Period
 15.00

Memo Item

C. BARBIERI, CRAIG, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1645 BROADWAY

City NEW HYDE PARK	State NY	Zip Code 11040
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) SEWANHAKA FT	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.67340

Amount of Each Receipt this Period
 15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	45.00
TOTAL This Period (last page this line number only).....	

**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 54 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BARNETT, MORGAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 108 COLIN ST APT 3
 City YONKERS State NY Zip Code 10701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt 12 / 01 / 2020
Transaction ID : SA11AI.67345
 Amount of Each Receipt this Period 10.00
 Memo Item

B. BARNETT, MORGAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 108 COLIN ST APT 3
 City YONKERS State NY Zip Code 10701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 16 / 2020
Transaction ID : SA11AI.67346
 Amount of Each Receipt this Period 10.00
 Memo Item

C. BARNETT, MORGAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 108 COLIN ST APT 3
 City YONKERS State NY Zip Code 10701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt 12 / 24 / 2020
Transaction ID : SA11AI.67347
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**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 55 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BARNETT, MORGAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 108 COLIN ST APT 3
 City YONKERS State NY Zip Code 10701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67348
 Amount of Each Receipt this Period 10.00
 Memo Item

B. BARNSTEAD, LISA K, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23 BENEDICT BLVD
 City ELMIRA State NY Zip Code 14903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Horseheads T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67350
 Amount of Each Receipt this Period 10.00
 Memo Item

C. BARR, LEROY T, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 116 LINDEN BLVD
 City BROOKLYN State NY Zip Code 11226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Fed. Tchrs. Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2020
Transaction ID : SA11AI.67351
 Amount of Each Receipt this Period 95.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	115.00
TOTAL This Period (last page this line number only).....▶	

**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 56 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BARRETO, CHRISTINA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 36 TAYLOR RD

City VALHALLA	State NY	Zip Code 10595
------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 290.00

Date of Receipt
 12 / 01 / 2020
Transaction ID : SA11AI.67352

Amount of Each Receipt this Period
 10.00

Memo Item

B. BARRETO, CHRISTINA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 36 TAYLOR RD

City VALHALLA	State NY	Zip Code 10595
------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 12 / 16 / 2020
Transaction ID : SA11AI.67353

Amount of Each Receipt this Period
 10.00

Memo Item

C. BARRETO, CHRISTINA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 36 TAYLOR RD

City VALHALLA	State NY	Zip Code 10595
------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 310.00

Date of Receipt
 12 / 24 / 2020
Transaction ID : SA11AI.67354

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 57 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BARRETO, CHRISTINA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 36 TAYLOR RD

City VALHALLA	State NY	Zip Code 10595
------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.67355

Amount of Each Receipt this Period
 10.00

Memo Item

B. BARSTOW, LAURA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7411 TRILLIUM TRL

City VICTOR	State NY	Zip Code 14564
----------------	-------------	-------------------

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

Name of Employer (for Individual) Rochester T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.67357

Amount of Each Receipt this Period
 10.00

Memo Item

C. BASIL, BRIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 62 FRANKLIN AVE

City GLEN COVE	State NY	Zip Code 11542
-------------------	-------------	-------------------

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

Name of Employer (for Individual) SEWANHAKA FT	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.67360

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 58 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BASSO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 118 TWIN OAKS DR
 City State Zip Code
 KINGS PARK NY 11754
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Syosset T A TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67364
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. BATTISTONI, BRIAN L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 718 STATE ROUTE 3
 City State Zip Code
 SARANAC LAKE NY 12983
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Frank-Esx-Ham BOCES TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.67369
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. BAUER, KIRK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 301 BIRCH LN
 City State Zip Code
 IRVINGTON NY 10533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Yonkers Fed Of Tchrs TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020
Transaction ID : SA11AI.67371
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	40.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 59 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BAUER, KIRK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 301 BIRCH LN

City IRVINGTON	State NY	Zip Code 10533
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 620.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020

Transaction ID : SA11AI.67372

Amount of Each Receipt this Period
 20.00

Memo Item

B. BAUER, KIRK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 301 BIRCH LN

City IRVINGTON	State NY	Zip Code 10533
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 640.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020

Transaction ID : SA11AI.67373

Amount of Each Receipt this Period
 20.00

Memo Item

C. BAUER, KIRK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 301 BIRCH LN

City IRVINGTON	State NY	Zip Code 10533
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 660.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.67374

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).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 60 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BAUTISTA, MARY PAULA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 622 W 138TH ST
 City NEW YORK State NY Zip Code 10031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Scarsdale T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.67375
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. BAUTISTA, MARY PAULA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 622 W 138TH ST
 City NEW YORK State NY Zip Code 10031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Scarsdale T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.67376
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. BAYLIS, SHARON E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 TOPLAND RD
 City HARTSDALE State NY Zip Code 10530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Edgemont T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.67377
 Amount of Each Receipt this Period
 204.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	244.00
TOTAL This Period (last page this line number only).....▶	

**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 61 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BEACH, MARIANA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 BEACH RD

City MASSAPEQUA	State NY	Zip Code 11758
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.67379

Amount of Each Receipt this Period
 10.00

Memo Item

B. BEARD-MOOSE, CHRISTINA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 52 PALMETTO DR

City SHIRLEY	State NY	Zip Code 11967
-----------------	-------------	-------------------

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

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 12 / 08 / 2020
Transaction ID : SA11AI.67380

Amount of Each Receipt this Period
 10.00

Memo Item

C. BEARD-MOOSE, CHRISTINA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 52 PALMETTO DR

City SHIRLEY	State NY	Zip Code 11967
-----------------	-------------	-------------------

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

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.67381

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 62 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BEARD-MOOSE, CHRISTINA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 52 PALMETTO DR
 City SHIRLEY State NY Zip Code 11967
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 F A Of Suffolk CC TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.67382
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. BEARD-MOOSE, CHRISTINA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 52 PALMETTO DR
 City SHIRLEY State NY Zip Code 11967
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 F A Of Suffolk CC TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67383
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. BEBB, LAURIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1425 WESTERN AVE
 City ALBANY State NY Zip Code 12203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Albany PS TA TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.67384
 Amount of Each Receipt this Period
 209.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	229.00
TOTAL This Period (last page this line number only).....▶	

**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 63 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BEBB, LAURIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1425 WESTERN AVE
 City ALBANY State NY Zip Code 12203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Albany PS TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67385
 Amount of Each Receipt this Period
 11.00
 Memo Item

B. BECCHETTI, PHILIP, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 141 HIGHVIEW AVE
 City EASTCHESTER State NY Zip Code 10709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020
Transaction ID : SA11AI.67386
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. BECCHETTI, PHILIP, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 141 HIGHVIEW AVE
 City EASTCHESTER State NY Zip Code 10709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.67387
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	31.00
TOTAL This Period (last page this line number only).....	

**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 64 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. BECCHETTI, PHILIP, , ,			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>24</td> <td></td> <td>2020</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y	12		24		2020
M M M	/	D D D	/	Y Y Y Y Y Y											
12		24		2020											
Mailing Address 141 HIGHVIEW AVE			Transaction ID : SA11AI.67388												
City EASTCHESTER	State NY	Zip Code 10709	Amount of Each Receipt this Period <table border="1"> <tr> <td>10.00</td> </tr> </table>			10.00									
10.00															
FEC ID number of contributing federal political committee. C		Memo Item <input type="checkbox"/>													
Name of Employer (for Individual) Yonkers Fed Of Tchrs		Occupation (for Individual) TEACHER													
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>310.00</td> </tr> </table>				310.00									
310.00															

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. BECCHETTI, PHILIP, , ,			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>31</td> <td></td> <td>2020</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y	12		31		2020
M M M	/	D D D	/	Y Y Y Y Y Y											
12		31		2020											
Mailing Address 141 HIGHVIEW AVE			Transaction ID : SA11AI.67389												
City EASTCHESTER	State NY	Zip Code 10709	Amount of Each Receipt this Period <table border="1"> <tr> <td>10.00</td> </tr> </table>			10.00									
10.00															
FEC ID number of contributing federal political committee. C		Memo Item <input type="checkbox"/>													
Name of Employer (for Individual) Yonkers Fed Of Tchrs		Occupation (for Individual) TEACHER													
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>320.00</td> </tr> </table>				320.00									
320.00															

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. BEDLINGTON, MICHELLE, , ,			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>01</td> <td></td> <td>2020</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y	12		01		2020
M M M	/	D D D	/	Y Y Y Y Y Y											
12		01		2020											
Mailing Address 1 LAFAYETTE RD			Transaction ID : SA11AI.67390												
City NEW FAIRFIELD	State CT	Zip Code 06812	Amount of Each Receipt this Period <table border="1"> <tr> <td>10.00</td> </tr> </table>			10.00									
10.00															
FEC ID number of contributing federal political committee. C		Memo Item <input type="checkbox"/>													
Name of Employer (for Individual) Yonkers Fed Of Tchrs		Occupation (for Individual) TEACHER													
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>290.00</td> </tr> </table>				290.00									
290.00															

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1"> <tr> <td>30.00</td> </tr> </table>	30.00
30.00		
TOTAL This Period (last page this line number only).....▶	<table border="1"> <tr> <td></td> </tr> </table>	

**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 65 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BEDLINGTON, MICHELLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 LAFAYETTE RD
 City NEW FAIRFIELD State CT Zip Code 06812
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.67391
 Amount of Each Receipt this Period 10.00
 Memo Item

B. BEDLINGTON, MICHELLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 LAFAYETTE RD
 City NEW FAIRFIELD State CT Zip Code 06812
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020
Transaction ID : SA11AI.67392
 Amount of Each Receipt this Period 10.00
 Memo Item

C. BEDLINGTON, MICHELLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 LAFAYETTE RD
 City NEW FAIRFIELD State CT Zip Code 06812
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67393
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶
TOTAL This Period (last page this line number only).....▶

30.00

**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 66 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BEHRINGER, AILEEN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 BARNETT DR # 6

City MONROE	State NY	Zip Code 10950
----------------	-------------	-------------------

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

Name of Employer (for Individual) Goshen TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.67394

Amount of Each Receipt this Period
10.00

Memo Item

B. BEHRINGER, AILEEN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 BARNETT DR # 6

City MONROE	State NY	Zip Code 10950
----------------	-------------	-------------------

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

Name of Employer (for Individual) Goshen TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.67395

Amount of Each Receipt this Period
10.00

Memo Item

C. BEHRINGER, AILEEN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 BARNETT DR # 6

City MONROE	State NY	Zip Code 10950
----------------	-------------	-------------------

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

Name of Employer (for Individual) Goshen TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.67396

Amount of Each Receipt this Period
10.00

Memo Item

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

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

30.00

**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 67 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BEHRINGER, AILEEN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 BARNETT DR # 6

City MONROE	State NY	Zip Code 10950
----------------	-------------	-------------------

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

Name of Employer (for Individual) Goshen TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.67397

Amount of Each Receipt this Period
 10.00

Memo Item

B. BEHRINGER, AILEEN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 BARNETT DR # 6

City MONROE	State NY	Zip Code 10950
----------------	-------------	-------------------

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

Name of Employer (for Individual) Goshen TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.67398

Amount of Each Receipt this Period
 10.00

Memo Item

C. BEHRINGER, AILEEN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 BARNETT DR # 6

City MONROE	State NY	Zip Code 10950
----------------	-------------	-------------------

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

Name of Employer (for Individual) Goshen TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.67399

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**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 68 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BEITER, ANDREW T, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 29 HUNT AVE

City HAMBURG	State NY	Zip Code 14075
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Springville Fac Assn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.67401

Amount of Each Receipt this Period
 10.00

Memo Item

B. BEKOFF, JODI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 25 THE MEWS

City SYOSSET	State NY	Zip Code 11791
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.67403

Amount of Each Receipt this Period
 10.00

Memo Item

C. BENAQUISTO, JULIET, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 135 FLORIDA RD

City PATTERSONVILLE	State NY	Zip Code 12137
------------------------	-------------	-------------------

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

Name of Employer (for Individual) Schenectady Fed Tchr	Occupation (for Individual) TEACHER
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Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 626.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2020

Transaction ID : SA11AI.67404

Amount of Each Receipt this Period
 36.84

Memo Item

SUBTOTAL of Receipts This Page (optional).....	56.84
TOTAL This Period (last page this line number only).....	

**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 69 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BENAQUISTO, JULIET, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 135 FLORIDA RD
 City PATTERSONVILLE State NY Zip Code 12137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Schenectady Fed Tchr Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 663.16

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.67405
 Amount of Each Receipt this Period 36.84
 Memo Item

B. BENAQUISTO, JULIET, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 135 FLORIDA RD
 City PATTERSONVILLE State NY Zip Code 12137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Schenectady Fed Tchr Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67406
 Amount of Each Receipt this Period 36.84
 Memo Item

C. BENAVENTEPERE, ALEXANDRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 339 PROSPECT AVE
 City BROOKLYN State NY Zip Code 11215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Optometry Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2020
Transaction ID : SA11AI.67407
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	83.68
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 70 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BENAVENTEPERE, ALEXANDRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 339 PROSPECT AVE

City BROOKLYN	State NY	Zip Code 11215
------------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Optometry	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 12 / 09 / 2020
Transaction ID : SA11AI.67408

Amount of Each Receipt this Period
 10.00

Memo Item

B. BENAVENTEPERE, ALEXANDRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 339 PROSPECT AVE

City BROOKLYN	State NY	Zip Code 11215
------------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Optometry	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 12 / 23 / 2020
Transaction ID : SA11AI.67409

Amount of Each Receipt this Period
 10.00

Memo Item

C. BENAVENTEPERE, ALEXANDRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 339 PROSPECT AVE

City BROOKLYN	State NY	Zip Code 11215
------------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Optometry	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.67410

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 71 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BENJAMIN, BARBARA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4577 LAKECREST PL
 City SARASOTA State FL Zip Code 34233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Marlboro Fac Asn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2020
Transaction ID : SA11AI.67412
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. BENJAMIN, BRET E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37 S LAKE AVE
 City ALBANY State NY Zip Code 12203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Albany Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 279.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2020
Transaction ID : SA11AI.67413
 Amount of Each Receipt this Period
 7.00
 Memo Item

C. BENJAMIN, BRET E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37 S LAKE AVE
 City ALBANY State NY Zip Code 12203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Albany Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2020
Transaction ID : SA11AI.67414
 Amount of Each Receipt this Period
 11.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	268.00
TOTAL This Period (last page this line number only).....	

**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 72 OF 1094
	<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	<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BENJAMIN, BRET E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37 S LAKE AVE
 City ALBANY State NY Zip Code 12203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Albany Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2020
Transaction ID : SA11Al.67415
 Amount of Each Receipt this Period 10.00
 Memo Item

B. BENJAMIN, BRET E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37 S LAKE AVE
 City ALBANY State NY Zip Code 12203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Albany Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 311.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11Al.67416
 Amount of Each Receipt this Period 11.00
 Memo Item

C. BENJAMIN, LAUREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37 CENTRAL AVE N
 City NYACK State NY Zip Code 10960
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bedford T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11Al.67417
 Amount of Each Receipt this Period 200.20
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	221.20
TOTAL This Period (last page this line number only).....	

**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 73 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BENSEN, EILEEN V, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 516 CHAMBERLIN ST
 City EAST MEADOW State NY Zip Code 11554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oceanside Fed Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67422
 Amount of Each Receipt this Period
 210.00
 Memo Item

B. BENTIVEGNA, JILL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 ALEXANDER DR
 City SYOSSET State NY Zip Code 11791
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67424
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. BENTO, DENISE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 47 WILLOW RIDGE DR
 City SMITHTOWN State NY Zip Code 11787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67427
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	230.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 74 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BERNARDI, ROSEMARIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 900 N BROADWAY APT 33N

City YONKERS	State NY	Zip Code 10701
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020

Transaction ID : SA11AI.67428

Amount of Each Receipt this Period
 10.00

Memo Item

B. BERNARDI, ROSEMARIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 900 N BROADWAY APT 33N

City YONKERS	State NY	Zip Code 10701
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020

Transaction ID : SA11AI.67429

Amount of Each Receipt this Period
 10.00

Memo Item

C. BERNARDI, ROSEMARIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 900 N BROADWAY APT 33N

City YONKERS	State NY	Zip Code 10701
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020

Transaction ID : SA11AI.67430

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 75 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BERNARDI, ROSEMARIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 N BROADWAY APT 33N
 City YONKERS State NY Zip Code 10701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.67431
 Amount of Each Receipt this Period 10.00
 Memo Item

B. BERRY, LINDSAY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 SCANLON AVE
 City FLORIDA State NY Zip Code 10921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Town of Highlands TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.50

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.67434
 Amount of Each Receipt this Period 202.50
 Memo Item

C. BEYER, JACK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 66 HALF MOON DR
 City CAIRO State NY Zip Code 12413
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hudson T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt 12 / 08 / 2020
Transaction ID : SA11AI.67435
 Amount of Each Receipt this Period 209.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	421.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 76 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BEYER, JACK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 66 HALF MOON DR
 City CAIRO State NY Zip Code 12413
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hudson T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.67436
 Amount of Each Receipt this Period 11.00
 Memo Item

B. BEYER, JACK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 66 HALF MOON DR
 City CAIRO State NY Zip Code 12413
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hudson T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 231.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.67437
 Amount of Each Receipt this Period 11.00
 Memo Item

C. BIANCAMANO, JEANETTE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 133 E PENN ST
 City LONG BEACH State NY Zip Code 11561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67439
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	32.00
TOTAL This Period (last page this line number only).....	

**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 77 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BICKETT, GREGORY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 140 MILNOR AVE

City SYRACUSE	State NY	Zip Code 13224
------------------	-------------	-------------------

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

Name of Employer (for Individual) Syracuse T A Inc	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 252.00

Date of Receipt
 12 / 02 / 2020
Transaction ID : SA11AI.67441

Amount of Each Receipt this Period
 14.00

Memo Item

B. BICKETT, GREGORY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 140 MILNOR AVE

City SYRACUSE	State NY	Zip Code 13224
------------------	-------------	-------------------

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

Name of Employer (for Individual) Syracuse T A Inc	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 266.00

Date of Receipt
 12 / 10 / 2020
Transaction ID : SA11AI.67442

Amount of Each Receipt this Period
 14.00

Memo Item

C. BICKETT, GREGORY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 140 MILNOR AVE

City SYRACUSE	State NY	Zip Code 13224
------------------	-------------	-------------------

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

Name of Employer (for Individual) Syracuse T A Inc	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.67443

Amount of Each Receipt this Period
 14.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	42.00
TOTAL This Period (last page this line number only).....	

**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 78 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Bierman, Marion, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6471 CURWOOD DR

City EAST SYRACUSE	State NY	Zip Code 13057
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Syracuse T A Inc	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020

Transaction ID : SA11AI.67293

Amount of Each Receipt this Period
 20.00

Memo Item

B. Bierman, Marion, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6471 CURWOOD DR

City EAST SYRACUSE	State NY	Zip Code 13057
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Syracuse T A Inc	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.67294

Amount of Each Receipt this Period
 20.00

Memo Item

C. BIRBIGLIA, SUZANNE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 25 SAMANTHA DR

City CORAM	State NY	Zip Code 11727
---------------	-------------	-------------------

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

Name of Employer (for Individual) Mt Sinai Tchrs Assn	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.67445

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	50.00
TOTAL This Period (last page this line number only).....	

**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 79 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BIVIANS, YVETTE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 CREEKVIEW CT
 City WAPPINGERS FALLS State NY Zip Code 12590
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Peekskill Fac Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67447
 Amount of Each Receipt this Period 10.00
 Memo Item

B. BIVONA, KATELIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 63 MONTROSE DR
 City COMMACK State NY Zip Code 11725
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67449
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Black, Judith, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33 JOHN ST
 City SHOREHAM State NY Zip Code 11786
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Three Village TA,Inc Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.67295
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	40.00
TOTAL This Period (last page this line number only).....	

**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 80 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Black, Judith, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 33 JOHN ST

City SHOREHAM	State NY	Zip Code 11786
------------------	-------------	-------------------

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

Name of Employer (for Individual) Three Village TA,Inc	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.67296

Amount of Each Receipt this Period
 20.00

Memo Item

B. BLACKMANSTROU, ROWENA J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1621 BROOKLYN AVE

City BROOKLYN	State NY	Zip Code 11210
------------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Downstate Med	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 295.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2020

Transaction ID : SA11AI.67450

Amount of Each Receipt this Period
 5.00

Memo Item

C. BLACKMANSTROU, ROWENA J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1621 BROOKLYN AVE

City BROOKLYN	State NY	Zip Code 11210
------------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Downstate Med	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2020

Transaction ID : SA11AI.67451

Amount of Each Receipt this Period
 5.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 81 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. BLACKMANSTROU, ROWENA J, , ,			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>15</td> <td></td> <td>2020</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y	12		15		2020
M M M	/	D D D	/	Y Y Y Y Y Y											
12		15		2020											
Mailing Address 1621 BROOKLYN AVE			Transaction ID : SA11AI.67452												
City BROOKLYN	State NY	Zip Code 11210	Amount of Each Receipt this Period <table border="1"> <tr> <td>20.00</td> </tr> </table>			20.00									
20.00															
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item												
Name of Employer (for Individual) UUP-Downstate Med		Occupation (for Individual) TEACHER													
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>320.00</td> </tr> </table>	320.00												
320.00															

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. BLACKMANSTROU, ROWENA J, , ,			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>23</td> <td></td> <td>2020</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y	12		23		2020
M M M	/	D D D	/	Y Y Y Y Y Y											
12		23		2020											
Mailing Address 1621 BROOKLYN AVE			Transaction ID : SA11AI.67453												
City BROOKLYN	State NY	Zip Code 11210	Amount of Each Receipt this Period <table border="1"> <tr> <td>5.00</td> </tr> </table>			5.00									
5.00															
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item												
Name of Employer (for Individual) UUP-Downstate Med		Occupation (for Individual) TEACHER													
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>325.00</td> </tr> </table>	325.00												
325.00															

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. BLACKMANSTROU, ROWENA J, , ,			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>31</td> <td></td> <td>2020</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y	12		31		2020
M M M	/	D D D	/	Y Y Y Y Y Y											
12		31		2020											
Mailing Address 1621 BROOKLYN AVE			Transaction ID : SA11AI.67454												
City BROOKLYN	State NY	Zip Code 11210	Amount of Each Receipt this Period <table border="1"> <tr> <td>5.00</td> </tr> </table>			5.00									
5.00															
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item												
Name of Employer (for Individual) UUP-Downstate Med		Occupation (for Individual) TEACHER													
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>330.00</td> </tr> </table>	330.00												
330.00															

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1"> <tr> <td>30.00</td> </tr> </table>	30.00
30.00		
TOTAL This Period (last page this line number only).....▶	<table border="1"> <tr> <td></td> </tr> </table>	

**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 82 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BLANCO-RUIZ, PILAR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 334 ATLANTIC AVE APT 3B

City BROOKLYN	State NY	Zip Code 11201
------------------	-------------	-------------------

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

Name of Employer (for Individual) Un Coll Emp Fit	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.67456

Amount of Each Receipt this Period
 10.00

Memo Item

B. BLANCO-RUIZ, PILAR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 334 ATLANTIC AVE APT 3B

City BROOKLYN	State NY	Zip Code 11201
------------------	-------------	-------------------

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

Name of Employer (for Individual) Un Coll Emp Fit	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.67457

Amount of Each Receipt this Period
 10.00

Memo Item

C. BLANCO-RUIZ, PILAR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 334 ATLANTIC AVE APT 3B

City BROOKLYN	State NY	Zip Code 11201
------------------	-------------	-------------------

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

Name of Employer (for Individual) Un Coll Emp Fit	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.67458

Amount of Each Receipt this Period
 10.00

Memo Item

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

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

30.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 83 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BLANCO-RUIZ, PILAR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 334 ATLANTIC AVE APT 3B

City BROOKLYN	State NY	Zip Code 11201
------------------	-------------	-------------------

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

Name of Employer (for Individual) Un Coll Emp Fit	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.67459

Amount of Each Receipt this Period
 10.00

Memo Item

B. BOGART-SCHMID, JANE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 LINCOLN AVE

City GOSHEN	State NY	Zip Code 10924
----------------	-------------	-------------------

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

Name of Employer (for Individual) Monroe Woodbury TA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 216.00

Date of Receipt
 12 / 02 / 2020
Transaction ID : SA11AI.67465

Amount of Each Receipt this Period
 12.00

Memo Item

C. BOGART-SCHMID, JANE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 LINCOLN AVE

City GOSHEN	State NY	Zip Code 10924
----------------	-------------	-------------------

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

Name of Employer (for Individual) Monroe Woodbury TA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 228.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.67466

Amount of Each Receipt this Period
 12.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	34.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 84 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BOGART-SCHMID, JANE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 LINCOLN AVE

City GOSHEN	State NY	Zip Code 10924
----------------	-------------	-------------------

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

Name of Employer (for Individual) Monroe Woodbury TA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67467

Amount of Each Receipt this Period
 12.00

Memo Item

B. BOGEY, ANDREW D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 86 SOUTH ST

City BOLIVAR	State NY	Zip Code 14715
-----------------	-------------	-------------------

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

Name of Employer (for Individual) BOLIVAR-RICHBURG FA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 485.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.67468

Amount of Each Receipt this Period
 25.00

Memo Item

C. BOGEY, ANDREW D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 86 SOUTH ST

City BOLIVAR	State NY	Zip Code 14715
-----------------	-------------	-------------------

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

Name of Employer (for Individual) BOLIVAR-RICHBURG FA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.67469

Amount of Each Receipt this Period
 40.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	77.00
TOTAL This Period (last page this line number only).....	

**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 85 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BOHUNIEK, JOHN C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 BOOTH BLVD
 City WAPPINGERS FL State NY Zip Code 12590
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Croton Tchrs Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.67470
 Amount of Each Receipt this Period 15.00
 Memo Item

B. BOHUNIEK, JOHN C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 BOOTH BLVD
 City WAPPINGERS FL State NY Zip Code 12590
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Croton Tchrs Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.67471
 Amount of Each Receipt this Period 15.00
 Memo Item

C. BOHUNIEK, JOHN C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 BOOTH BLVD
 City WAPPINGERS FL State NY Zip Code 12590
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Croton Tchrs Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.67472
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶
TOTAL This Period (last page this line number only)..... ▶

45.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 86 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BOHUNIEK, JOHN C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 BOOTH BLVD
 City WAPPINGERS FL State NY Zip Code 12590
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Croton Tchrs Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.67473
 Amount of Each Receipt this Period
 15.00
 Memo Item

B. BOLDEN, NATALIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31 ELMORE AVE
 City CROTON HDSN State NY Zip Code 10520
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Peekskill Fac Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67477
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. Bollella, Dominick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 SLEEPY HLW RD APT 1221
 City ATHENS State NY Zip Code 12015
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Red Hook FA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.67297
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

**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 87 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Bollella, Dominick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 SLEEPY HLW RD APT 1221
 City ATHENS State NY Zip Code 12015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Red Hook FA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 223.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67298
 Amount of Each Receipt this Period
 3.00
 Memo Item

B. BONVENTRE, KAREN B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 DOVER DR
 City DELMAR State NY Zip Code 12054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Shenendehowa T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2020
Transaction ID : SA11AI.67478
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. BONVENTRE, KAREN B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 DOVER DR
 City DELMAR State NY Zip Code 12054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Shenendehowa T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.67479
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	23.00
TOTAL This Period (last page this line number only).....	

**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 88 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BONVENTRE, KAREN B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 DOVER DR
 City DELMAR State NY Zip Code 12054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Shenendehowa T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67480
 Amount of Each Receipt this Period 10.00
 Memo Item

B. BORDINARO, RONALD A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8481 LOVERS LANE RD
 City BATAVIA State NY Zip Code 14020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kenmore Tchrs Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67483
 Amount of Each Receipt this Period 10.00
 Memo Item

C. BORGISI, JULIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 EBLING AVE
 City TONAWANDA State NY Zip Code 14150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kenmore Tchrs Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67486
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 89 OF 1094
	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Borowitz Jr, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 49 JEFFERSON AVE

City HASTINGS HDSN	State NY	Zip Code 10706
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Harrison Assn Of Tch	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 204.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.67299

Amount of Each Receipt this Period
 204.00

Memo Item

B. BOROWSKY, ELEANOR M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10 GEDNEY PARK DR

City WHITE PLAINS	State NY	Zip Code 10605
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Eastchester T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.67487

Amount of Each Receipt this Period
 210.00

Memo Item

C. BOROWSKY, ELEANOR M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10 GEDNEY PARK DR

City WHITE PLAINS	State NY	Zip Code 10605
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Eastchester T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.67488

Amount of Each Receipt this Period
 10.50

Memo Item

SUBTOTAL of Receipts This Page (optional).....	424.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 90 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BORYK, THERESA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 464 LONDON RD
 City YORKTOWN HEIGHTS State NY Zip Code 10598
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Putnam Vly Fed Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.67491
 Amount of Each Receipt this Period 10.00
 Memo Item

B. BORYK, THERESA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 464 LONDON RD
 City YORKTOWN HEIGHTS State NY Zip Code 10598
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Putnam Vly Fed Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67492
 Amount of Each Receipt this Period 10.00
 Memo Item

C. BOURDEAU, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 BARTLEY LN
 City WEST SAYVILLE State NY Zip Code 11796
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) F A Of Suffolk CC Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2020
Transaction ID : SA11AI.67496
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**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 91 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BOURDEAU, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 BARTLEY LN
 City WEST SAYVILLE State NY Zip Code 11796
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 F A Of Suffolk CC TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.67497
 Amount of Each Receipt this Period 10.00
 Memo Item

B. BOURDEAU, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 BARTLEY LN
 City WEST SAYVILLE State NY Zip Code 11796
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 F A Of Suffolk CC TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.67498
 Amount of Each Receipt this Period 10.00
 Memo Item

C. BOURDEAU, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 BARTLEY LN
 City WEST SAYVILLE State NY Zip Code 11796
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 F A Of Suffolk CC TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67499
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 92 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BOZZA, CATERINA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13 KAREN RD

City GLEN COVE	State NY	Zip Code 11542
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2020

Transaction ID : SA11AI.67502

Amount of Each Receipt this Period
10.00

Memo Item

B. BRADSHAW, DAVID, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2451 PARKVIEW PL

City BALDWIN	State NY	Zip Code 11510
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Garden City T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
216.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2020

Transaction ID : SA11AI.67503

Amount of Each Receipt this Period
12.00

Memo Item

C. BRADSHAW, DAVID, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2451 PARKVIEW PL

City BALDWIN	State NY	Zip Code 11510
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Garden City T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
228.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2020

Transaction ID : SA11AI.67504

Amount of Each Receipt this Period
12.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	34.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 93 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BRADSHAW, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2451 PARKVIEW PL
 City BALDWIN State NY Zip Code 11510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Garden City T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2020
Transaction ID : SA11AI.67505
 Amount of Each Receipt this Period 12.00
 Memo Item

B. Brand, Katherine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 58 NAMKEE RD
 City BLUE POINT State NY Zip Code 11715
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Baypt-Blue Pt TA,Inc Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.67300
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Brand, Katherine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 58 NAMKEE RD
 City BLUE POINT State NY Zip Code 11715
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Baypt-Blue Pt TA,Inc Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67301
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	52.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 94 OF 1094
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BRANDON, HEATHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 TODD RD
 City KATONAH State NY Zip Code 10536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Edgemont T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.67506
 Amount of Each Receipt this Period
 260.00
 Memo Item

B. BRAUN, JODY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37 BIRCH ST
 City LAKE GROVE State NY Zip Code 11755
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67508
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. BRAUND, CAROL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 110 ELM STREET
 City FAYETTEVILLE State NY Zip Code 13066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Upstate Medical Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.67509
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶
TOTAL This Period (last page this line number only)..... ▶

290.00

**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 95 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BRAUND, CAROL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 110 ELM STREET
 City FAYETTEVILLE State NY Zip Code 13066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Upstate Medical Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.67510
 Amount of Each Receipt this Period 20.00
 Memo Item

B. BRAUNSHWEIGER, DARLEEN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 SANDY CT
 City PORT WASHINGTON State NY Zip Code 11050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nassau CC Fed Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 02 / 2020
Transaction ID : SA11AI.67511
 Amount of Each Receipt this Period 10.00
 Memo Item

C. BRAUNSHWEIGER, DARLEEN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 SANDY CT
 City PORT WASHINGTON State NY Zip Code 11050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nassau CC Fed Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 29 / 2020
Transaction ID : SA11AI.67512
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	40.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 96 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BRAUNSHWEIGER, DARLEEN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 SANDY CT
 City PORT WASHINGTON State NY Zip Code 11050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nassau CC Fed Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.67513
 Amount of Each Receipt this Period 10.00
 Memo Item

B. BREE, SUSAN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 72 CLEVELAND DR
 City CROTON ON HUDSON State NY Zip Code 10520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Croton Tchrs Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.67519
 Amount of Each Receipt this Period 208.00
 Memo Item

C. BRENNEN, CAROLINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 365 EASTERN CLOSE
 City YORKTOWN HEIGHTS State NY Zip Code 10598
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harrison Assn Of Tch Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.67521
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	238.00
TOTAL This Period (last page this line number only).....	

**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 97 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BRENNEN, CAROLINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 365 EASTERN CLOSE
 City YORKTOWN HEIGHTS State NY Zip Code 10598
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harrison Assn Of Tch Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.67522
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. BRENNEN, CAROLINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 365 EASTERN CLOSE
 City YORKTOWN HEIGHTS State NY Zip Code 10598
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harrison Assn Of Tch Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.67523
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. BRESLIN, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 508 NEW ROCHELLE RD
 City BRONXVILLE State NY Zip Code 10708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) New Rochelle F.U.S.E Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.67524
 Amount of Each Receipt this Period
 204.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	244.00
TOTAL This Period (last page this line number only).....	

**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 98 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BRESLIN, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 508 NEW ROCHELLE RD
 City BRONXVILLE State NY Zip Code 10708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) New Rochelle F.U.S.E Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2020
Transaction ID : SA11AI.67525
 Amount of Each Receipt this Period 12.00
 Memo Item

B. BRESLIN, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 508 NEW ROCHELLE RD
 City BRONXVILLE State NY Zip Code 10708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) New Rochelle F.U.S.E Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67526
 Amount of Each Receipt this Period 12.00
 Memo Item

C. BREWER, COURTNEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 5262
 City ROCKY POINT State NY Zip Code 11778
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) F A Of Suffolk CC Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2020
Transaction ID : SA11AI.67527
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	44.00
TOTAL This Period (last page this line number only).....	

**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 99 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BREWER, COURTNEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 5262

City ROCKY POINT	State NY	Zip Code 11778
---------------------	-------------	-------------------

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

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.67528

Amount of Each Receipt this Period
 20.00

Memo Item

B. BREWER, COURTNEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 5262

City ROCKY POINT	State NY	Zip Code 11778
---------------------	-------------	-------------------

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

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 520.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.67529

Amount of Each Receipt this Period
 20.00

Memo Item

C. BREWER, COURTNEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 5262

City ROCKY POINT	State NY	Zip Code 11778
---------------------	-------------	-------------------

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

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 540.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.67530

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).....	

**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 100 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BREWSTER, ROBERT F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 EAST LN
 City ARMONK State NY Zip Code 10504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Edgemont T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.67531
 Amount of Each Receipt this Period
 240.00
 Memo Item

B. BRICE-HYDE, JAMY A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 708 TIFFT AVE
 City HORSEHEADS State NY Zip Code 14845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Horseheads T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.67532
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. BRICE-HYDE, JAMY A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 708 TIFFT AVE
 City HORSEHEADS State NY Zip Code 14845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Horseheads T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.67533
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	280.00
TOTAL This Period (last page this line number only).....	

**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 101 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BRICE-HYDE, JAMY A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 708 TIFFT AVE
 City HORSEHEADS State NY Zip Code 14845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Horseheads T A TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.67534
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. BRICE-HYDE, JAMY A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 708 TIFFT AVE
 City HORSEHEADS State NY Zip Code 14845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Horseheads T A TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67535
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. BRINKA, PAULETTE B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 PANAMOKA TRL
 City RIDGE State NY Zip Code 11961
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 F A Of Suffolk CC TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2020
Transaction ID : SA11AI.67536
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	65.00
TOTAL This Period (last page this line number only).....	

**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 102 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. BRINKA, PAULETTE B, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 29 / 2020 Transaction ID : SA11AI.67537		
Mailing Address 101 PANAMOKA TRL			Amount of Each Receipt this Period 25.00		
City RIDGE	State NY	Zip Code 11961	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) F A Of Suffolk CC		Occupation (for Individual) TEACHER			
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. BRINKA, PAULETTE B, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 29 / 2020 Transaction ID : SA11AI.67538		
Mailing Address 101 PANAMOKA TRL			Amount of Each Receipt this Period 25.00		
City RIDGE	State NY	Zip Code 11961	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) F A Of Suffolk CC		Occupation (for Individual) TEACHER			
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. BRINKA, PAULETTE B, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020 Transaction ID : SA11AI.67539		
Mailing Address 101 PANAMOKA TRL			Amount of Each Receipt this Period 25.00		
City RIDGE	State NY	Zip Code 11961	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) F A Of Suffolk CC		Occupation (for Individual) TEACHER			
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00			

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

**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 103 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BRISBANE, S. FRANCES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 53 RUSTIC AVE

City MEDFORD	State NY	Zip Code 11763
-----------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Stony Brook HSC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 5750.00

Date of Receipt
 11 / 24 / 2020
Transaction ID : SA11AI.67540

Amount of Each Receipt this Period
 250.00

Memo Item

B. BRISBANE, S. FRANCES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 53 RUSTIC AVE

City MEDFORD	State NY	Zip Code 11763
-----------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Stony Brook HSC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 6000.00

Date of Receipt
 12 / 09 / 2020
Transaction ID : SA11AI.67541

Amount of Each Receipt this Period
 250.00

Memo Item

C. BRISBANE, S. FRANCES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 53 RUSTIC AVE

City MEDFORD	State NY	Zip Code 11763
-----------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Stony Brook HSC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 6250.00

Date of Receipt
 12 / 23 / 2020
Transaction ID : SA11AI.67542

Amount of Each Receipt this Period
 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 104 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BRISBANE, S. FRANCES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 53 RUSTIC AVE

City MEDFORD	State NY	Zip Code 11763
-----------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Stony Brook HSC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 6500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.67543

Amount of Each Receipt this Period
 250.00

Memo Item

B. BROCKNER, MICHELE E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 26

City CALLICOON CENTER	State NY	Zip Code 12724
--------------------------	-------------	-------------------

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

Name of Employer (for Individual) W Sullivan UT & SRP	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.67546

Amount of Each Receipt this Period
 20.00

Memo Item

C. BROCKWAY, MICHELLE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 342 HOWE RD

City SAINT REGIS FALLS	State NY	Zip Code 12980
---------------------------	-------------	-------------------

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

Name of Employer (for Individual) Norwood Norfolk TA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 415.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020

Transaction ID : SA11AI.67547

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	290.00
TOTAL This Period (last page this line number only).....	

**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 105 OF 1094
	<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	

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BROCKWAY, MICHELLE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 342 HOWE RD
 City SAINT REGIS FALLS State NY Zip Code 12980
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Norwood Norfolk TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 435.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.67548
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. BROCKWAY, MICHELLE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 342 HOWE RD
 City SAINT REGIS FALLS State NY Zip Code 12980
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Norwood Norfolk TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67549
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. BRODERICK, KERRY A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 ROCKLEDGE RD APT 2B
 City HARTSDALE State NY Zip Code 10530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Edgemont T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.67550
 Amount of Each Receipt this Period
 240.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	280.00
TOTAL This Period (last page this line number only).....▶	

**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 106 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BRONSON, GREGORY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6175 RAYMOND RD
 City LOCKPORT State NY Zip Code 14094
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lockport E A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 284.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2020
Transaction ID : SA11AI.67552
 Amount of Each Receipt this Period
 22.00
 Memo Item

B. BRONSON, GREGORY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6175 RAYMOND RD
 City LOCKPORT State NY Zip Code 14094
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lockport E A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 306.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67553
 Amount of Each Receipt this Period
 22.00
 Memo Item

C. BRONSON, GREGORY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6175 RAYMOND RD
 City LOCKPORT State NY Zip Code 14094
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lockport E A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 328.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67554
 Amount of Each Receipt this Period
 22.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	66.00
TOTAL This Period (last page this line number only).....	

**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 107 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BROOKMAN, JAMIE B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 SLEEPY HOLLOW RD
 City RYE BROOK State NY Zip Code 10573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Edgemont T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.67555
 Amount of Each Receipt this Period
 215.00
 Memo Item

B. BROOKS, STACEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 PLYMOUTH BLVD
 City SMITHTOWN State NY Zip Code 11787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67557
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. BROWN, DENISE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 TWIN OAKS DR
 City KINGS PARK State NY Zip Code 11754
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67560
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	235.00
TOTAL This Period (last page this line number only).....	

**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 108 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BROWN, JEFFREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 GLENDALE AVE
 City DELMAR State NY Zip Code 12054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Averill Park T A TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.67561
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. BROWN, JEFFREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 GLENDALE AVE
 City DELMAR State NY Zip Code 12054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Averill Park T A TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.67562
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. BROWN, JEFFREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 GLENDALE AVE
 City DELMAR State NY Zip Code 12054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Averill Park T A TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.67563
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶
TOTAL This Period (last page this line number only)..... ▶

60.00

**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 109 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BROWN, LA-SHEILA P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 171 TRENTON AVE
 City WHITE PLAINS State NY Zip Code 10606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) White Plains T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67564
 Amount of Each Receipt this Period
 210.00
 Memo Item

B. BROWN, SHARON L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 231 STRATTON RD
 City NEW ROCHELLE State NY Zip Code 10804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rye Tchrs Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.67567
 Amount of Each Receipt this Period
 12.00
 Memo Item

C. BROWN-FATTORE, MARINA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 78 JANE ST
 City HARTSDALE State NY Zip Code 10530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bronxville T.A. Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.67568
 Amount of Each Receipt this Period
 209.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	431.00
TOTAL This Period (last page this line number only).....	

**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 110 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BROWN-FATTORE, MARINA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 78 JANE ST
 City HARTSDALE State NY Zip Code 10530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Bronxville T.A. TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.67569
 Amount of Each Receipt this Period
 11.00
 Memo Item

B. BROWNL EE, NEIL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 75 WILLOW ST
 City SOUTHAMPTON State NY Zip Code 11968
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Un Coll Emp Fit TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.67572
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. BROWNL EE, NEIL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 75 WILLOW ST
 City SOUTHAMPTON State NY Zip Code 11968
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Un Coll Emp Fit TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.67573
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	31.00
TOTAL This Period (last page this line number only).....	

**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 111 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BROZEK, ELIZABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 CECILY LN
 City COMMACK State NY Zip Code 11725
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67575
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. Brugger, Carol, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 506 SOUTH ST
 City ENDICOTT State NY Zip Code 13760
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MAINE-ENDWELL T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.67302
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Brugger, Carol, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 506 SOUTH ST
 City ENDICOTT State NY Zip Code 13760
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MAINE-ENDWELL T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67303
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶
TOTAL This Period (last page this line number only)..... ▶

60.00

**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 112 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BRUNO, MARC C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 107 CLAREMONT AVE
 City BUFFALO State NY Zip Code 14222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BUFFALO TCHR FED INC Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.67577
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. BRUNO, MARC C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 107 CLAREMONT AVE
 City BUFFALO State NY Zip Code 14222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BUFFALO TCHR FED INC Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.67578
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. BRUNO, MARC C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 107 CLAREMONT AVE
 City BUFFALO State NY Zip Code 14222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BUFFALO TCHR FED INC Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.67579
 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).....	

**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 113 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BRUST, JANET C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13 CEDAR ST
 City CATSKILL State NY Zip Code 12414
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hudson T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.67581
 Amount of Each Receipt this Period 10.00
 Memo Item

B. BRYDALSKI, ROBYN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6639 EMILY LN
 City LOCKPORT State NY Zip Code 14094
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kenmore Tchrs Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.67582
 Amount of Each Receipt this Period 209.00
 Memo Item

C. BRYDALSKI, ROBYN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6639 EMILY LN
 City LOCKPORT State NY Zip Code 14094
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kenmore Tchrs Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67583
 Amount of Each Receipt this Period 11.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	230.00
TOTAL This Period (last page this line number only).....	

**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 114 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BRYDALSKI, ROBYN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6639 EMILY LN

City LOCKPORT	State NY	Zip Code 14094
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Kenmore Tchrs Assn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 231.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.67584

Amount of Each Receipt this Period
 11.00

Memo Item

B. BRYER, DANIELLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4229 WILSON BURT RD

City WILSON	State NY	Zip Code 14172
----------------	-------------	-------------------

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

Name of Employer (for Individual) Starpoint T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.67586

Amount of Each Receipt this Period
 20.00

Memo Item

C. BRYSKI, BRUCE G, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19 NARDIN DR

City DEPEW	State NY	Zip Code 14043
---------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Buffalo State	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 11 / 24 / 2020
Transaction ID : SA11AI.67587

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	41.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 115 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BRYSKI, BRUCE G, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 NARDIN DR
 City DEPEW State NY Zip Code 14043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Buffalo State Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2020
Transaction ID : SA11AI.67588
 Amount of Each Receipt this Period 10.00
 Memo Item

B. BRYSKI, BRUCE G, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 NARDIN DR
 City DEPEW State NY Zip Code 14043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Buffalo State Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2020
Transaction ID : SA11AI.67589
 Amount of Each Receipt this Period 10.00
 Memo Item

C. BRYSKI, BRUCE G, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 NARDIN DR
 City DEPEW State NY Zip Code 14043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Buffalo State Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67590
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 116 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BRYSON, THOMAS M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 ELM AVE

City MECHANICVILLE	State NY	Zip Code 12118
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Schuylerville T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.67592

Amount of Each Receipt this Period
 10.00

Memo Item

B. BRYSON, THOMAS M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 ELM AVE

City MECHANICVILLE	State NY	Zip Code 12118
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Schuylerville T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.67593

Amount of Each Receipt this Period
 10.00

Memo Item

C. BUCHANAN, BRIAN S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 119 HUNT VALLEY RD

City ONEIDA	State NY	Zip Code 13421
----------------	-------------	-------------------

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

Name of Employer (for Individual) Rome T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.67595

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 117 OF 1094
	<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	

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Buchinski, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5188 WOODLAND LKS DR # 236

City PALM BCH GDNS	State FL	Zip Code 33418
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Riverhead Cent F A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020

Transaction ID : SA11AI.67304

Amount of Each Receipt this Period
 20.00

Memo Item

B. Buchinski, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5188 WOODLAND LKS DR # 236

City PALM BCH GDNS	State FL	Zip Code 33418
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Riverhead Cent F A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.67305

Amount of Each Receipt this Period
 20.00

Memo Item

C. BUCHMAN, JEFFREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 444 12TH ST

City BROOKLYN	State NY	Zip Code 11215
------------------	-------------	-------------------

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

Name of Employer (for Individual) Un Coll Emp Fit	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.67597

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	50.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 118 OF 1094
(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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. BUCHMAN, JEFFREY, , ,

Mailing Address 444 12TH ST

City BROOKLYN	State NY	Zip Code 11215
------------------	-------------	-------------------

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

Name of Employer (for Individual) Un Coll Emp Fit	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.67598

Amount of Each Receipt this Period
10.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. BUCHMAN, JEFFREY, , ,

Mailing Address 444 12TH ST

City BROOKLYN	State NY	Zip Code 11215
------------------	-------------	-------------------

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

Name of Employer (for Individual) Un Coll Emp Fit	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.67599

Amount of Each Receipt this Period
10.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. BUCHMAN, JEFFREY, , ,

Mailing Address 444 12TH ST

City BROOKLYN	State NY	Zip Code 11215
------------------	-------------	-------------------

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

Name of Employer (for Individual) Un Coll Emp Fit	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.67600

Amount of Each Receipt this Period
10.00

Memo Item

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

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

30.00

**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 119 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BUCK, SHEILA SULL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2071 HARRIS RD
 City PENFIELD State NY Zip Code 14526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rush Henrietta E A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.67601
 Amount of Each Receipt this Period 15.00
 Memo Item

B. BUCK, SHEILA SULL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2071 HARRIS RD
 City PENFIELD State NY Zip Code 14526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rush Henrietta E A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.67602
 Amount of Each Receipt this Period 15.00
 Memo Item

C. BUCK, SHEILA SULL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2071 HARRIS RD
 City PENFIELD State NY Zip Code 14526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rush Henrietta E A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67603
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	45.00
TOTAL This Period (last page this line number only).....	

**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 120 OF 1094
	<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	

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BUCKLEY, LAUREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 114 RAYNOR RD
 City RIDGE State NY Zip Code 11961
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 F A Of Suffolk CC TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2020
Transaction ID : SA11AI.67606
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. BUCKLEY, LAUREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 114 RAYNOR RD
 City RIDGE State NY Zip Code 11961
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 F A Of Suffolk CC TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.67607
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. BUCKLEY, LAUREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 114 RAYNOR RD
 City RIDGE State NY Zip Code 11961
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 F A Of Suffolk CC TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.67608
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 30.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 121 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BUCKLEY, LAUREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 114 RAYNOR RD
 City RIDGE State NY Zip Code 11961
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 F A Of Suffolk CC TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67609
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. BUDLONG, DANIELLE DA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 RIVER ROCK DR
 City ROCK CITY FALLS State NY Zip Code 12863
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Schenectady Fed Tchr TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 200.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67610
 Amount of Each Receipt this Period
 200.40
 Memo Item

C. BUNCE, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 82 PEAKVIEW DR
 City HENRIETTA State NY Zip Code 14467
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Rochester T A TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67612
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	220.40
TOTAL This Period (last page this line number only).....▶	

**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 122 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BURCH, CAROL N, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14075 CANADA ST

City RED CREEK	State NY	Zip Code 13143
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Hannibal FA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **237.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2020

Transaction ID : SA11AI.67613

Amount of Each Receipt this Period
 12.50

Memo Item

B. BURCH, CAROL N, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14075 CANADA ST

City RED CREEK	State NY	Zip Code 13143
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Hannibal FA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.67614

Amount of Each Receipt this Period
 12.50

Memo Item

C. BURCH, CAROL N, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14075 CANADA ST

City RED CREEK	State NY	Zip Code 13143
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Hannibal FA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **262.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.67615

Amount of Each Receipt this Period
 12.50

Memo Item

SUBTOTAL of Receipts This Page (optional).....	37.50
TOTAL This Period (last page this line number only).....	

**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 123 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BURKE, DIANE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15303 ASPENWOOD DR

City PLAINVIEW	State NY	Zip Code 11803
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.67619

Amount of Each Receipt this Period
 10.00

Memo Item

B. BURNS, SUSAN D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 22 W BROADWAY

City SALEM	State NY	Zip Code 12865
---------------	-------------	-------------------

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

Name of Employer (for Individual) Shenendehowa T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2020

Transaction ID : SA11AI.67620

Amount of Each Receipt this Period
 20.00

Memo Item

C. BURNS, SUSAN D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 22 W BROADWAY

City SALEM	State NY	Zip Code 12865
---------------	-------------	-------------------

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

Name of Employer (for Individual) Shenendehowa T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.67621

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 124 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BURNS, SUSAN D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **22 W BROADWAY**

City SALEM	State NY	Zip Code 12865
----------------------	--------------------	--------------------------

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

Name of Employer (for Individual) Shenendehowa T A	Occupation (for Individual) TEACHER
--	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **460.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2020

Transaction ID : SA11AI.67622

Amount of Each Receipt this Period

20.00

 Memo Item

B. BURTIS, MICHELLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **247 ROBIN HILL DR**

City WILLIAMSVILLE	State NY	Zip Code 14221
------------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) Lockport E A	Occupation (for Individual) TEACHER
--	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **224.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		10		2020

Transaction ID : SA11AI.67624

Amount of Each Receipt this Period

16.00

 Memo Item

C. BURTIS, MICHELLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **247 ROBIN HILL DR**

City WILLIAMSVILLE	State NY	Zip Code 14221
------------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) Lockport E A	Occupation (for Individual) TEACHER
--	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2020

Transaction ID : SA11AI.67625

Amount of Each Receipt this Period

16.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	52.00
TOTAL This Period (last page this line number only).....▶	

**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 125 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BURTIS, MICHELLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 247 ROBIN HILL DR

City WILLIAMSVILLE	State NY	Zip Code 14221
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Lockport E A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 256.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.67626

Amount of Each Receipt this Period
 16.00

Memo Item

B. BURTON, JULIA I, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 311 SCOTT AVE

City SYRACUSE	State NY	Zip Code 13224
------------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Env Sci&Forestry	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2020

Transaction ID : SA11AI.67627

Amount of Each Receipt this Period
 10.00

Memo Item

C. BURTON, JULIA I, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 311 SCOTT AVE

City SYRACUSE	State NY	Zip Code 13224
------------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Env Sci&Forestry	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2020

Transaction ID : SA11AI.67628

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	36.00
TOTAL This Period (last page this line number only).....	

**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 126 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BURTON, JULIA I, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 311 SCOTT AVE
 City SYRACUSE State NY Zip Code 13224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Env Sci&Forestry Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2020
Transaction ID : SA11AI.67629
 Amount of Each Receipt this Period 10.00
 Memo Item

B. BURTON, JULIA I, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 311 SCOTT AVE
 City SYRACUSE State NY Zip Code 13224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Env Sci&Forestry Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67630
 Amount of Each Receipt this Period 10.00
 Memo Item

C. BUSCARENO, VICTORIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28 WASHINGTON PL
 City NORTHPORT State NY Zip Code 11768
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67633
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶
TOTAL This Period (last page this line number only)..... ▶

30.00

**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 127 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BUSKE, LISA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3860 COUNTY ROUTE 6

City OSWEGO	State NY	Zip Code 13126
----------------	-------------	-------------------

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

Name of Employer (for Individual) Mexico Academy CS FA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 12 / 02 / 2020
Transaction ID : SA11AI.67634

Amount of Each Receipt this Period
 20.00

Memo Item

B. BUSKE, LISA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3860 COUNTY ROUTE 6

City OSWEGO	State NY	Zip Code 13126
----------------	-------------	-------------------

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

Name of Employer (for Individual) Mexico Academy CS FA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 380.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.67635

Amount of Each Receipt this Period
 20.00

Memo Item

C. BUTLER, LINDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 35 CALAM AVE

City OSSINING	State NY	Zip Code 10562
------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 11 / 30 / 2020
Transaction ID : SA11AI.67306

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).....	

**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 128 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BUTLER, LINDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 CALAM AVE
 City OSSINING State NY Zip Code 10562
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67307
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Butnor, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 262 SMITH AVE
 City KINGSTON State NY Zip Code 12401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kingston Tchrs Fed Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.67308
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Butnor, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 262 SMITH AVE
 City KINGSTON State NY Zip Code 12401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kingston Tchrs Fed Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67309
 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).....	

**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 129 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. BYRNE, JOSEPH J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5610 JEFFREY DR
 City LOCKPORT State NY Zip Code 14094
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medina TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.67637
 Amount of Each Receipt this Period 50.00
 Memo Item

B. CACHOIAN, DENISE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 TRAVERS AVE
 City YONKERS State NY Zip Code 10705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020
Transaction ID : SA11AI.67666
 Amount of Each Receipt this Period 10.00
 Memo Item

C. CACHOIAN, DENISE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 TRAVERS AVE
 City YONKERS State NY Zip Code 10705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.67667
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	70.00
TOTAL This Period (last page this line number only).....	

**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 130 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. CACHOIAN, DENISE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 TRAVERS AVE

City YONKERS	State NY	Zip Code 10705
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 310.00

Date of Receipt
 12 / 24 / 2020
Transaction ID : SA11AI.67668

Amount of Each Receipt this Period
 10.00

Memo Item

B. CACHOIAN, DENISE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 TRAVERS AVE

City YONKERS	State NY	Zip Code 10705
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.67669

Amount of Each Receipt this Period
 10.00

Memo Item

C. CALCAGNI, MARGARET, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 FIELDSTONE DR APT 351

City HARTSDALE	State NY	Zip Code 10530
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 12 / 01 / 2020
Transaction ID : SA11AI.67673

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**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 131 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. CALCAGNI, MARGARET, , ,			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>16</td> <td></td> <td>2020</td> </tr> </table> Transaction ID : SA11AI.67674			M M M	/	D D D	/	Y Y Y Y Y Y	12		16		2020
M M M	/	D D D	/	Y Y Y Y Y Y											
12		16		2020											
Mailing Address 14 FIELDSTONE DR APT 351			Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5" style="text-align: right;">10.00</td> </tr> </table> <input type="checkbox"/> Memo Item			10.00									
10.00															
City HARTSDALE	State NY	Zip Code 10530													
FEC ID number of contributing federal political committee. C															
Name of Employer (for Individual) Yonkers Fed Of Tchrs		Occupation (for Individual) TEACHER													
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="5" style="text-align: right;">310.00</td> </tr> </table>	310.00												
310.00															

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. CALCAGNI, MARGARET, , ,			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>24</td> <td></td> <td>2020</td> </tr> </table> Transaction ID : SA11AI.67675			M M M	/	D D D	/	Y Y Y Y Y Y	12		24		2020
M M M	/	D D D	/	Y Y Y Y Y Y											
12		24		2020											
Mailing Address 14 FIELDSTONE DR APT 351			Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5" style="text-align: right;">10.00</td> </tr> </table> <input type="checkbox"/> Memo Item			10.00									
10.00															
City HARTSDALE	State NY	Zip Code 10530													
FEC ID number of contributing federal political committee. C															
Name of Employer (for Individual) Yonkers Fed Of Tchrs		Occupation (for Individual) TEACHER													
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="5" style="text-align: right;">320.00</td> </tr> </table>	320.00												
320.00															

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. CALCAGNI, MARGARET, , ,			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>31</td> <td></td> <td>2020</td> </tr> </table> Transaction ID : SA11AI.67676			M M M	/	D D D	/	Y Y Y Y Y Y	12		31		2020
M M M	/	D D D	/	Y Y Y Y Y Y											
12		31		2020											
Mailing Address 14 FIELDSTONE DR APT 351			Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5" style="text-align: right;">10.00</td> </tr> </table> <input type="checkbox"/> Memo Item			10.00									
10.00															
City HARTSDALE	State NY	Zip Code 10530													
FEC ID number of contributing federal political committee. C															
Name of Employer (for Individual) Yonkers Fed Of Tchrs		Occupation (for Individual) TEACHER													
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="5" style="text-align: right;">330.00</td> </tr> </table>	330.00												
330.00															

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1"> <tr> <td colspan="5" style="text-align: right;">30.00</td> </tr> </table>	30.00				
30.00						
TOTAL This Period (last page this line number only).....▶	<table border="1"> <tr> <td colspan="5" style="text-align: right;"> </td> </tr> </table>					

**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 132 OF 1094
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. CALLAHAN, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17 SIEGFRIED PL

City EAST NORTHPORT	State NY	Zip Code 11731
------------------------	-------------	-------------------

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

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.67678

Amount of Each Receipt this Period
 10.00

Memo Item

B. CALLUZZO-GRUN, MICHELE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 52 FOREST AVE

City NESCONSET	State NY	Zip Code 11767
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.67680

Amount of Each Receipt this Period
 10.00

Memo Item

C. CALVO MCNICHIO, DEBRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 57 WHITNEY RD S

City SARATOGA SPRINGS	State NY	Zip Code 12866
--------------------------	-------------	-------------------

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

Name of Employer (for Individual) Albany PS TA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 209.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.67682

Amount of Each Receipt this Period
 209.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	229.00
TOTAL This Period (last page this line number only).....	

**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 133 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. CALVO MCNICHIO, DEBRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 57 WHITNEY RD S
 City SARATOGA SPRINGS State NY Zip Code 12866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Albany PS TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67683
 Amount of Each Receipt this Period
 11.00
 Memo Item

B. CAMMARANO, MARIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 77 CIRCLE DR
 City SYOSSET State NY Zip Code 11791
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67685
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. CAMPALA, TINA J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 376 N ELTING CORNERS RD
 City HIGHLAND State NY Zip Code 12528
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Spackenkill TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.67687
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	31.00
TOTAL This Period (last page this line number only).....	

**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 134 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. CAMPALA, TINA J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 376 N ELTING CORNERS RD

City HIGHLAND	State NY	Zip Code 12528
------------------	-------------	-------------------

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

Name of Employer (for Individual) Spackenkill TA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.67688

Amount of Each Receipt this Period
 10.00

Memo Item

B. CAMPALA, TINA J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 376 N ELTING CORNERS RD

City HIGHLAND	State NY	Zip Code 12528
------------------	-------------	-------------------

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

Name of Employer (for Individual) Spackenkill TA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.67689

Amount of Each Receipt this Period
 10.00

Memo Item

C. Caneen, Donna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 13

City ARKPORT	State NY	Zip Code 14807
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Retiree Council 46	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020

Transaction ID : SA11AI.67640

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	40.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 135 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Caneen, Donna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address **PO BOX 13**
 City **ARKPORT** State **NY** Zip Code **14807**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **Retiree Council 46** Occupation (for Individual) **TEACHER**
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
12 / 31 / 2020
Transaction ID : SA11AI.67641
 Amount of Each Receipt this Period
20.00
 Memo Item

B. CANOSSA, JANINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address **2926 MONTGOMERY ST**
 City **WANTAGH** State **NY** Zip Code **11793**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **UUP-Stony Brook HSC** Occupation (for Individual) **TEACHER**
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **230.00**

Date of Receipt
11 / 24 / 2020
Transaction ID : SA11AI.67693
 Amount of Each Receipt this Period
10.00
 Memo Item

C. CANOSSA, JANINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address **2926 MONTGOMERY ST**
 City **WANTAGH** State **NY** Zip Code **11793**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **UUP-Stony Brook HSC** Occupation (for Individual) **TEACHER**
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
12 / 09 / 2020
Transaction ID : SA11AI.67694
 Amount of Each Receipt this Period
10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	40.00
TOTAL This Period (last page this line number only).....	

**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 136 OF 1094
	<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	

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. CANOSSA, JANINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2926 MONTGOMERY ST

City WANTAGH	State NY	Zip Code 11793
-----------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Stony Brook HSC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2020

Transaction ID : SA11AI.67695

Amount of Each Receipt this Period
 10.00

Memo Item

B. CANOSSA, JANINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2926 MONTGOMERY ST

City WANTAGH	State NY	Zip Code 11793
-----------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Stony Brook HSC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.67696

Amount of Each Receipt this Period
 10.00

Memo Item

C. CANTAFIO, JOSEPH J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 36 BROOK LN

City WEST SENECA	State NY	Zip Code 14224
---------------------	-------------	-------------------

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

Name of Employer (for Individual) West Seneca TA,Inc	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2020

Transaction ID : SA11AI.67697

Amount of Each Receipt this Period
 55.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 137 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. CAPECE, TRACY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 114 PINE ST
 City GARDEN CITY State NY Zip Code 11530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67700
 Amount of Each Receipt this Period 10.00
 Memo Item

B. CAPITUMMINO, NICHOLAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 113 LAKE ST
 City ANGOLA State NY Zip Code 14006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lake Shore Cent T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2020
Transaction ID : SA11AI.67702
 Amount of Each Receipt this Period 209.00
 Memo Item

C. CAPITUMMINO, NICHOLAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 113 LAKE ST
 City ANGOLA State NY Zip Code 14006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lake Shore Cent T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67703
 Amount of Each Receipt this Period 11.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	230.00
TOTAL This Period (last page this line number only).....▶	

**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 138 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. CARDO, ROGER P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 CANVASBACK LN
 City EAST QUOGUE State NY Zip Code 11942
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mt Sinai Tchrs Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.67707
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. CARELLI, CAROL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 113 LAUREL DR
 City AMSTERDAM State NY Zip Code 12010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Schalmont T.A. Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.67642
 Amount of Each Receipt this Period
 30.00
 Memo Item

C. CARELLI, CAROL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 113 LAUREL DR
 City AMSTERDAM State NY Zip Code 12010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Schalmont T.A. Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 362.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67643
 Amount of Each Receipt this Period
 32.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶
TOTAL This Period (last page this line number only)..... ▶

72.00

**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 139 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. CARLISTO, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 ALGONQUIN AVE

City SARANAC LAKE	State NY	Zip Code 12983
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Saranac Lake TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1110.00

Date of Receipt
 12 / 15 / 2020
Transaction ID : SA11AI.67708

Amount of Each Receipt this Period
 111.00

Memo Item

B. CARLISTO, DONALD C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 ALGONQUIN AVE

City SARANAC LAKE	State NY	Zip Code 12983
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Saranac Lake TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 285.00

Date of Receipt
 12 / 08 / 2020
Transaction ID : SA11AI.67709

Amount of Each Receipt this Period
 15.00

Memo Item

C. CARLISTO, DONALD C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 ALGONQUIN AVE

City SARANAC LAKE	State NY	Zip Code 12983
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Saranac Lake TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.67710

Amount of Each Receipt this Period
 15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	141.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 140 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. CARLISTO, DONALD C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 ALGONQUIN AVE

City SARANAC LAKE	State NY	Zip Code 12983
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Saranac Lake TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.67711

Amount of Each Receipt this Period
 15.00

Memo Item

B. CARLO, EDWARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 618 PARK LN

City LEWISTON	State NY	Zip Code 14092
------------------	-------------	-------------------

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

Name of Employer (for Individual) Niagara Falls Tchrs	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.67713

Amount of Each Receipt this Period
 10.00

Memo Item

C. CARLO, EDWARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 618 PARK LN

City LEWISTON	State NY	Zip Code 14092
------------------	-------------	-------------------

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

Name of Employer (for Individual) Niagara Falls Tchrs	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.67714

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	35.00
TOTAL This Period (last page this line number only).....▶	

**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 141 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. CAROLAN, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **PO BOX 121**

City SEA CLIFF	State NY	Zip Code 11579
--------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
---	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2020

Transaction ID : SA11AI.67718

Amount of Each Receipt this Period

10.00

 Memo Item

B. Carroll, Maura, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **740 E BROADWAY APT 3D**

City LONG BEACH	State NY	Zip Code 11561
---------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) Great Neck T A	Occupation (for Individual) TEACHER
--	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2020

Transaction ID : SA11AI.67644

Amount of Each Receipt this Period

20.00

 Memo Item

C. Carroll, Maura, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **740 E BROADWAY APT 3D**

City LONG BEACH	State NY	Zip Code 11561
---------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) Great Neck T A	Occupation (for Individual) TEACHER
--	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2020

Transaction ID : SA11AI.67645

Amount of Each Receipt this Period

20.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	

**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 142 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. CARSWELL, HEATHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15 VERONA CT

City NEW CITY	State NY	Zip Code 10956
------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 290.00

Date of Receipt
 12 / 01 / 2020
Transaction ID : SA11AI.67719

Amount of Each Receipt this Period
 10.00

Memo Item

B. CARSWELL, HEATHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15 VERONA CT

City NEW CITY	State NY	Zip Code 10956
------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 12 / 16 / 2020
Transaction ID : SA11AI.67720

Amount of Each Receipt this Period
 10.00

Memo Item

C. CARSWELL, HEATHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15 VERONA CT

City NEW CITY	State NY	Zip Code 10956
------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 310.00

Date of Receipt
 12 / 24 / 2020
Transaction ID : SA11AI.67721

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 143 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. CARSWELL, HEATHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 VERONA CT
 City NEW CITY State NY Zip Code 10956
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67722
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Caruso-Sharpe, Stacey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1532 PERTH RD
 City HAGAMAN State NY Zip Code 12086
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Amsterdam T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.67646
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Caruso-Sharpe, Stacey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1532 PERTH RD
 City HAGAMAN State NY Zip Code 12086
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Amsterdam T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67647
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	94.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 144 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. CASSARO, LORIANN C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 398 CORTLANDT AVE APT 4

City MAMARONECK	State NY	Zip Code 10543
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Eastchester T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 208.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020

Transaction ID : SA11AI.67723

Amount of Each Receipt this Period
 208.00

Memo Item

B. CASSARO, LORIANN C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 398 CORTLANDT AVE APT 4

City MAMARONECK	State NY	Zip Code 10543
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Eastchester T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 221.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020

Transaction ID : SA11AI.67724

Amount of Each Receipt this Period
 13.00

Memo Item

C. CASSARO, LORIANN C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 398 CORTLANDT AVE APT 4

City MAMARONECK	State NY	Zip Code 10543
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Eastchester T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 234.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020

Transaction ID : SA11AI.67725

Amount of Each Receipt this Period
 13.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	234.00
TOTAL This Period (last page this line number only).....	

**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 145 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. CASSARO, LORIANN C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 398 CORTLANDT AVE APT 4

City MAMARONECK	State NY	Zip Code 10543
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Eastchester T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.67726

Amount of Each Receipt this Period
 13.00

Memo Item

B. CASSARO, LORIANN C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 398 CORTLANDT AVE APT 4

City MAMARONECK	State NY	Zip Code 10543
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Eastchester T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.67727

Amount of Each Receipt this Period
 13.00

Memo Item

C. CASSARO, LORIANN C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 398 CORTLANDT AVE APT 4

City MAMARONECK	State NY	Zip Code 10543
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Eastchester T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 273.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.67728

Amount of Each Receipt this Period
 13.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	39.00
TOTAL This Period (last page this line number only).....▶	

**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 146 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. CASTALDI, CAROL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 489 OAKDALE AVE

City MASSAPEQUA PK	State NY	Zip Code 11762
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.67730

Amount of Each Receipt this Period
 10.00

Memo Item

B. Castro, Emiko, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 RIVERDALE AVE APT 3J

City YONKERS	State NY	Zip Code 10701
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020

Transaction ID : SA11AI.67648

Amount of Each Receipt this Period
 20.00

Memo Item

C. Castro, Emiko, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 RIVERDALE AVE APT 3J

City YONKERS	State NY	Zip Code 10701
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.67649

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 147 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. CATALFUMO, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2577 ROUTE 301

City CARMEL	State NY	Zip Code 10512
----------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020

Transaction ID : SA11AI.67732

Amount of Each Receipt this Period
 10.00

Memo Item

B. CATALFUMO, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2577 ROUTE 301

City CARMEL	State NY	Zip Code 10512
----------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020

Transaction ID : SA11AI.67733

Amount of Each Receipt this Period
 10.00

Memo Item

C. CATALFUMO, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2577 ROUTE 301

City CARMEL	State NY	Zip Code 10512
----------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020

Transaction ID : SA11AI.67734

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 148 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. CATALFUMO, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2577 ROUTE 301
 City CARMEL State NY Zip Code 10512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.67735
 Amount of Each Receipt this Period 10.00
 Memo Item

B. CAVALLUZZO, LISA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1501 WASHINGTON AVE
 City WEST ISLIP State NY Zip Code 11795
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mt Sinai Tchrs Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 12 / 29 / 2020
Transaction ID : SA11AI.67738
 Amount of Each Receipt this Period 10.00
 Memo Item

C. CECERE, CHRISTINE L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 86 KASS RD
 City WHITE PLAINS State NY Zip Code 10605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Edgemont T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 29 / 2020
Transaction ID : SA11AI.67739
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	320.00
TOTAL This Period (last page this line number only).....	

**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 149 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. CEKADA, DEANA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 59 ANNANDALE RD
 City COMMACK State NY Zip Code 11725
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67741
 Amount of Each Receipt this Period 10.00
 Memo Item

B. CERCONE, DEBORAH A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 219 FAIRLANE AVE
 City TONAWANDA State NY Zip Code 14150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Starpoint T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67743
 Amount of Each Receipt this Period 20.00
 Memo Item

C. CERIELLO, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 57 BARNUM AVE
 City PLAINVIEW State NY Zip Code 11803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67746
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	40.00
TOTAL This Period (last page this line number only).....	

**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 150 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. CHARETTE, DELAINE V, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 OVERLOOK TER

City WALDEN	State NY	Zip Code 12586
----------------	-------------	-------------------

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

Name of Employer (for Individual) Valley Central TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2020

Transaction ID : SA11AI.67750

Amount of Each Receipt this Period
 20.00

Memo Item

B. CHARETTE, DELAINE V, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 OVERLOOK TER

City WALDEN	State NY	Zip Code 12586
----------------	-------------	-------------------

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

Name of Employer (for Individual) Valley Central TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.67751

Amount of Each Receipt this Period
 20.00

Memo Item

C. Chauvin, Nancy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 270 PENNSYLVANIA AVE

City FREEPORT	State NY	Zip Code 11520
------------------	-------------	-------------------

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

Name of Employer (for Individual) Great Neck T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020

Transaction ID : SA11AI.67650

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).....	

**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 151 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Chauvin, Nancy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 270 PENNSYLVANIA AVE
 City FREEPORT State NY Zip Code 11520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Great Neck T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.67651
 Amount of Each Receipt this Period 20.00
 Memo Item

B. CHIAPPA, VICTOR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 WHITTIER HILLS RD
 City NORTH SALEM State NY Zip Code 10560
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 232.00

Date of Receipt 12 / 01 / 2020
Transaction ID : SA11AI.67762
 Amount of Each Receipt this Period 8.00
 Memo Item

C. CHIAPPA, VICTOR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 WHITTIER HILLS RD
 City NORTH SALEM State NY Zip Code 10560
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 16 / 2020
Transaction ID : SA11AI.67763
 Amount of Each Receipt this Period 8.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	36.00
TOTAL This Period (last page this line number only).....▶	

**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 152 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. CHIAPPA, VICTOR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9 WHITTIER HILLS RD

City NORTH SALEM	State NY	Zip Code 10560
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 248.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020

Transaction ID : SA11AI.67764

Amount of Each Receipt this Period
 8.00

Memo Item

B. CHIAPPA, VICTOR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9 WHITTIER HILLS RD

City NORTH SALEM	State NY	Zip Code 10560
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 256.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.67765

Amount of Each Receipt this Period
 8.00

Memo Item

C. CHILDS, LORRAINE J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 54 W MAIN ST

City CHATEAUGAY	State NY	Zip Code 12920
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ASSOCIATE MEMBERS	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.67768

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	26.00
TOTAL This Period (last page this line number only).....	

**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 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. CHIMERA, JOI H, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 301 OHIO ST APT 302
 City BUFFALO State NY Zip Code 14204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kenmore Tchrs Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11Al.67771
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. CHRISMAN, NORMA J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 52 MORELAND ST
 City LITTLE FALLS State NY Zip Code 13365
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mohawk Vly Prof Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11Al.67772
 Amount of Each Receipt this Period
 30.00
 Memo Item

C. CHRISMAN, NORMA J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 52 MORELAND ST
 City LITTLE FALLS State NY Zip Code 13365
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mohawk Vly Prof Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11Al.67773
 Amount of Each Receipt this Period
 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	70.00
TOTAL This Period (last page this line number only).....	

**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 154 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. CHRISTIANSEN, METTE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19 N PARSONAGE ST

City RHINEBECK	State NY	Zip Code 12572
-------------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-New Paltz	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 11 / 24 / 2020
Transaction ID : SA11AI.67774

Amount of Each Receipt this Period
 10.00

Memo Item

B. CHRISTIANSEN, METTE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19 N PARSONAGE ST

City RHINEBECK	State NY	Zip Code 12572
-------------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-New Paltz	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 12 / 09 / 2020
Transaction ID : SA11AI.67775

Amount of Each Receipt this Period
 10.00

Memo Item

C. CHRISTIANSEN, METTE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19 N PARSONAGE ST

City RHINEBECK	State NY	Zip Code 12572
-------------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-New Paltz	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 12 / 23 / 2020
Transaction ID : SA11AI.67776

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**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 155 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. CHRISTIANSEN, METTE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 N PARSONAGE ST
 City RHINEBECK State NY Zip Code 12572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-New Paltz Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11Al.67777
 Amount of Each Receipt this Period 10.00
 Memo Item

B. CHRISTMAN, ROBERT E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2114 SUNSET AVE
 City UTICA State NY Zip Code 13502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mohawk Vly Prof Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11Al.67778
 Amount of Each Receipt this Period 208.00
 Memo Item

C. CHRISTOPHER, THOMAS A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32 HIDDEN VALLEY RD
 City PORT JERVIS State NY Zip Code 12771
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orange Co BOCES T.A. Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11Al.67781
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	238.00
TOTAL This Period (last page this line number only).....▶	

**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 156 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. CHRISTOPHER, THOMAS A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 32 HIDDEN VALLEY RD

City PORT JERVIS	State NY	Zip Code 12771
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Orange Co BOCES T.A.	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.67782

Amount of Each Receipt this Period
 20.00

Memo Item

B. CHRISTOPHER, THOMAS A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 32 HIDDEN VALLEY RD

City PORT JERVIS	State NY	Zip Code 12771
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Orange Co BOCES T.A.	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.67783

Amount of Each Receipt this Period
 20.00

Memo Item

C. CHRISTOPHER, THOMAS A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 32 HIDDEN VALLEY RD

City PORT JERVIS	State NY	Zip Code 12771
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Orange Co BOCES T.A.	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 460.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.67784

Amount of Each Receipt this Period
 20.00

Memo Item

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

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

60.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 157 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. CHUNG, JEANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 FRESNO DR
 City PLAINVIEW State NY Zip Code 11803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67786
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. CICCONE, KELLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 155 ROXBURY RD
 City GARDEN CITY State NY Zip Code 11530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67788
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. CIRIGLIANO, MARC A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 574 CHURCHILL DR
 City ROCHESTER State NY Zip Code 14616
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Empire State Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2020
Transaction ID : SA11AI.67791
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 158 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. CIRIGLIANO, MARC A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 574 CHURCHILL DR

City ROCHESTER	State NY	Zip Code 14616
-------------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Empire State	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 12 / 09 / 2020
Transaction ID : SA11AI.67792

Amount of Each Receipt this Period
 10.00

Memo Item

B. CIRIGLIANO, MARC A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 574 CHURCHILL DR

City ROCHESTER	State NY	Zip Code 14616
-------------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Empire State	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 12 / 23 / 2020
Transaction ID : SA11AI.67793

Amount of Each Receipt this Period
 10.00

Memo Item

C. CIRIGLIANO, MARC A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 574 CHURCHILL DR

City ROCHESTER	State NY	Zip Code 14616
-------------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Empire State	Occupation (for Individual) TEACHER
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Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.67794

Amount of Each Receipt this Period
 10.00

Memo Item

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

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

30.00

**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 159 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. CLARK, GLENN R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 866 N MOUNTAIN RD

City GARDINER	State NY	Zip Code 12525
------------------	-------------	-------------------

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

Name of Employer (for Individual) Goshen TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 208.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.67797

Amount of Each Receipt this Period
 8.00

Memo Item

B. CLARK, JULIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 37 NEWTON ST

City FREDONIA	State NY	Zip Code 14063
------------------	-------------	-------------------

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

Name of Employer (for Individual) Fredonia T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.67799

Amount of Each Receipt this Period
 10.00

Memo Item

C. CLARK, TASHA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 GREEVES RD

City NEW HAMPTON	State NY	Zip Code 10958
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 290.00

Date of Receipt
 12 / 01 / 2020
Transaction ID : SA11AI.67800

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	28.00
TOTAL This Period (last page this line number only).....▶	

**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 160 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. CLARK, TASHA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 GREEVES RD
 City NEW HAMPTON State NY Zip Code 10958
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.67801
 Amount of Each Receipt this Period 10.00
 Memo Item

B. CLARK, TASHA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 GREEVES RD
 City NEW HAMPTON State NY Zip Code 10958
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020
Transaction ID : SA11AI.67802
 Amount of Each Receipt this Period 10.00
 Memo Item

C. CLARK, TASHA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 GREEVES RD
 City NEW HAMPTON State NY Zip Code 10958
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67803
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 161 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. CLARK-APELANZ, COLLEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 87 MOUNTAIN VIEW RD

City NASSAU	State NY	Zip Code 12123
----------------	-------------	-------------------

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

Name of Employer (for Individual) Averill Park T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 12 / 02 / 2020
Transaction ID : SA11AI.67804

Amount of Each Receipt this Period
 20.00

Memo Item

B. CLARK-APELANZ, COLLEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 87 MOUNTAIN VIEW RD

City NASSAU	State NY	Zip Code 12123
----------------	-------------	-------------------

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

Name of Employer (for Individual) Averill Park T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 380.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.67805

Amount of Each Receipt this Period
 20.00

Memo Item

C. CLARK-APELANZ, COLLEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 87 MOUNTAIN VIEW RD

City NASSAU	State NY	Zip Code 12123
----------------	-------------	-------------------

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

Name of Employer (for Individual) Averill Park T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.67806

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).....	

**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 162 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. CLARKE, CATHERINE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30 GOOSE NECK LN

City RIVERHEAD	State NY	Zip Code 11901
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Matt-Cutchogue T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.67808

Amount of Each Receipt this Period
 10.00

Memo Item

B. CLARKE, CATHERINE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30 GOOSE NECK LN

City RIVERHEAD	State NY	Zip Code 11901
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Matt-Cutchogue T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.67809

Amount of Each Receipt this Period
 10.00

Memo Item

C. Clarke, Janet, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 92 MCECHRON LN

City QUEENSBURY	State NY	Zip Code 12804
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Saugerties T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 11 / 30 / 2020
Transaction ID : SA11AI.67652

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	40.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 163 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Clarke, Janet, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 92 MCECHRON LN

City QUEENSBURY	State NY	Zip Code 12804
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Saugerties T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.67653

Amount of Each Receipt this Period
 20.00

Memo Item

B. CLIFFORD, KEVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 63 SEIFERT LN

City PUTNAM VALLEY	State NY	Zip Code 10579
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 290.00

Date of Receipt
 12 / 01 / 2020
Transaction ID : SA11AI.67814

Amount of Each Receipt this Period
 10.00

Memo Item

C. CLIFFORD, KEVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 63 SEIFERT LN

City PUTNAM VALLEY	State NY	Zip Code 10579
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 12 / 16 / 2020
Transaction ID : SA11AI.67815

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	40.00
TOTAL This Period (last page this line number only).....▶	

**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 164 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. CLIFFORD, KEVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 63 SEIFERT LN

City PUTNAM VALLEY	State NY	Zip Code 10579
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020

Transaction ID : SA11AI.67816

Amount of Each Receipt this Period
 10.00

Memo Item

B. CLIFFORD, KEVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 63 SEIFERT LN

City PUTNAM VALLEY	State NY	Zip Code 10579
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.67817

Amount of Each Receipt this Period
 10.00

Memo Item

C. COCHRAN, KIRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 43 HYLAND AVE

City NORTH TONAWANDA	State NY	Zip Code 14120
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) Erie 1 Prof Educ Asn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 203.71

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.67818

Amount of Each Receipt this Period
 203.71

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	223.71
TOTAL This Period (last page this line number only).....▶	

**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 165 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. COFFEY, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 55 TYLER DR

City SARATOGA SPRINGS	State NY	Zip Code 12866
--------------------------	-------------	-------------------

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

Name of Employer (for Individual) NYSUT	Occupation (for Individual) ATTORNEY
--	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 414.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 27 / 2020

Transaction ID : SA11AI.67820

Amount of Each Receipt this Period
 18.00

Memo Item

B. COFFEY, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 55 TYLER DR

City SARATOGA SPRINGS	State NY	Zip Code 12866
--------------------------	-------------	-------------------

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

Name of Employer (for Individual) NYSUT	Occupation (for Individual) ATTORNEY
--	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 432.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2020

Transaction ID : SA11AI.67821

Amount of Each Receipt this Period
 18.00

Memo Item

C. COFFEY, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 55 TYLER DR

City SARATOGA SPRINGS	State NY	Zip Code 12866
--------------------------	-------------	-------------------

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

Name of Employer (for Individual) NYSUT	Occupation (for Individual) ATTORNEY
--	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020

Transaction ID : SA11AI.67822

Amount of Each Receipt this Period
 18.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	54.00
TOTAL This Period (last page this line number only).....	

**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 166 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. COFFEY, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55 TYLER DR
 City SARATOGA SPRINGS State NY Zip Code 12866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYSUT Occupation (for Individual) ATTORNEY
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67823
 Amount of Each Receipt this Period
 18.00
 Memo Item

B. COHEN, MARA B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 GREENBRIAR DR
 City CHAPPAQUA State NY Zip Code 10514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Chappaqua Cong Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.67825
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. COHEN, MARA B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 GREENBRIAR DR
 City CHAPPAQUA State NY Zip Code 10514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Chappaqua Cong Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.67826
 Amount of Each Receipt this Period
 5.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	33.00
TOTAL This Period (last page this line number only).....	

**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 167 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Colasanto, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17984 W RYANS WAY
 City SURPRISE State AZ Zip Code 85374
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Middle Cntry TA,Inc. Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.67654
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. Colasanto, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17984 W RYANS WAY
 City SURPRISE State AZ Zip Code 85374
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Middle Cntry TA,Inc. Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67655
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. COLLEARY, ELIZABETH T, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4555 HENRY HUDSN PKWY, APT 1008
 City BRONX State NY Zip Code 10471
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Scarsdale T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.67828
 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).....▶	

**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 168 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. COLLEARY, ELIZABETH T, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4555 HENRY HUDSN PKWY, APT 1008

City BRONX	State NY	Zip Code 10471
---------------	-------------	-------------------

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

Name of Employer (for Individual) Scarsdale T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.67829

Amount of Each Receipt this Period
 20.00

Memo Item

B. COLLINS, CHANTAL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 41 S PARSONAGE ST

City RHINEBECK	State NY	Zip Code 12572
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Rhinebeck T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 12 / 08 / 2020
Transaction ID : SA11AI.67830

Amount of Each Receipt this Period
 10.00

Memo Item

C. COLLINS, CHANTAL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 41 S PARSONAGE ST

City RHINEBECK	State NY	Zip Code 12572
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Rhinebeck T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.67831

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	40.00
TOTAL This Period (last page this line number only).....	

**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 169 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. COLLINS, CHANTAL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 41 S PARSONAGE ST

City RHINEBECK	State NY	Zip Code 12572
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Rhinebeck T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11Al.67832

Amount of Each Receipt this Period
 10.00

Memo Item

B. COLLINS, JAMES P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 360 PARTRIDGE ST

City ALBANY	State NY	Zip Code 12208
----------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Albany	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 460.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2020

Transaction ID : SA11Al.67833

Amount of Each Receipt this Period
 20.00

Memo Item

C. COLLINS, JAMES P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 360 PARTRIDGE ST

City ALBANY	State NY	Zip Code 12208
----------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Albany	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2020

Transaction ID : SA11Al.67834

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	

**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 170 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. COLLINS, JAMES P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 360 PARTRIDGE ST
 City ALBANY State NY Zip Code 12208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Albany Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2020
Transaction ID : SA11AI.67835
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. COLLINS, JAMES P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 360 PARTRIDGE ST
 City ALBANY State NY Zip Code 12208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Albany Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67836
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. COLTON, SUSAN G, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3229 WOODLAND CT N
 City NORTH TONAWANDA State NY Zip Code 14120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Starpoint T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67839
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶
TOTAL This Period (last page this line number only)..... ▶

60.00

**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 171 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. CONDELLO, JOSEPH A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 40 JENNIFER ROSE WAY

City WALLKILL	State NY	Zip Code 12589
------------------	-------------	-------------------

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

Name of Employer (for Individual) Goshen TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.67840

Amount of Each Receipt this Period
 10.00

Memo Item

B. CONDELLO, JOSEPH A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 40 JENNIFER ROSE WAY

City WALLKILL	State NY	Zip Code 12589
------------------	-------------	-------------------

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

Name of Employer (for Individual) Goshen TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.67841

Amount of Each Receipt this Period
 10.00

Memo Item

C. CONDELLO, JOSEPH A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 40 JENNIFER ROSE WAY

City WALLKILL	State NY	Zip Code 12589
------------------	-------------	-------------------

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

Name of Employer (for Individual) Goshen TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.67842

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**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 172 OF 1094
	<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	

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. CONDELLO, JOSEPH A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 40 JENNIFER ROSE WAY

City WALLKILL	State NY	Zip Code 12589
------------------	-------------	-------------------

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

Name of Employer (for Individual) Goshen TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.67843

Amount of Each Receipt this Period
 10.00

Memo Item

B. CONDELLO, JOSEPH A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 40 JENNIFER ROSE WAY

City WALLKILL	State NY	Zip Code 12589
------------------	-------------	-------------------

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

Name of Employer (for Individual) Goshen TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.67844

Amount of Each Receipt this Period
 10.00

Memo Item

C. CONDELLO, JOSEPH A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 40 JENNIFER ROSE WAY

City WALLKILL	State NY	Zip Code 12589
------------------	-------------	-------------------

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

Name of Employer (for Individual) Goshen TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.67845

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 173 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. CONE, ELIZABETH A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 160 FAIRHARBOR DR

City PATCHOGUE	State NY	Zip Code 11772
-------------------	-------------	-------------------

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

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2020

Transaction ID : SA11AI.67846

Amount of Each Receipt this Period
 10.00

Memo Item

B. CONE, ELIZABETH A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 160 FAIRHARBOR DR

City PATCHOGUE	State NY	Zip Code 11772
-------------------	-------------	-------------------

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

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.67847

Amount of Each Receipt this Period
 10.00

Memo Item

C. CONE, ELIZABETH A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 160 FAIRHARBOR DR

City PATCHOGUE	State NY	Zip Code 11772
-------------------	-------------	-------------------

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

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.67848

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 174 OF 1094
	<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

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. CONE, ELIZABETH A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 FAIRHARBOR DR
 City PATCHOGUE State NY Zip Code 11772
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) F A Of Suffolk CC Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67849
 Amount of Each Receipt this Period 10.00
 Memo Item

B. CONFER, WILLIAM J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9646 RIVER RD
 City MARCY State NY Zip Code 13403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Polytechnic Inst Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2020
Transaction ID : SA11AI.67850
 Amount of Each Receipt this Period 10.00
 Memo Item

C. CONFER, WILLIAM J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9646 RIVER RD
 City MARCY State NY Zip Code 13403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Polytechnic Inst Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2020
Transaction ID : SA11AI.67851
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 175 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. CONFER, WILLIAM J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9646 RIVER RD

City MARCY	State NY	Zip Code 13403
---------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Polytechnic Inst	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2020

Transaction ID : SA11AI.67852

Amount of Each Receipt this Period
 10.00

Memo Item

B. CONFER, WILLIAM J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9646 RIVER RD

City MARCY	State NY	Zip Code 13403
---------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Polytechnic Inst	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.67853

Amount of Each Receipt this Period
 10.00

Memo Item

C. CONGEMI, ROBERT M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 130 LANCASTER ST

City ALBANY	State NY	Zip Code 12210
----------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Empire State	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2020

Transaction ID : SA11AI.67854

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**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 176 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. CONGEMI, ROBERT M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 130 LANCASTER ST
 City ALBANY State NY Zip Code 12210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 UUP-Empire State TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2020
Transaction ID : SA11AI.67855
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. CONGEMI, ROBERT M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 130 LANCASTER ST
 City ALBANY State NY Zip Code 12210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 UUP-Empire State TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2020
Transaction ID : SA11AI.67856
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. CONGEMI, ROBERT M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 130 LANCASTER ST
 City ALBANY State NY Zip Code 12210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 UUP-Empire State TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67857
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**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 177 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Congi, Anthony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 HONEYSUCKLE CT
 City STORMVILLE State NY Zip Code 12582
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Harrison Assn Of Tch Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.67656
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. Congi, Anthony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 HONEYSUCKLE CT
 City STORMVILLE State NY Zip Code 12582
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Harrison Assn Of Tch Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67657
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. CONKLIN, KATHLEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 34 HOMAN AVE
 City BLUE POINT State NY Zip Code 11715
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67860
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

**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 178 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Connolly, Linda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 WICKHAM DR
 City WILLIAMSVILLE State NY Zip Code 14221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lockport E A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.67658
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Connolly, Linda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 WICKHAM DR
 City WILLIAMSVILLE State NY Zip Code 14221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lockport E A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67659
 Amount of Each Receipt this Period 25.00
 Memo Item

C. CONNOR, SALLIE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3623 COOMER RD
 City NEWFANE State NY Zip Code 14108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Starpoint T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67863
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	70.00
TOTAL This Period (last page this line number only).....▶	

**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 179 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. CONWAY, ERIKA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 PONDFIELD RD
 City BRONXVILLE State NY Zip Code 10708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mamaroneck T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2020
Transaction ID : SA11AI.67864
 Amount of Each Receipt this Period 50.00
 Memo Item

B. CONWAY, ERIKA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 PONDFIELD RD
 City BRONXVILLE State NY Zip Code 10708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mamaroneck T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.67865
 Amount of Each Receipt this Period 50.00
 Memo Item

C. CONWAY, ERIKA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 PONDFIELD RD
 City BRONXVILLE State NY Zip Code 10708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mamaroneck T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.67866
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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 180 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. COOK, JOAN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 HOUGHTON BLVD

City STONY BROOK	State NY	Zip Code 11790
---------------------	-------------	-------------------

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

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 276.00

Date of Receipt
 12 / 08 / 2020
Transaction ID : SA11AI.67867

Amount of Each Receipt this Period
 12.00

Memo Item

B. COOK, JOAN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 HOUGHTON BLVD

City STONY BROOK	State NY	Zip Code 11790
---------------------	-------------	-------------------

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

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 288.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.67868

Amount of Each Receipt this Period
 12.00

Memo Item

C. COOK, JOAN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 HOUGHTON BLVD

City STONY BROOK	State NY	Zip Code 11790
---------------------	-------------	-------------------

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

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.67869

Amount of Each Receipt this Period
 12.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	36.00
TOTAL This Period (last page this line number only).....	

**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 181 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. COOK, JOAN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 HOUGHTON BLVD

City STONY BROOK	State NY	Zip Code 11790
---------------------	-------------	-------------------

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

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 312.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.67870

Amount of Each Receipt this Period
 12.00

Memo Item

B. COOK, SUSANNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 206 SAN MARINO PATH

City BALDWINVILLE	State NY	Zip Code 13027
----------------------	-------------	-------------------

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

Name of Employer (for Individual) N Syracuse Educ Assn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.67872

Amount of Each Receipt this Period
 10.00

Memo Item

C. COOPER, ANTHONY A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 183 SMITH CORNERS RD

City MADRID	State NY	Zip Code 13660
----------------	-------------	-------------------

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

Name of Employer (for Individual) Lisbon T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 205.00

Date of Receipt
 12 / 08 / 2020
Transaction ID : SA11AI.67874

Amount of Each Receipt this Period
 205.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	227.00
TOTAL This Period (last page this line number only).....	

**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 182 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. COOPER, ANTHONY A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 183 SMITH CORNERS RD
 City MADRID State NY Zip Code 13660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lisbon T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67875
 Amount of Each Receipt this Period
 30.00
 Memo Item

B. COOPER, KENNETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 LINDEN ST
 City ROCHESTER State NY Zip Code 14620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Geneseo Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2020
Transaction ID : SA11AI.67876
 Amount of Each Receipt this Period
 15.00
 Memo Item

C. COOPER, KENNETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 LINDEN ST
 City ROCHESTER State NY Zip Code 14620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Geneseo Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2020
Transaction ID : SA11AI.67877
 Amount of Each Receipt this Period
 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

**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 183 OF 1094
	<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	

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. COOPER, KENNETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 LINDEN ST
 City ROCHESTER State NY Zip Code 14620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Geneseo Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2020
Transaction ID : SA11AI.67878
 Amount of Each Receipt this Period 15.00
 Memo Item

B. COOPER, KENNETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 LINDEN ST
 City ROCHESTER State NY Zip Code 14620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Geneseo Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67879
 Amount of Each Receipt this Period 15.00
 Memo Item

C. COOPER, PETER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 VERNON PL
 City MOUNT VERNON State NY Zip Code 10552
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020
Transaction ID : SA11AI.67881
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	40.00
TOTAL This Period (last page this line number only).....	

**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 184 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. COOPER, PETER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12 VERNON PL

City MOUNT VERNON	State NY	Zip Code 10552
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020

Transaction ID : SA11AI.67882

Amount of Each Receipt this Period
 10.00

Memo Item

B. COOPER, PETER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12 VERNON PL

City MOUNT VERNON	State NY	Zip Code 10552
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020

Transaction ID : SA11AI.67883

Amount of Each Receipt this Period
 10.00

Memo Item

C. COOPER, PETER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12 VERNON PL

City MOUNT VERNON	State NY	Zip Code 10552
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.67884

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**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 185 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. COOPER, RENEE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 541 E 20TH ST APT 4G

City NEW YORK	State NY	Zip Code 10010
------------------	-------------	-------------------

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

Name of Employer (for Individual) Un Coll Emp Fit	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.67886

Amount of Each Receipt this Period
 10.00

Memo Item

B. COOPER, RENEE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 541 E 20TH ST APT 4G

City NEW YORK	State NY	Zip Code 10010
------------------	-------------	-------------------

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

Name of Employer (for Individual) Un Coll Emp Fit	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.67887

Amount of Each Receipt this Period
 10.00

Memo Item

C. COOPER, RENEE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 541 E 20TH ST APT 4G

City NEW YORK	State NY	Zip Code 10010
------------------	-------------	-------------------

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

Name of Employer (for Individual) Un Coll Emp Fit	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.67888

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 186 OF 1094
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. COOPER, RENEE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 541 E 20TH ST APT 4G
 City NEW YORK State NY Zip Code 10010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Un Coll Emp Fit Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.67889
 Amount of Each Receipt this Period 10.00
 Memo Item

B. CORDERO, LAURIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 234 JERUSALEM AVE
 City MASSAPEQUA State NY Zip Code 11758
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67891
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Cordes, Karen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2700 N PENINSULA AVE # 254
 City NEW SMYRNA State FL Zip Code 32169
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Un Teacher Northport Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.67660
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	40.00
TOTAL This Period (last page this line number only).....▶	

**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 187 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Cordes, Karen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2700 N PENINSULA AVE # 254
 City NEW SMYRNA State FL Zip Code 32169
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Un Teacher Northport Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67661
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. CORDOVA, GLORIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 425 SHERMAN AVE APT B10
 City PEEKSKILL State NY Zip Code 10566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Peekskill Fac Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67893
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. CORDOVA-ARUND, ALEXANDRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1290 SUNNY RIDGE RD
 City MOHEGAN LAKE State NY Zip Code 10547
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020
Transaction ID : SA11AI.67894
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	40.00
TOTAL This Period (last page this line number only).....	

**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 188 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. CORDOVA-ARUND, ALEXANDRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1290 SUNNY RIDGE RD
 City MOHEGAN LAKE State NY Zip Code 10547
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.67895
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. CORDOVA-ARUND, ALEXANDRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1290 SUNNY RIDGE RD
 City MOHEGAN LAKE State NY Zip Code 10547
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020
Transaction ID : SA11AI.67896
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. CORDOVA-ARUND, ALEXANDRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1290 SUNNY RIDGE RD
 City MOHEGAN LAKE State NY Zip Code 10547
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67897
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 189 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. CORRITORE, CHRISTA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 733 CHESTER RD
 City SAYVILLE State NY Zip Code 11782
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67899
 Amount of Each Receipt this Period 10.00
 Memo Item

B. CORTESE, ANTONIA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45 TRADITIONAL LN
 City ALBANY State NY Zip Code 12211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rome T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.67900
 Amount of Each Receipt this Period 40.00
 Memo Item

C. CORTESE, ANTONIA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45 TRADITIONAL LN
 City ALBANY State NY Zip Code 12211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rome T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67901
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	90.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 190 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. COSTELLO, JEANETTE L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 107 MURRAY TER

City TONAWANDA	State NY	Zip Code 14150
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Kenmore Tchrs Assn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.67904

Amount of Each Receipt this Period
 10.00

Memo Item

B. COSTELLO, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 51 MEADOWS DR

City MELROSE	State NY	Zip Code 12121
-----------------	-------------	-------------------

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

Name of Employer (for Individual) NYSUT	Occupation (for Individual) RETIREE
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 204.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.67906

Amount of Each Receipt this Period
 204.00

Memo Item

C. COTTER, JAMES P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 56 APPLETREE LN

City CARLE PLACE	State NY	Zip Code 11514
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Garden City T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 336.00

Date of Receipt
 11 / 25 / 2020
Transaction ID : SA11AI.67907

Amount of Each Receipt this Period
 21.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	235.00
TOTAL This Period (last page this line number only).....▶	

**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 191 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. CRALL, SEAN P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 28 BERKSHIRE DR W

City CLIFTON PARK	State NY	Zip Code 12065
----------------------	-------------	-------------------

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

Name of Employer (for Individual) E Greenbush T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020

Transaction ID : SA11AI.67909

Amount of Each Receipt this Period
 209.00

Memo Item

B. CRALL, SEAN P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 28 BERKSHIRE DR W

City CLIFTON PARK	State NY	Zip Code 12065
----------------------	-------------	-------------------

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

Name of Employer (for Individual) E Greenbush T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020

Transaction ID : SA11AI.67910

Amount of Each Receipt this Period
 11.00

Memo Item

C. CRALL, SEAN P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 28 BERKSHIRE DR W

City CLIFTON PARK	State NY	Zip Code 12065
----------------------	-------------	-------------------

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

Name of Employer (for Individual) E Greenbush T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 231.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.67911

Amount of Each Receipt this Period
 11.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	231.00
TOTAL This Period (last page this line number only).....	

**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 192 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. CRALL, SEAN P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 28 BERKSHIRE DR W

City CLIFTON PARK	State NY	Zip Code 12065
----------------------	-------------	-------------------

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

Name of Employer (for Individual) E Greenbush T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 242.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.67912

Amount of Each Receipt this Period
 11.00

Memo Item

B. CRAVEN, CONNOR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 40 MEARNS AVE

City HIGHLAND FALLS	State NY	Zip Code 10928
------------------------	-------------	-------------------

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

Name of Employer (for Individual) Town of Highlands TA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 203.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020

Transaction ID : SA11AI.67913

Amount of Each Receipt this Period
 203.50

Memo Item

C. CRAVEN, CONNOR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 40 MEARNS AVE

City HIGHLAND FALLS	State NY	Zip Code 10928
------------------------	-------------	-------------------

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

Name of Employer (for Individual) Town of Highlands TA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 214.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020

Transaction ID : SA11AI.67914

Amount of Each Receipt this Period
 11.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	225.50
TOTAL This Period (last page this line number only).....	

**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 193 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. CRAVEN, CONNOR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 MEARNS AVE
 City HIGHLAND FALLS State NY Zip Code 10928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Town of Highlands TA TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 225.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67915
 Amount of Each Receipt this Period
 11.00
 Memo Item

B. CRAVEN, CONNOR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 MEARNS AVE
 City HIGHLAND FALLS State NY Zip Code 10928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Town of Highlands TA TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 236.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67916
 Amount of Each Receipt this Period
 11.00
 Memo Item

C. CRAVEN, CONNOR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 MEARNS AVE
 City HIGHLAND FALLS State NY Zip Code 10928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Town of Highlands TA TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 247.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67917
 Amount of Each Receipt this Period
 11.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	33.00
TOTAL This Period (last page this line number only).....	

**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 194 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. CREAZZO, NICHOLAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 CENTRE ST
 City MOUNT VERNON State NY Zip Code 10552
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt 12 / 01 / 2020
Transaction ID : SA11AI.67918
 Amount of Each Receipt this Period 10.00
 Memo Item

B. CREAZZO, NICHOLAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 CENTRE ST
 City MOUNT VERNON State NY Zip Code 10552
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 16 / 2020
Transaction ID : SA11AI.67919
 Amount of Each Receipt this Period 10.00
 Memo Item

C. CREAZZO, NICHOLAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 CENTRE ST
 City MOUNT VERNON State NY Zip Code 10552
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt 12 / 24 / 2020
Transaction ID : SA11AI.67920
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 195 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. CREAZZO, NICHOLAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21 CENTRE ST

City MOUNT VERNON	State NY	Zip Code 10552
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.67921

Amount of Each Receipt this Period
 10.00

Memo Item

B. Creiner, Edward, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 LAKEVIEW AVE E

City CORTLANDT MANOR	State NY	Zip Code 10567
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) Yorktown Cong Tchrs	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020

Transaction ID : SA11AI.67662

Amount of Each Receipt this Period
 25.00

Memo Item

C. Creiner, Edward, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 LAKEVIEW AVE E

City CORTLANDT MANOR	State NY	Zip Code 10567
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) Yorktown Cong Tchrs	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.67663

Amount of Each Receipt this Period
 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

**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 196 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. CRESPO, CHYANNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 72 HARDY PLACE
 City YONKERS State NY Zip Code 10703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020
Transaction ID : SA11AI.67922
 Amount of Each Receipt this Period 10.00
 Memo Item

B. CRESPO, CHYANNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 72 HARDY PLACE
 City YONKERS State NY Zip Code 10703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.67923
 Amount of Each Receipt this Period 10.00
 Memo Item

C. CRESPO, CHYANNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 72 HARDY PLACE
 City YONKERS State NY Zip Code 10703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020
Transaction ID : SA11AI.67924
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 197 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. CRESPO, CHYANNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 72 HARDY PLACE
 City YONKERS State NY Zip Code 10703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67925
 Amount of Each Receipt this Period 10.00
 Memo Item

B. CRONIN, SHARON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 CALLAGHAN BLVD
 City BALLSTON LAKE State NY Zip Code 12019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Schenectady Fed Tch Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67928
 Amount of Each Receipt this Period 10.53
 Memo Item

C. CROWN, KATHRYN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26 TIANA PL
 City DIX HILLS State NY Zip Code 11746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67931
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.53
TOTAL This Period (last page this line number only).....▶	

**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 198 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. CRUZ, JOAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 158 BATTLE AVE

City WHITE PLAINS	State NY	Zip Code 10606
----------------------	-------------	-------------------

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

Name of Employer (for Individual) White Plains T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.67934

Amount of Each Receipt this Period
 30.00

Memo Item

B. CRUZ, JOAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 158 BATTLE AVE

City WHITE PLAINS	State NY	Zip Code 10606
----------------------	-------------	-------------------

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

Name of Employer (for Individual) White Plains T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.67935

Amount of Each Receipt this Period
 30.00

Memo Item

C. CUBAUD, THOMAS O, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 158 WOODBINE AVE # 3

City NORTHPORT	State NY	Zip Code 11768
-------------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Stony Brook	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 11 / 24 / 2020
Transaction ID : SA11AI.67936

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	70.00
TOTAL This Period (last page this line number only).....	

**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 199 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. CUBAUD, THOMAS O, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 158 WOODBINE AVE # 3
 City NORTHPORT State NY Zip Code 11768
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Stony Brook Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2020
Transaction ID : SA11AI.67937
 Amount of Each Receipt this Period 10.00
 Memo Item

B. CUBAUD, THOMAS O, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 158 WOODBINE AVE # 3
 City NORTHPORT State NY Zip Code 11768
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Stony Brook Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2020
Transaction ID : SA11AI.67938
 Amount of Each Receipt this Period 10.00
 Memo Item

C. CUBAUD, THOMAS O, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 158 WOODBINE AVE # 3
 City NORTHPORT State NY Zip Code 11768
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Stony Brook Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67939
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 200 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. CULLETON, PATRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 202 HORSESHOE CIR

City OSSINING	State NY	Zip Code 10562
------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 290.00

Date of Receipt
 12 / 01 / 2020
Transaction ID : SA11AI.67940

Amount of Each Receipt this Period
 10.00

Memo Item

B. CULLETON, PATRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 202 HORSESHOE CIR

City OSSINING	State NY	Zip Code 10562
------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 12 / 16 / 2020
Transaction ID : SA11AI.67941

Amount of Each Receipt this Period
 10.00

Memo Item

C. CULLETON, PATRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 202 HORSESHOE CIR

City OSSINING	State NY	Zip Code 10562
------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 310.00

Date of Receipt
 12 / 24 / 2020
Transaction ID : SA11AI.67942

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**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 201 OF 1094
	<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	

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. CULLETON, PATRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 202 HORSESHOE CIR
 City OSSINING State NY Zip Code 10562
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.67943
 Amount of Each Receipt this Period 10.00
 Memo Item

B. CUNNINGHAM, MELANIE A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 148 HORTON RD
 City MASSENA State NY Zip Code 13662
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Salmon River TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 296.00

Date of Receipt 12 / 02 / 2020
Transaction ID : SA11AI.67944
 Amount of Each Receipt this Period 18.00
 Memo Item

C. CUNNINGHAM, MELANIE A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 148 HORTON RD
 City MASSENA State NY Zip Code 13662
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Salmon River TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 314.00

Date of Receipt 12 / 29 / 2020
Transaction ID : SA11AI.67945
 Amount of Each Receipt this Period 18.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	46.00
TOTAL This Period (last page this line number only).....	

**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 202 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. CUNNINGHAM, MELANIE A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 148 HORTON RD

City MASSENA	State NY	Zip Code 13662
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Salmon River TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 332.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.67946

Amount of Each Receipt this Period
 18.00

Memo Item

B. CUNNINGHAM, MELANIE A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 148 HORTON RD

City MASSENA	State NY	Zip Code 13662
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Salmon River TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67947

Amount of Each Receipt this Period
 18.00

Memo Item

C. CURANOVIC, JAK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 83 MCDONALD RD

City OSSINING	State NY	Zip Code 10562
------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 290.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020
Transaction ID : SA11AI.67948

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	46.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 203 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. CURANOVIC, JAK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 83 MCDONALD RD

City OSSINING	State NY	Zip Code 10562
------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020

Transaction ID : SA11AI.67949

Amount of Each Receipt this Period
 10.00

Memo Item

B. CURANOVIC, JAK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 83 MCDONALD RD

City OSSINING	State NY	Zip Code 10562
------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020

Transaction ID : SA11AI.67950

Amount of Each Receipt this Period
 10.00

Memo Item

C. CURANOVIC, JAK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 83 MCDONALD RD

City OSSINING	State NY	Zip Code 10562
------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.67951

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 204 OF 1094
	<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	

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Curtis, Mary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **PO BOX 261**

City CROSS RIVER	State NY	Zip Code 10518
----------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) Irvington Fac Assn	Occupation (for Individual) TEACHER
--	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2020

Transaction ID : SA11AI.67664

Amount of Each Receipt this Period

60.00

 Memo Item

B. Curtis, Mary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **PO BOX 261**

City CROSS RIVER	State NY	Zip Code 10518
----------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) Irvington Fac Assn	Occupation (for Individual) TEACHER
--	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2020

Transaction ID : SA11AI.67665

Amount of Each Receipt this Period

60.00

 Memo Item

C. CYNAR, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **258 N WALNUT ST**

City N MASSAPEQUA	State NY	Zip Code 11758
-----------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
---	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2020

Transaction ID : SA11AI.67955

Amount of Each Receipt this Period

10.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	130.00
TOTAL This Period (last page this line number only).....▶	

**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 205 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. D'ANGELO, CRISTINA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 482 RHODE ISLAND ST

City BUFFALO	State NY	Zip Code 14213
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Williamsville TA,Inc	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2020

Transaction ID : SA11AI.67956

Amount of Each Receipt this Period
 12.00

Memo Item

B. D'ANGELO, CRISTINA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 482 RHODE ISLAND ST

City BUFFALO	State NY	Zip Code 14213
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Williamsville TA,Inc	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 228.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2020

Transaction ID : SA11AI.67957

Amount of Each Receipt this Period
 12.00

Memo Item

C. D'ANGELO, CRISTINA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 482 RHODE ISLAND ST

City BUFFALO	State NY	Zip Code 14213
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Williamsville TA,Inc	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2020

Transaction ID : SA11AI.67958

Amount of Each Receipt this Period
 12.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	36.00
TOTAL This Period (last page this line number only).....	

**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 206 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. D'Orsogna, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 130 RAVINE AVE APT 2A

City YONKERS	State NY	Zip Code 10701
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 11 / 30 / 2020
Transaction ID : SA11AI.67959

Amount of Each Receipt this Period
 20.00

Memo Item

B. D'Orsogna, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 130 RAVINE AVE APT 2A

City YONKERS	State NY	Zip Code 10701
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.67960

Amount of Each Receipt this Period
 20.00

Memo Item

C. DALEY, JEANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2026 ASHWOOD RUN

City THE VILLAGES	State FL	Zip Code 32162
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Newburgh T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 11 / 30 / 2020
Transaction ID : SA11AI.67961

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).....	

**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 207 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. DALEY, JEANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2026 ASHWOOD RUN
 City THE VILLAGES State FL Zip Code 32162
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Newburgh T A TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67962
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. DALY-JONES, MICHAEL L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 53 W FORT SALONGA RD
 City NORTHPORT State NY Zip Code 11768
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 F A Of Suffolk CC TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2020
Transaction ID : SA11AI.67986
 Amount of Each Receipt this Period
 15.00
 Memo Item

C. DALY-JONES, MICHAEL L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 53 W FORT SALONGA RD
 City NORTHPORT State NY Zip Code 11768
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 F A Of Suffolk CC TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.67987
 Amount of Each Receipt this Period
 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	50.00
TOTAL This Period (last page this line number only).....	

**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 208 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. DALY-JONES, MICHAEL L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 53 W FORT SALONGA RD

City NORTHPORT	State NY	Zip Code 11768
-------------------	-------------	-------------------

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

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 390.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.67988

Amount of Each Receipt this Period
 15.00

Memo Item

B. DALY-JONES, MICHAEL L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 53 W FORT SALONGA RD

City NORTHPORT	State NY	Zip Code 11768
-------------------	-------------	-------------------

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

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 405.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.67989

Amount of Each Receipt this Period
 15.00

Memo Item

C. Dandrea, Linnea, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 209 COBURG VILLAGE WAY

City REXFORD	State NY	Zip Code 12148
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Schalmont T.A.	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 11 / 30 / 2020
Transaction ID : SA11AI.67963

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	50.00
TOTAL This Period (last page this line number only).....	

**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 209 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Dandrea, Linnea, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 209 COBURG VILLAGE WAY
 City REXFORD State NY Zip Code 12148
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Schalmont T.A. Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67964
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. DANGLER, JAMIE F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1103 WOLF RD
 City CORTLAND State NY Zip Code 13045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Cortland Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 740.63

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2020
Transaction ID : SA11AI.67992
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. DANGLER, JAMIE F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1103 WOLF RD
 City CORTLAND State NY Zip Code 13045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Cortland Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 760.63

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2020
Transaction ID : SA11AI.67993
 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)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
	PAGE 210 OF 1094								

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. DANGLER, JAMIE F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1103 WOLF RD
 City CORTLAND State NY Zip Code 13045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Cortland Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 790.63

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2020
Transaction ID : SA11AI.67994
 Amount of Each Receipt this Period
 30.00
 Memo Item

B. DANGLER, JAMIE F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1103 WOLF RD
 City CORTLAND State NY Zip Code 13045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Cortland Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 810.63

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2020
Transaction ID : SA11AI.67995
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. DANGLER, JAMIE F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1103 WOLF RD
 City CORTLAND State NY Zip Code 13045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Cortland Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 830.63

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67996
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	70.00
TOTAL This Period (last page this line number only).....▶	

**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 211 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. DANIEL, THERESA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 MAIN ST
 City KINGSTON State NY Zip Code 12401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Marlboro Fac Asn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.67998
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. DARRESS, DARLENE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 GARDEN CT
 City RONKONKOMA State NY Zip Code 11779
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68000
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. DARRIGO, VINCENT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23 HARVARD ST
 City SCHENECTADY State NY Zip Code 12304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Schenectady Fed Tchr Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68001
 Amount of Each Receipt this Period
 200.40
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	220.40
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 212 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. DARRIGO, VINCENT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 23 HARVARD ST

City SCHENECTADY	State NY	Zip Code 12304
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Schenectady Fed Tchr	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.93

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.68002

Amount of Each Receipt this Period
 10.53

Memo Item

B. DAVILA, JOSE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1216 COLLEGE AVE APT 3B

City BRONX	State NY	Zip Code 10456
---------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 290.00

Date of Receipt
 12 / 01 / 2020
Transaction ID : SA11AI.68011

Amount of Each Receipt this Period
 10.00

Memo Item

C. DAVILA, JOSE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1216 COLLEGE AVE APT 3B

City BRONX	State NY	Zip Code 10456
---------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 12 / 16 / 2020
Transaction ID : SA11AI.68012

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.53
TOTAL This Period (last page this line number only).....	

**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 213 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. DAVILA, JOSE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1216 COLLEGE AVE APT 3B
 City BRONX State NY Zip Code 10456
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020
Transaction ID : SA11AI.68013
 Amount of Each Receipt this Period 10.00
 Memo Item

B. DAVILA, JOSE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1216 COLLEGE AVE APT 3B
 City BRONX State NY Zip Code 10456
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68014
 Amount of Each Receipt this Period 10.00
 Memo Item

C. DAVIS, MICHAEL P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 370 WALTON DR
 City AMHERST State NY Zip Code 14226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Williamsville TA,Inc Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2020
Transaction ID : SA11AI.68015
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	35.00
TOTAL This Period (last page this line number only).....	

**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 214 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. DAVIS, MICHAEL P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 370 WALTON DR

City AMHERST	State NY	Zip Code 14226
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Williamsville TA,Inc	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2020

Transaction ID : SA11AI.68016

Amount of Each Receipt this Period
 15.00

Memo Item

B. DAVIS, MICHAEL P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 370 WALTON DR

City AMHERST	State NY	Zip Code 14226
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Williamsville TA,Inc	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2020

Transaction ID : SA11AI.68017

Amount of Each Receipt this Period
 15.00

Memo Item

C. Dean, Charles, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 47 INGOMAR DR

City ROCHESTER	State NY	Zip Code 14612
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Rochester T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 495.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020

Transaction ID : SA11AI.67965

Amount of Each Receipt this Period
 45.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

**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 215 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Dean, Charles, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 47 INGOMAR DR
 City ROCHESTER State NY Zip Code 14612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rochester T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67966
 Amount of Each Receipt this Period
 45.00
 Memo Item

B. DEANGELO, KERRI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 122 EASTGATE RD
 City MASSAPEQUA PARK State NY Zip Code 11762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68024
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. DE BELLIS, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 320 CRESTWOOD AVE
 City TUCKAHOE State NY Zip Code 10707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 232.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020
Transaction ID : SA11AI.68019
 Amount of Each Receipt this Period
 8.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	63.00
TOTAL This Period (last page this line number only).....	

**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 216 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. DE BELLIS, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 320 CRESTWOOD AVE

City TUCKAHOE	State NY	Zip Code 10707
------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020

Transaction ID : SA11AI.68020

Amount of Each Receipt this Period
 8.00

Memo Item

B. DE BELLIS, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 320 CRESTWOOD AVE

City TUCKAHOE	State NY	Zip Code 10707
------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 248.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020

Transaction ID : SA11AI.68021

Amount of Each Receipt this Period
 8.00

Memo Item

C. DE BELLIS, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 320 CRESTWOOD AVE

City TUCKAHOE	State NY	Zip Code 10707
------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 256.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68022

Amount of Each Receipt this Period
 8.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	24.00
TOTAL This Period (last page this line number only).....▶	

**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 217 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Dec, Maryann, , ,			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>30</td> <td></td> <td>2020</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y	11		30		2020
M M M	/	D D D	/	Y Y Y Y Y Y											
11		30		2020											
Mailing Address 335 DAFFODIL LN			Transaction ID : SA11AI.67970												
City CHESAPEAKE	State VA	Zip Code 23325	Amount of Each Receipt this Period <table border="1"> <tr> <td>20.00</td> </tr> </table>			20.00									
20.00															
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item													
Name of Employer (for Individual) Auburn T A		Occupation (for Individual) TEACHER													
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>220.00</td> </tr> </table>				220.00									
220.00															

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Dec, Maryann, , ,			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>31</td> <td></td> <td>2020</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y	12		31		2020
M M M	/	D D D	/	Y Y Y Y Y Y											
12		31		2020											
Mailing Address 335 DAFFODIL LN			Transaction ID : SA11AI.67971												
City CHESAPEAKE	State VA	Zip Code 23325	Amount of Each Receipt this Period <table border="1"> <tr> <td>25.00</td> </tr> </table>			25.00									
25.00															
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item													
Name of Employer (for Individual) Auburn T A		Occupation (for Individual) TEACHER													
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>245.00</td> </tr> </table>				245.00									
245.00															

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. DECAIRE, LILLY, , ,			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>31</td> <td></td> <td>2020</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y	12		31		2020
M M M	/	D D D	/	Y Y Y Y Y Y											
12		31		2020											
Mailing Address 236 DUER ST			Transaction ID : SA11AI.68027												
City OSWEGO	State NY	Zip Code 13126	Amount of Each Receipt this Period <table border="1"> <tr> <td>10.00</td> </tr> </table>			10.00									
10.00															
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item													
Name of Employer (for Individual) Oswego Classrm T A		Occupation (for Individual) TEACHER													
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>210.00</td> </tr> </table>				210.00									
210.00															

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1"> <tr> <td>55.00</td> </tr> </table>	55.00
55.00		
TOTAL This Period (last page this line number only).....▶	<table border="1"> <tr> <td></td> </tr> </table>	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 218 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. DECANIO, DEBRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1634 FINCH LN

City CENTRAL ISLIP	State NY	Zip Code 11722
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68029

Amount of Each Receipt this Period
 10.00

Memo Item

B. DECKER, WILLIAM G, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 260 WILLOW GLEN RD

City MILAN	State NY	Zip Code 12571
---------------	-------------	-------------------

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

Name of Employer (for Individual) Red Hook FA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.68030

Amount of Each Receipt this Period
 210.00

Memo Item

C. DEDONATO, JESSICA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 293 MANVILLE RD APT 1B

City PLEASANTVILLE	State NY	Zip Code 10570
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 290.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020

Transaction ID : SA11AI.68031

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	230.00
TOTAL This Period (last page this line number only).....	

**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 219 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. DEDONATO, JESSICA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 293 MANVILLE RD APT 1B

City PLEASANTVILLE	State NY	Zip Code 10570
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020

Transaction ID : SA11AI.68032

Amount of Each Receipt this Period
 10.00

Memo Item

B. DEDONATO, JESSICA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 293 MANVILLE RD APT 1B

City PLEASANTVILLE	State NY	Zip Code 10570
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020

Transaction ID : SA11AI.68033

Amount of Each Receipt this Period
 10.00

Memo Item

C. DEDONATO, JESSICA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 293 MANVILLE RD APT 1B

City PLEASANTVILLE	State NY	Zip Code 10570
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68034

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**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 220 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. DEELY, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 FRONTENAC AVE
 City BUFFALO State NY Zip Code 14216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYSUT Occupation (for Individual) MANAGER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 27 / 2020
Transaction ID : SA11AI.68035
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. DEELY, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 FRONTENAC AVE
 City BUFFALO State NY Zip Code 14216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYSUT Occupation (for Individual) MANAGER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2020
Transaction ID : SA11AI.68036
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. DEELY, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 FRONTENAC AVE
 City BUFFALO State NY Zip Code 14216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYSUT Occupation (for Individual) MANAGER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020
Transaction ID : SA11AI.68037
 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).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 221 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. DEELY, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 120 FRONTENAC AVE

City BUFFALO	State NY	Zip Code 14216
-----------------	-------------	-------------------

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

Name of Employer (for Individual) NYSUT	Occupation (for Individual) MANAGER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68038

Amount of Each Receipt this Period
 20.00

Memo Item

B. DEER, CYNTHIA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30 GEORGIAN LN APT A

City AMHERST	State NY	Zip Code 14221
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Kenmore Tchrs Assn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68041

Amount of Each Receipt this Period
 10.00

Memo Item

C. DEFREN, STEPHEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 31 BROWN DR

City OSWEGO	State NY	Zip Code 13126
----------------	-------------	-------------------

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

Name of Employer (for Individual) Oswego Classrm T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68044

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	40.00
TOTAL This Period (last page this line number only).....▶	

**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 222 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. DEFREN, STEPHEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 31 BROWN DR

City OSWEGO	State NY	Zip Code 13126
----------------	-------------	-------------------

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

Name of Employer (for Individual) Oswego Classrm T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68045

Amount of Each Receipt this Period
 10.00

Memo Item

B. DEGLIOMINI, NIDYA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 711 WILLIS AVE APT 1D

City WILLISTON PK	State NY	Zip Code 11596
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Herricks T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020

Transaction ID : SA11AI.68046

Amount of Each Receipt this Period
 12.00

Memo Item

C. DEGLIOMINI, NIDYA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 711 WILLIS AVE APT 1D

City WILLISTON PK	State NY	Zip Code 11596
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Herricks T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 228.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020

Transaction ID : SA11AI.68047

Amount of Each Receipt this Period
 12.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	34.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 223 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. DEGLIOMINI, NIDYA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 711 WILLIS AVE APT 1D
 City WILLISTON PK State NY Zip Code 11596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Herricks T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68048
 Amount of Each Receipt this Period
 120.00
 Memo Item

B. DEJESUS, EVELYN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 702 DIELEN LN
 City ELMONT State NY Zip Code 11003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Fed. Tchrs. Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 913.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2020
Transaction ID : SA11AI.68049
 Amount of Each Receipt this Period
 91.30
 Memo Item

C. DELETRAIN, VICKY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 108 MOREWOOD DR
 City SMITHTOWN State NY Zip Code 11787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68053
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	113.30
TOTAL This Period (last page this line number only).....▶	

**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 224 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. DELGADO, CIDALIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 75 LOURMEL ST
 City BRIDGEPORT State CT Zip Code 06606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 203.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020
Transaction ID : SA11AI.68054
 Amount of Each Receipt this Period
 203.00
 Memo Item

B. DELGADO, CIDALIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 75 LOURMEL ST
 City BRIDGEPORT State CT Zip Code 06606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68055
 Amount of Each Receipt this Period
 7.00
 Memo Item

C. DELGUERCIO, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 172 WHITE RD
 City SCARSDALE State NY Zip Code 10583
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Edgemont T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 304.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68056
 Amount of Each Receipt this Period
 304.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	514.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 225 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. DELLAPINA, MICHELLE J, , ,			Date of Receipt
Mailing Address 42 SCENIC HILLS DR			<input type="text" value="12"/> / <input type="text" value="02"/> / <input type="text" value="2020"/>
City RIDGE	State NY	Zip Code 11961	Transaction ID : SA11AI.68058
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="240.00"/>
Name of Employer (for Individual) Middle Cntry TA,Inc.		Occupation (for Individual) TEACHER	<input type="checkbox"/> Memo Item
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. DELLAPINA, MICHELLE J, , ,			Date of Receipt
Mailing Address 42 SCENIC HILLS DR			<input type="text" value="12"/> / <input type="text" value="16"/> / <input type="text" value="2020"/>
City RIDGE	State NY	Zip Code 11961	Transaction ID : SA11AI.68059
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="60.00"/>
Name of Employer (for Individual) Middle Cntry TA,Inc.		Occupation (for Individual) TEACHER	<input type="checkbox"/> Memo Item
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. DELONGCHAMP, CLARE, , ,			Date of Receipt
Mailing Address 14 APRIL LN			<input type="text" value="12"/> / <input type="text" value="16"/> / <input type="text" value="2020"/>
City NANUET	State NY	Zip Code 10954	Transaction ID : SA11AI.68060
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="19.00"/>
Name of Employer (for Individual) Eastchester T A		Occupation (for Individual) TEACHER	<input type="checkbox"/> Memo Item
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="274.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="319.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 226 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. DELONGCHAMP, CLARE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 APRIL LN
 City NANUET State NY Zip Code 10954
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eastchester T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 293.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.68061
 Amount of Each Receipt this Period 19.00
 Memo Item

B. DELONGCHAMP, CLARE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 APRIL LN
 City NANUET State NY Zip Code 10954
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eastchester T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.68062
 Amount of Each Receipt this Period 19.00
 Memo Item

C. DELONGCHAMP, CLARE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 APRIL LN
 City NANUET State NY Zip Code 10954
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eastchester T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 331.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68063
 Amount of Each Receipt this Period 19.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	57.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 227 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. DELONGCHAMP, CLARE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 APRIL LN
 City NANUET State NY Zip Code 10954
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eastchester T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68064
 Amount of Each Receipt this Period 19.00
 Memo Item

B. DELONGCHAMP, CLARE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 APRIL LN
 City NANUET State NY Zip Code 10954
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eastchester T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 369.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68065
 Amount of Each Receipt this Period 19.00
 Memo Item

C. DELORENZO, MARK A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 163 ORCHARD DR
 City GARDINER State NY Zip Code 12525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orange Co BOCES T.A. Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.68066
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	58.00
TOTAL This Period (last page this line number only).....	

**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 228 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. DELORENZO, MARK A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 163 ORCHARD DR
 City GARDINER State NY Zip Code 12525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orange Co BOCES T.A. Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68067
 Amount of Each Receipt this Period 20.00
 Memo Item

B. DELORENZO, MARK A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 163 ORCHARD DR
 City GARDINER State NY Zip Code 12525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orange Co BOCES T.A. Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68068
 Amount of Each Receipt this Period 20.00
 Memo Item

C. DELORENZO, MARK A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 163 ORCHARD DR
 City GARDINER State NY Zip Code 12525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orange Co BOCES T.A. Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68069
 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).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 229 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. DELUCIA-PRYZG, DENA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1697 PARMLY RD
 City MOHEGAN LAKE State NY Zip Code 10547
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Yonkers Fed Of Tchrs TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 290.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020
Transaction ID : SA11AI.68070
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. DEMASI, SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 BARTEL DR
 City GREENLAWN State NY Zip Code 11740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 F A Of Suffolk CC TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68073
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. DEMPFF, LORI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 74 HARTMAN RD
 City GLENMONT State NY Zip Code 12077
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Schenectady Fed Tchr TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 200.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68074
 Amount of Each Receipt this Period
 200.40
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	220.40
TOTAL This Period (last page this line number only).....	

**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 230 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. DEMPF, LORI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 74 HARTMAN RD
 City GLENMONT State NY Zip Code 12077
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Schenectady Fed Tchr Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.93

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68075
 Amount of Each Receipt this Period 10.53
 Memo Item

B. DEMPSEY, BARBARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10685 PRATHAM RD
 City GLENWOOD State NY Zip Code 14069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gowanda Tchrs Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68078
 Amount of Each Receipt this Period 10.00
 Memo Item

C. DENAXAS, WILLIAM K, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 916 ROUTE 517
 City GLENWOOD State NJ Zip Code 07418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Goshen TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68079
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.53
TOTAL This Period (last page this line number only).....	

**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 231 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. DENAXAS, WILLIAM K, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 916 ROUTE 517

City GLENWOOD	State NJ	Zip Code 07418
------------------	-------------	-------------------

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

Name of Employer (for Individual) Goshen TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.68080

Amount of Each Receipt this Period
 10.00

Memo Item

B. DENAXAS, WILLIAM K, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 916 ROUTE 517

City GLENWOOD	State NJ	Zip Code 07418
------------------	-------------	-------------------

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

Name of Employer (for Individual) Goshen TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.68081

Amount of Each Receipt this Period
 10.00

Memo Item

C. DENAXAS, WILLIAM K, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 916 ROUTE 517

City GLENWOOD	State NJ	Zip Code 07418
------------------	-------------	-------------------

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

Name of Employer (for Individual) Goshen TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.68082

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 232 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. DENAXAS, WILLIAM K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 916 ROUTE 517
 City GLENWOOD State NJ Zip Code 07418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Goshen TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68083
 Amount of Each Receipt this Period 10.00
 Memo Item

B. DENAXAS, WILLIAM K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 916 ROUTE 517
 City GLENWOOD State NJ Zip Code 07418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Goshen TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68084
 Amount of Each Receipt this Period 10.00
 Memo Item

C. DEREME, THERESA M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31 LAMA DR
 City SHIRLEY State NY Zip Code 11967
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) F A Of Suffolk CC Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2020
Transaction ID : SA11AI.68089
 Amount of Each Receipt this Period 12.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	32.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 233 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. DEREME, THERESA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31 LAMA DR
 City SHIRLEY State NY Zip Code 11967
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 F A Of Suffolk CC TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68090
 Amount of Each Receipt this Period
 12.00
 Memo Item

B. DEREME, THERESA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31 LAMA DR
 City SHIRLEY State NY Zip Code 11967
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 F A Of Suffolk CC TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 312.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68091
 Amount of Each Receipt this Period
 12.00
 Memo Item

C. DEREME, THERESA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31 LAMA DR
 City SHIRLEY State NY Zip Code 11967
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 F A Of Suffolk CC TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 324.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68092
 Amount of Each Receipt this Period
 12.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	36.00
TOTAL This Period (last page this line number only).....	

**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 234 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. DESTEFANIS, CHRISTINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 32 JEFFERSON AVE

City BAYVILLE	State NY	Zip Code 11709
------------------	-------------	-------------------

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

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68095

Amount of Each Receipt this Period
 10.00

Memo Item

B. DESTEFANO, LINDA K, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 135 ORCHARD DR

City GARDINER	State NY	Zip Code 12525
------------------	-------------	-------------------

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

Name of Employer (for Individual) Marlboro Fac Asn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.68097

Amount of Each Receipt this Period
 10.00

Memo Item

C. DEVLIN, KATHLEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5 CARROLL TERRACE

City CORNWALL-ON-HUDSO	State NY	Zip Code 12520
---------------------------	-------------	-------------------

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

Name of Employer (for Individual) Town of Highlands TA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 205.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68099

Amount of Each Receipt this Period
 205.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	225.00
TOTAL This Period (last page this line number only).....	

**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 235 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. DEVLIN, KATHLEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5 CARROLL TERRACE

City CORNWALL-ON-HUDSO	State NY	Zip Code 12520
---------------------------	-------------	-------------------

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

Name of Employer (for Individual) Town of Highlands TA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 215.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68100

Amount of Each Receipt this Period
 10.00

Memo Item

B. DEVLIN, KATHLEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5 CARROLL TERRACE

City CORNWALL-ON-HUDSO	State NY	Zip Code 12520
---------------------------	-------------	-------------------

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

Name of Employer (for Individual) Town of Highlands TA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68101

Amount of Each Receipt this Period
 10.00

Memo Item

C. Deweese, Kathleen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 524 OLD BEST RD

City WEST SAND LAKE	State NY	Zip Code 12196
------------------------	-------------	-------------------

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

Name of Employer (for Individual) E Greenbush T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020

Transaction ID : SA11AI.67972

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	40.00
TOTAL This Period (last page this line number only).....	

**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 236 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Deweese, Kathleen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 524 OLD BEST RD
 City WEST SAND LAKE State NY Zip Code 12196
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) E Greenbush T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67973
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. DIAMOND, JOSEPH E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address RD 7 BOX 50
 City HURLEY State NY Zip Code 12443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-New Paltz Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2020
Transaction ID : SA11AI.68107
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. DIAMOND, JOSEPH E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address RD 7 BOX 50
 City HURLEY State NY Zip Code 12443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-New Paltz Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2020
Transaction ID : SA11AI.68108
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	40.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 237 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. DIAMOND, JOSEPH E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address RD 7 BOX 50

City HURLEY	State NY	Zip Code 12443
----------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-New Paltz	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2020

Transaction ID : SA11AI.68109

Amount of Each Receipt this Period
 10.00

Memo Item

B. DIAMOND, JOSEPH E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address RD 7 BOX 50

City HURLEY	State NY	Zip Code 12443
----------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-New Paltz	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68110

Amount of Each Receipt this Period
 10.00

Memo Item

C. DIBRANGO, JOLENE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 VERPLANCK LN

City COHOES	State NY	Zip Code 12047
----------------	-------------	-------------------

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

Name of Employer (for Individual) Pittsford Dist T A	Occupation (for Individual) TEACHER
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Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020

Transaction ID : SA11AI.68112

Amount of Each Receipt this Period
 75.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	95.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 238 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. DIBRANGO, JOLENE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 VERPLANCK LN

City COHOES	State NY	Zip Code 12047
----------------	-------------	-------------------

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

Name of Employer (for Individual) Pittsford Dist T A	Occupation (for Individual) TEACHER
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Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.68113

Amount of Each Receipt this Period
 75.00

Memo Item

B. DIBRANGO, JOLENE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 VERPLANCK LN

City COHOES	State NY	Zip Code 12047
----------------	-------------	-------------------

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

Name of Employer (for Individual) Pittsford Dist T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68114

Amount of Each Receipt this Period
 75.00

Memo Item

C. DIENG, AMINATA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 860 VAN DUZER ST

City STATEN ISLAND	State NY	Zip Code 10304
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Downstate Med	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2020

Transaction ID : SA11AI.68116

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	160.00
TOTAL This Period (last page this line number only).....	

**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 239 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. DIENG, AMINATA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 860 VAN DUZER ST

City STATEN ISLAND	State NY	Zip Code 10304
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Downstate Med	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 12 / 09 / 2020
Transaction ID : SA11AI.68117

Amount of Each Receipt this Period
 10.00

Memo Item

B. DIENG, AMINATA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 860 VAN DUZER ST

City STATEN ISLAND	State NY	Zip Code 10304
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Downstate Med	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 12 / 23 / 2020
Transaction ID : SA11AI.68118

Amount of Each Receipt this Period
 10.00

Memo Item

C. DIENG, AMINATA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 860 VAN DUZER ST

City STATEN ISLAND	State NY	Zip Code 10304
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Downstate Med	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.68119

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 240 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. DIETZ, ROBERT M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 43 DREW DR

City EASTPORT	State NY	Zip Code 11941
------------------	-------------	-------------------

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

Name of Employer (for Individual) Center Moriches T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.68121

Amount of Each Receipt this Period
 10.00

Memo Item

B. DIGENAKIS, HELEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5 BROOKDALE RD

City GLEN COVE	State NY	Zip Code 11542
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.68123

Amount of Each Receipt this Period
 10.00

Memo Item

C. DIGREGORIO, PETER N, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 DELLMARIE LN

City NESCONSET	State NY	Zip Code 11767
-------------------	-------------	-------------------

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

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 12 / 08 / 2020
Transaction ID : SA11AI.68124

Amount of Each Receipt this Period
 15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	35.00
TOTAL This Period (last page this line number only).....▶	

**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 241 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. DIGREGORIO, PETER N, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 DELLMARIE LN

City NESCONSET	State NY	Zip Code 11767
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /
Transaction ID : SA11AI.68125

Amount of Each Receipt this Period

Memo Item

B. DIGREGORIO, PETER N, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 DELLMARIE LN

City NESCONSET	State NY	Zip Code 11767
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /
Transaction ID : SA11AI.68126

Amount of Each Receipt this Period

Memo Item

C. DIGREGORIO, PETER N, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 DELLMARIE LN

City NESCONSET	State NY	Zip Code 11767
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /
Transaction ID : SA11AI.68127

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="45.00"/>
TOTAL This Period (last page this line number only).....	<input type="text" value=""/>

**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 242 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. DIMAGGIO, ROBIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 75 HICKMAN ST
 City SYOSSET State NY Zip Code 11791
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68131
 Amount of Each Receipt this Period 10.00
 Memo Item

B. DINAPOLI, DANIELLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 ARBOR DR
 City NEW ROCHELLE State NY Zip Code 10804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020
Transaction ID : SA11AI.68132
 Amount of Each Receipt this Period 10.00
 Memo Item

C. DINAPOLI, DANIELLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 ARBOR DR
 City NEW ROCHELLE State NY Zip Code 10804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.68133
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 243 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. DINAPOLI, DANIELLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 ARBOR DR

City NEW ROCHELLE	State NY	Zip Code 10804
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 12 / 24 / 2020
Transaction ID : SA11AI.68134

Amount of Each Receipt this Period
 10.00

Memo Item

B. DINAPOLI, DANIELLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 ARBOR DR

City NEW ROCHELLE	State NY	Zip Code 10804
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 290.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.68135

Amount of Each Receipt this Period
 10.00

Memo Item

C. DING, YONGZENG, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8 WISTERIA PL

City SYOSSET	State NY	Zip Code 11791
-----------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Stony Brook HSC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 11 / 24 / 2020
Transaction ID : SA11AI.68136

Amount of Each Receipt this Period
 10.00

Memo Item

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

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

30.00

**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 244 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. DING, YONGZENG, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8 WISTERIA PL

City SYOSSET	State NY	Zip Code 11791
-----------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Stony Brook HSC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2020

Transaction ID : SA11AI.68137

Amount of Each Receipt this Period
 10.00

Memo Item

B. DING, YONGZENG, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8 WISTERIA PL

City SYOSSET	State NY	Zip Code 11791
-----------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Stony Brook HSC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2020

Transaction ID : SA11AI.68138

Amount of Each Receipt this Period
 10.00

Memo Item

C. DING, YONGZENG, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8 WISTERIA PL

City SYOSSET	State NY	Zip Code 11791
-----------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Stony Brook HSC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68139

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 245 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. DINGEE, DONALD M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30 ISLAND RD

City AVERILL PARK	State NY	Zip Code 12018
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Ichabod Crane T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 204.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.68141

Amount of Each Receipt this Period
 204.00

Memo Item

B. DINGEE, DONALD M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30 ISLAND RD

City AVERILL PARK	State NY	Zip Code 12018
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Ichabod Crane T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68142

Amount of Each Receipt this Period
 12.00

Memo Item

C. DIPALO, VINCENT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 189 LOINES AVE

City MERRICK	State NY	Zip Code 11566
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68144

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	226.00
TOTAL This Period (last page this line number only).....▶	

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 246 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. DOHERTY, MICHELLE L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42 WILLIAM ST
 City SAYRE State PA Zip Code 18840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WAVERLY TEACHER ASSN Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68147
 Amount of Each Receipt this Period 10.00
 Memo Item

B. DOHERTY, MICHELLE L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42 WILLIAM ST
 City SAYRE State PA Zip Code 18840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WAVERLY TEACHER ASSN Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68148
 Amount of Each Receipt this Period 10.00
 Memo Item

C. DOLAN, JILL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9421 DOUGLAS FIR CT
 City CLARENCE CENTER State NY Zip Code 14032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Williamsville TA,Inc Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2020
Transaction ID : SA11AI.68149
 Amount of Each Receipt this Period 18.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	38.00
TOTAL This Period (last page this line number only).....▶	

**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 247 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. DOLAN, JILL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9421 DOUGLAS FIR CT

City CLARENCE CENTER	State NY	Zip Code 14032
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) Williamsville TA,Inc	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2020

Transaction ID : SA11AI.68150

Amount of Each Receipt this Period
18.00

Memo Item

B. DOLAN, JILL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9421 DOUGLAS FIR CT

City CLARENCE CENTER	State NY	Zip Code 14032
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) Williamsville TA,Inc	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2020

Transaction ID : SA11AI.68151

Amount of Each Receipt this Period
18.00

Memo Item

C. DOLAN, KRISTEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 96 CREST VIEW DR

City ROCHESTER	State NY	Zip Code 14625
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Pittsford Dist T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **272.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020

Transaction ID : SA11AI.68152

Amount of Each Receipt this Period
16.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	52.00
TOTAL This Period (last page this line number only).....	

**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 248 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. DOLAN, KRISTEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 96 CREST VIEW DR
 City ROCHESTER State NY Zip Code 14625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pittsford Dist T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68153
 Amount of Each Receipt this Period 16.00
 Memo Item

B. DOLAN, KRISTEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 96 CREST VIEW DR
 City ROCHESTER State NY Zip Code 14625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pittsford Dist T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 304.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68154
 Amount of Each Receipt this Period 16.00
 Memo Item

C. DOLE, JEFFREY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5308 ERNEST RD
 City LOCKPORT State NY Zip Code 14094
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medina TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2020
Transaction ID : SA11AI.68155
 Amount of Each Receipt this Period 12.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	44.00
TOTAL This Period (last page this line number only).....	

**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 249 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. DOLE, JEFFREY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5308 ERNEST RD
 City LOCKPORT State NY Zip Code 14094
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medina TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68156
 Amount of Each Receipt this Period
 12.00
 Memo Item

B. DOLE, JEFFREY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5308 ERNEST RD
 City LOCKPORT State NY Zip Code 14094
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medina TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68157
 Amount of Each Receipt this Period
 12.00
 Memo Item

C. DOMARATZ, PATRICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 71 EAST AVE
 City FAIRPORT State NY Zip Code 14450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYSUT Occupation (for Individual) MANAGER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 27 / 2020
Transaction ID : SA11AI.68158
 Amount of Each Receipt this Period
 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	39.00
TOTAL This Period (last page this line number only).....	

**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 250 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. DOMARATZ, PATRICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 71 EAST AVE

City FAIRPORT	State NY	Zip Code 14450
------------------	-------------	-------------------

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

Name of Employer (for Individual) NYSUT	Occupation (for Individual) MANAGER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2020
Transaction ID : SA11AI.68159

Amount of Each Receipt this Period
 15.00

Memo Item

B. DOMARATZ, PATRICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 71 EAST AVE

City FAIRPORT	State NY	Zip Code 14450
------------------	-------------	-------------------

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

Name of Employer (for Individual) NYSUT	Occupation (for Individual) MANAGER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020
Transaction ID : SA11AI.68160

Amount of Each Receipt this Period
 15.00

Memo Item

C. DOMARATZ, PATRICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 71 EAST AVE

City FAIRPORT	State NY	Zip Code 14450
------------------	-------------	-------------------

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

Name of Employer (for Individual) NYSUT	Occupation (for Individual) MANAGER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68161

Amount of Each Receipt this Period
 15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	45.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 251 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. DONAHUE, DEBORAH W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 96 W MAIN ST
 City CUBA State NY Zip Code 14727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BOLIVAR-RICHBURG FA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.68162
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. Donlon, Loretta, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 122 DOROTHY ST
 City SYRACUSE State NY Zip Code 13203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retiree Council 07 Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67974
 Amount of Each Receipt this Period
 204.00
 Memo Item

C. Donohue, Rosemary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5162 BRIERCLIFF DR
 City HAMBURG State NY Zip Code 14075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Frontier Central T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.67975
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	244.00
TOTAL This Period (last page this line number only).....	

**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 252 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Donohue, Rosemary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5162 BRIERCLIFF DR
 City HAMBURG State NY Zip Code 14075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Frontier Central T A TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67976
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. DOOLEY, DANIELLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55 CALLA AVE
 City FLORAL PARK State NY Zip Code 11001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Syosset T A TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68166
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. DORAN, AILISH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 LEE AVE
 City YONKERS State NY Zip Code 10705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Yonkers Fed Of Tchrs TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020
Transaction ID : SA11AI.68168
 Amount of Each Receipt this Period
 8.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	38.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 253 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. DORAN, AILISH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 160 LEE AVE

City YONKERS	State NY	Zip Code 10705
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 248.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020

Transaction ID : SA11AI.68169

Amount of Each Receipt this Period
 8.00

Memo Item

B. DORAN, AILISH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 160 LEE AVE

City YONKERS	State NY	Zip Code 10705
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 256.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020

Transaction ID : SA11AI.68170

Amount of Each Receipt this Period
 8.00

Memo Item

C. DORAN, AILISH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 160 LEE AVE

City YONKERS	State NY	Zip Code 10705
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 264.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68171

Amount of Each Receipt this Period
 8.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	24.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 254 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. DORAN, KELLY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 65 HARBOR BEACH RD
 City MILLER PLACE State NY Zip Code 11764
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mt Sinai Tchrs Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68173
 Amount of Each Receipt this Period 10.00
 Memo Item

B. DORCHAK, MELISSA A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 84 OVERLOOK RD
 City WHITE PLAINS State NY Zip Code 10605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) White Plains T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68174
 Amount of Each Receipt this Period 40.00
 Memo Item

C. DORCHAK, MELISSA A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 84 OVERLOOK RD
 City WHITE PLAINS State NY Zip Code 10605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) White Plains T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68175
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	90.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 255 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. DORLANDO, BARBARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 240 WALNUT ST
 City MASSAPEQUA PARK State NY Zip Code 11762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68179
 Amount of Each Receipt this Period 10.00
 Memo Item

B. DORSEY, KEVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22 BEACH AVE
 City AUBURN State NY Zip Code 13021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syracuse T A Inc Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.68182
 Amount of Each Receipt this Period 15.00
 Memo Item

C. DORSEY, KEVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22 BEACH AVE
 City AUBURN State NY Zip Code 13021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syracuse T A Inc Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2020
Transaction ID : SA11AI.68183
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	40.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 256 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. DORSEY, KEVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22 BEACH AVE
 City AUBURN State NY Zip Code 13021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Syracuse T A Inc TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68184
 Amount of Each Receipt this Period
 15.00
 Memo Item

B. DORSEY, KEVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 OAKLAND AVE
 City SCOTIA State NY Zip Code 12302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Schenectady Fed Tchr TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68186
 Amount of Each Receipt this Period
 10.53
 Memo Item

C. DOTO, JENNIFER K, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55 LAKE ST
 City PLEASANTVILLE State NY Zip Code 10570
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Scarsdale T A TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.68188
 Amount of Each Receipt this Period
 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	40.53
TOTAL This Period (last page this line number only).....	

**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 257 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. DOTO, JENNIFER K, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55 LAKE ST
 City PLEASANTVILLE State NY Zip Code 10570
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Scarsdale T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68189
 Amount of Each Receipt this Period 15.00
 Memo Item

B. DOTY, GINA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3171 STATE ROUTE 3
 City CADYVILLE State NY Zip Code 12918
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Plattsburgh Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2020
Transaction ID : SA11AI.68190
 Amount of Each Receipt this Period 10.00
 Memo Item

C. DOTY, GINA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3171 STATE ROUTE 3
 City CADYVILLE State NY Zip Code 12918
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Plattsburgh Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2020
Transaction ID : SA11AI.68191
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	35.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 258 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. DOTY, GINA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3171 STATE ROUTE 3
 City CADYVILLE State NY Zip Code 12918
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Plattsburgh Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2020
Transaction ID : SA11AI.68192
 Amount of Each Receipt this Period 10.00
 Memo Item

B. DOTY, GINA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3171 STATE ROUTE 3
 City CADYVILLE State NY Zip Code 12918
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Plattsburgh Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68193
 Amount of Each Receipt this Period 10.00
 Memo Item

C. DOUGHTIE, ALISON M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 107 JAMES ST
 City UTICA State NY Zip Code 13501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mohawk Vly Prof Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.68194
 Amount of Each Receipt this Period 22.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	42.00
TOTAL This Period (last page this line number only).....▶	

**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 259 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. DOUGHTIE, ALISON M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 107 JAMES ST
 City UTICA State NY Zip Code 13501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mohawk Vly Prof Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 286.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68195
 Amount of Each Receipt this Period 22.00
 Memo Item

B. DOUGLASS, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 740 OLD SHARON RD
 City CANAJOHARIE State NY Zip Code 13317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Amsterdam T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 396.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.68198
 Amount of Each Receipt this Period 22.00
 Memo Item

C. DOUGLASS, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 740 OLD SHARON RD
 City CANAJOHARIE State NY Zip Code 13317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Amsterdam T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 418.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68199
 Amount of Each Receipt this Period 22.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	66.00
TOTAL This Period (last page this line number only).....	

**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 260 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. DOUGLASS, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 740 OLD SHARON RD

City CANAJOHARIE	State NY	Zip Code 13317
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Amsterdam T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 440.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.68200

Amount of Each Receipt this Period
 22.00

Memo Item

B. DOWNING, PENNY L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 77 MUD LAKE RD

City MEXICO	State NY	Zip Code 13114
----------------	-------------	-------------------

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

Name of Employer (for Individual) Fulton T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 204.00

Date of Receipt
 12 / 08 / 2020
Transaction ID : SA11AI.68201

Amount of Each Receipt this Period
 204.00

Memo Item

C. DOWNING, PENNY L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 77 MUD LAKE RD

City MEXICO	State NY	Zip Code 13114
----------------	-------------	-------------------

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

Name of Employer (for Individual) Fulton T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 216.00

Date of Receipt
 12 / 16 / 2020
Transaction ID : SA11AI.68202

Amount of Each Receipt this Period
 12.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	238.00
TOTAL This Period (last page this line number only).....	

**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 261 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. DOWNING, PENNY L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 77 MUD LAKE RD
 City MEXICO State NY Zip Code 13114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Fulton T A TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 228.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68203
 Amount of Each Receipt this Period
 12.00
 Memo Item

B. Doyle, Joanne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 FAWN LN
 City WESTBURY State NY Zip Code 11590
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Carle Place T A Inc TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.67977
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. Doyle, Joanne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 FAWN LN
 City WESTBURY State NY Zip Code 11590
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Carle Place T A Inc TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.67978
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	52.00
TOTAL This Period (last page this line number only).....	

**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 262 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. DRAKE, JENNIFER L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 418 MIDLINE RD

City FREEVILLE	State NY	Zip Code 13068
-------------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Cortland	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 251.72

Date of Receipt
 11 / 24 / 2020
Transaction ID : SA11AI.68204

Amount of Each Receipt this Period
 10.00

Memo Item

B. DRAKE, JENNIFER L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 418 MIDLINE RD

City FREEVILLE	State NY	Zip Code 13068
-------------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Cortland	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 261.72

Date of Receipt
 12 / 09 / 2020
Transaction ID : SA11AI.68205

Amount of Each Receipt this Period
 10.00

Memo Item

C. DRAKE, JENNIFER L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 418 MIDLINE RD

City FREEVILLE	State NY	Zip Code 13068
-------------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Cortland	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 271.72

Date of Receipt
 12 / 23 / 2020
Transaction ID : SA11AI.68206

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 263 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. DRAKE, JENNIFER L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 418 MIDLINE RD
 City FREEVILLE State NY Zip Code 13068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Cortland Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 281.72

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.68207
 Amount of Each Receipt this Period 10.00
 Memo Item

B. DUFFY, KRISTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7075 RAPIDS RD
 City LOCKPORT State NY Zip Code 14094
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lockport E A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.06

Date of Receipt 12 / 10 / 2020
Transaction ID : SA11AI.68211
 Amount of Each Receipt this Period 200.06
 Memo Item

C. DUFFY, KRISTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7075 RAPIDS RD
 City LOCKPORT State NY Zip Code 14094
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lockport E A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 206.31

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.68212
 Amount of Each Receipt this Period 6.25
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	216.31
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 264 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. DUFFY, KRISTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7075 RAPIDS RD
 City LOCKPORT State NY Zip Code 14094
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lockport E A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.56

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68213
 Amount of Each Receipt this Period
 6.25
 Memo Item

B. DUGGER, THERESA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 245 FELLER DR
 City CENTRAL ISLIP State NY Zip Code 11722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Stony Brook HSC Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2020
Transaction ID : SA11AI.68214
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. DUGGER, THERESA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 245 FELLER DR
 City CENTRAL ISLIP State NY Zip Code 11722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Stony Brook HSC Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2020
Transaction ID : SA11AI.68215
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	26.25
TOTAL This Period (last page this line number only).....	

**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 265 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. DUGGER, THERESA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 245 FELLER DR
 City CENTRAL ISLIP State NY Zip Code 11722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Stony Brook HSC Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2020
Transaction ID : SA11AI.68216
 Amount of Each Receipt this Period 10.00
 Memo Item

B. DUGGER, THERESA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 245 FELLER DR
 City CENTRAL ISLIP State NY Zip Code 11722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Stony Brook HSC Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68217
 Amount of Each Receipt this Period 10.00
 Memo Item

C. DUKE, RALPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 ROLLING HILLS DR
 City HUNTINGTN STA State NY Zip Code 11746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SEWANHAKA FT Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68221
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 266 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. DUKE, RALPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 ROLLING HILLS DR
 City HUNTINGTN STA State NY Zip Code 11746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SEWANHAKA FT Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68222
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. DUNDAS, STACY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 S PROSPECT AVE
 City PATCHOGUE State NY Zip Code 11772
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mt Sinai Tchrs Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68226
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. Dunlap, Burt, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 318 WESTBROOK HILLS DR
 City SYRACUSE State NY Zip Code 13215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N Syracuse Educ Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.67979
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	40.00
TOTAL This Period (last page this line number only).....	

**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 267 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Dunlap, Burt, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 318 WESTBROOK HILLS DR

City SYRACUSE	State NY	Zip Code 13215
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) N Syracuse Educ Assn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.67980

Amount of Each Receipt this Period
 20.00

Memo Item

B. DUNLEAVY, JAMES J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 34 DOLORES PL

City MALVERNE	State NY	Zip Code 11565
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Garden City T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2020

Transaction ID : SA11AI.68227

Amount of Each Receipt this Period
 15.00

Memo Item

C. DUNN, CHRISTOPHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 603 SHORE DR

City NEW WINDSOR	State NY	Zip Code 12553
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 290.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020

Transaction ID : SA11AI.68228

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	45.00
TOTAL This Period (last page this line number only).....	

**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 268 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. DUNN, CHRISTOPHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 603 SHORE DR
 City NEW WINDSOR State NY Zip Code 12553
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.68229
 Amount of Each Receipt this Period 10.00
 Memo Item

B. DUNN, CHRISTOPHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 603 SHORE DR
 City NEW WINDSOR State NY Zip Code 12553
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020
Transaction ID : SA11AI.68230
 Amount of Each Receipt this Period 10.00
 Memo Item

C. DUNN, CHRISTOPHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 603 SHORE DR
 City NEW WINDSOR State NY Zip Code 12553
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68231
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 269 OF 1094
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. DURIO, SELINA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 401 SKIDMORE RD
 City DEER PARK State NY Zip Code 11729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) North Babylon Tch Or Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 302.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2020
Transaction ID : SA11AI.68232
 Amount of Each Receipt this Period 3.00
 Memo Item

B. DURIO, SELINA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 401 SKIDMORE RD
 City DEER PARK State NY Zip Code 11729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) North Babylon Tch Or Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 305.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68233
 Amount of Each Receipt this Period 3.00
 Memo Item

C. DURIO, SELINA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 401 SKIDMORE RD
 City DEER PARK State NY Zip Code 11729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) North Babylon Tch Or Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68234
 Amount of Each Receipt this Period 3.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	9.00
TOTAL This Period (last page this line number only).....▶	

**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 270 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Duschenchuk, Ronald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 151 ELM ST

City SAYVILLE	State NY	Zip Code 11782
------------------	-------------	-------------------

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

Name of Employer (for Individual) Connetquot T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020

Transaction ID : SA11AI.67981

Amount of Each Receipt this Period
 20.00

Memo Item

B. Duschenchuk, Ronald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 151 ELM ST

City SAYVILLE	State NY	Zip Code 11782
------------------	-------------	-------------------

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

Name of Employer (for Individual) Connetquot T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.67982

Amount of Each Receipt this Period
 20.00

Memo Item

C. DWORKIN, JORDANA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10 MCCULLOCH DR

City DIX HILLS	State NY	Zip Code 11746
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68238

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	50.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 271 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. DWORKOWITZ, ROSEMARY B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 DUCEY CT
 City POMONA State NY Zip Code 10970
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Edgemont T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68239
 Amount of Each Receipt this Period
 144.00
 Memo Item

B. DWYER, LISA SABLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 355 OLD TARRYTOWN RD # 412
 City WHITE PLAINS State NY Zip Code 10603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Croton Tchrs Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68240
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. DWYER, LISA SABLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 355 OLD TARRYTOWN RD # 412
 City WHITE PLAINS State NY Zip Code 10603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Croton Tchrs Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68241
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	184.00
TOTAL This Period (last page this line number only).....	

**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 272 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. DWYER, LISA SABLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 355 OLD TARRYTOWN RD # 412

City WHITE PLAINS	State NY	Zip Code 10603
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Croton Tchrs Assn	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.68242

Amount of Each Receipt this Period
 20.00

Memo Item

B. DWYER, LISA SABLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 355 OLD TARRYTOWN RD # 412

City WHITE PLAINS	State NY	Zip Code 10603
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Croton Tchrs Assn	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.68243

Amount of Each Receipt this Period
 20.00

Memo Item

C. EADS, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1133 HIGHLAND PARK RD

City NISKAYUNA	State NY	Zip Code 12309
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Niskayuna T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 380.00

Date of Receipt
 12 / 02 / 2020
Transaction ID : SA11AI.68260

Amount of Each Receipt this Period
 40.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	80.00
TOTAL This Period (last page this line number only).....	

**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 273 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. EADS, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1133 HIGHLAND PARK RD
 City NISKAYUNA State NY Zip Code 12309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Niskayuna T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.68261
 Amount of Each Receipt this Period 60.00
 Memo Item

B. EATON, CYNTHIA E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 108 MEDFORD RD
 City RIDGE State NY Zip Code 11961
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) F A Of Suffolk CC Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 08 / 2020
Transaction ID : SA11AI.68262
 Amount of Each Receipt this Period 20.00
 Memo Item

C. EATON, CYNTHIA E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 108 MEDFORD RD
 City RIDGE State NY Zip Code 11961
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) F A Of Suffolk CC Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 12 / 29 / 2020
Transaction ID : SA11AI.68263
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	

**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 274 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. EATON, CYNTHIA E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 108 MEDFORD RD
 City RIDGE State NY Zip Code 11961
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) F A Of Suffolk CC Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68264
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. EATON, CYNTHIA E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 108 MEDFORD RD
 City RIDGE State NY Zip Code 11961
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) F A Of Suffolk CC Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68265
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. EBERTZ, BRIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 118 COUNTRY WOOD LNDG
 City ROCHESTER State NY Zip Code 14626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greece Teachers Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 357.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2020
Transaction ID : SA11AI.68266
 Amount of Each Receipt this Period
 21.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	61.00
TOTAL This Period (last page this line number only).....	

**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 275 OF 1094
	<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

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. EBERTZ, BRIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 118 COUNTRY WOOD LNDG

City ROCHESTER	State NY	Zip Code 14626
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Greece Teachers Assn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 378.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.68267

Amount of Each Receipt this Period
 21.00

Memo Item

B. EBERTZ, BRIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 118 COUNTRY WOOD LNDG

City ROCHESTER	State NY	Zip Code 14626
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Greece Teachers Assn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 399.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68268

Amount of Each Receipt this Period
 21.00

Memo Item

C. EDELSON, PHILIP, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16 JAN LN

City WOODBURY	State NY	Zip Code 11797
------------------	-------------	-------------------

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

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68271

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	52.00
TOTAL This Period (last page this line number only).....	

**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 276 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. EDELSTEIN, JOI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 22 L AMBIANCE CT

City BARDONIA	State NY	Zip Code 10954
------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 232.00

Date of Receipt
 12 / 01 / 2020
Transaction ID : SA11AI.68272

Amount of Each Receipt this Period
 8.00

Memo Item

B. EDELSTEIN, JOI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 22 L AMBIANCE CT

City BARDONIA	State NY	Zip Code 10954
------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 12 / 16 / 2020
Transaction ID : SA11AI.68273

Amount of Each Receipt this Period
 8.00

Memo Item

C. EDELSTEIN, JOI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 22 L AMBIANCE CT

City BARDONIA	State NY	Zip Code 10954
------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 248.00

Date of Receipt
 12 / 24 / 2020
Transaction ID : SA11AI.68274

Amount of Each Receipt this Period
 8.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	24.00
TOTAL This Period (last page this line number only).....	

**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 277 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. EDELSTEIN, JOI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 22 L AMBIANCE CT

City BARDONIA	State NY	Zip Code 10954
------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 256.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.68275

Amount of Each Receipt this Period
 8.00

Memo Item

B. EDIS, DINA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 THUNDER RD

City MILLER PLACE	State NY	Zip Code 11764
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.68277

Amount of Each Receipt this Period
 10.00

Memo Item

C. EDWARDS, KELSEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 57 PERSHING AVE

City JAMESTOWN	State NY	Zip Code 14701
-------------------	-------------	-------------------

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

Name of Employer (for Individual) JAMESTOWN TA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 228.00

Date of Receipt
 12 / 21 / 2020
Transaction ID : SA11AI.68279

Amount of Each Receipt this Period
 228.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	246.00
TOTAL This Period (last page this line number only).....	

**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 278 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. EGAN, LISA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 135 LASALLE DR

City YONKERS	State NY	Zip Code 10710
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 290.00

Date of Receipt
 12 / 01 / 2020
Transaction ID : SA11AI.68280

Amount of Each Receipt this Period
 10.00

Memo Item

B. EGAN, LISA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 135 LASALLE DR

City YONKERS	State NY	Zip Code 10710
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 12 / 16 / 2020
Transaction ID : SA11AI.68281

Amount of Each Receipt this Period
 10.00

Memo Item

C. EGAN, LISA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 135 LASALLE DR

City YONKERS	State NY	Zip Code 10710
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 310.00

Date of Receipt
 12 / 24 / 2020
Transaction ID : SA11AI.68282

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**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 279 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. EGAN, LISA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 135 LASALLE DR

City YONKERS	State NY	Zip Code 10710
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.68283

Amount of Each Receipt this Period
 10.00

Memo Item

B. EICHFELD, STEPHEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 775 CHARLTON RD

City BALLSTON LAKE	State NY	Zip Code 12019
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Niskayuna T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.68288

Amount of Each Receipt this Period
 220.00

Memo Item

C. Eiser, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 209 CHARLTON RD

City BALLSTON SPA	State NY	Zip Code 12020
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Schalmont T.A.	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 11 / 30 / 2020
Transaction ID : SA11AI.68244

Amount of Each Receipt this Period
 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	255.00
TOTAL This Period (last page this line number only).....	

**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 280 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Eiser, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 209 CHARLTON RD

City BALLSTON SPA	State NY	Zip Code 12020
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Schalmont T.A.	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68245

Amount of Each Receipt this Period
 25.00

Memo Item

B. Elie, Marilyn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 JOHN DORSEY DR

City CORTLANDT MNR	State NY	Zip Code 10567
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Yorktown Cong Tchrs	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 242.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020

Transaction ID : SA11AI.68246

Amount of Each Receipt this Period
 22.00

Memo Item

C. Elie, Marilyn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 JOHN DORSEY DR

City CORTLANDT MNR	State NY	Zip Code 10567
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Yorktown Cong Tchrs	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 264.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68247

Amount of Each Receipt this Period
 22.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	69.00
TOTAL This Period (last page this line number only).....▶	

**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 281 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. ELINS, Roberta, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 111 4TH AVE APT 11B

City NEW YORK	State NY	Zip Code 10003
------------------	-------------	-------------------

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

Name of Employer (for Individual) Un Coll Emp Fit	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 735.40

Date of Receipt
 12 / 02 / 2020
Transaction ID : SA11AI.68291

Amount of Each Receipt this Period
 10.00

Memo Item

B. ELINS, Roberta, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 111 4TH AVE APT 11B

City NEW YORK	State NY	Zip Code 10003
------------------	-------------	-------------------

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

Name of Employer (for Individual) Un Coll Emp Fit	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 745.40

Date of Receipt
 12 / 02 / 2020
Transaction ID : SA11AI.68292

Amount of Each Receipt this Period
 10.00

Memo Item

C. ELINS, Roberta, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 111 4TH AVE APT 11B

City NEW YORK	State NY	Zip Code 10003
------------------	-------------	-------------------

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

Name of Employer (for Individual) Un Coll Emp Fit	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 806.00

Date of Receipt
 12 / 15 / 2020
Transaction ID : SA11AI.68293

Amount of Each Receipt this Period
 60.60

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	80.60
TOTAL This Period (last page this line number only).....▶	

**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 282 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. ELINS, Roberta, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 4TH AVE APT 11B
 City NEW YORK State NY Zip Code 10003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Un Coll Emp Fit Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 816.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68294
 Amount of Each Receipt this Period 10.00
 Memo Item

B. ELINS, Roberta, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 4TH AVE APT 11B
 City NEW YORK State NY Zip Code 10003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Un Coll Emp Fit Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 826.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68295
 Amount of Each Receipt this Period 10.00
 Memo Item

C. ELINS, Roberta, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 4TH AVE APT 11B
 City NEW YORK State NY Zip Code 10003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Un Coll Emp Fit Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 836.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68296
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 283 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. ELINS, Roberta, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 4TH AVE APT 11B

City NEW YORK	State NY	Zip Code 10003
------------------	-------------	-------------------

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

Name of Employer (for Individual) Un Coll Emp Fit	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 846.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68297

Amount of Each Receipt this Period
 10.00

Memo Item

B. Ellenwood, Warren, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 ROLLING RD

City MILLER PLACE	State NY	Zip Code 11764
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Sachem Central T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.68250

Amount of Each Receipt this Period
 20.00

Memo Item

C. Ellenwood, Warren, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 ROLLING RD

City MILLER PLACE	State NY	Zip Code 11764
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Sachem Central T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68251

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	

**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 284 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. ELLERBE, KEMBA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14 STEVENS ST APT 5

City WHITE PLAINS	State NY	Zip Code 10606
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 290.00

Date of Receipt
 12 / 01 / 2020
Transaction ID : SA11AI.68298

Amount of Each Receipt this Period
 10.00

Memo Item

B. ELLERBE, KEMBA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14 STEVENS ST APT 5

City WHITE PLAINS	State NY	Zip Code 10606
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 12 / 16 / 2020
Transaction ID : SA11AI.68299

Amount of Each Receipt this Period
 10.00

Memo Item

C. ELLERBE, KEMBA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14 STEVENS ST APT 5

City WHITE PLAINS	State NY	Zip Code 10606
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 310.00

Date of Receipt
 12 / 24 / 2020
Transaction ID : SA11AI.68300

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 285 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. ELLERBE, KEMBA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14 STEVENS ST APT 5

City WHITE PLAINS	State NY	Zip Code 10606
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68301

Amount of Each Receipt this Period
10.00

Memo Item

B. ELLIS, SYBLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4525 AVENUE H

City BROOKLYN	State NY	Zip Code 11234
------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **290.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020

Transaction ID : SA11AI.68302

Amount of Each Receipt this Period
10.00

Memo Item

C. ELLIS, SYBLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4525 AVENUE H

City BROOKLYN	State NY	Zip Code 11234
------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020

Transaction ID : SA11AI.68303

Amount of Each Receipt this Period
10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 286 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. ELLIS, SYBLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4525 AVENUE H
 City BROOKLYN State NY Zip Code 11234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020
Transaction ID : SA11AI.68304
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. ELLIS, SYBLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4525 AVENUE H
 City BROOKLYN State NY Zip Code 11234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68305
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. Ellis-Graham, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 RIDGEVIEW LN
 City MARLBORO State NY Zip Code 12542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Monroe Woodbury TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.68252
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	40.00
TOTAL This Period (last page this line number only).....▶	

**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 287 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Ellis-Graham, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 RIDGEVIEW LN
 City MARLBORO State NY Zip Code 12542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Monroe Woodbury TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.68253
 Amount of Each Receipt this Period 20.00
 Memo Item

B. EMMI, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 PIERCEFIELD DR
 City SOLVAY State NY Zip Code 13209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Solvay T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 12 / 08 / 2020
Transaction ID : SA11AI.68306
 Amount of Each Receipt this Period 30.00
 Memo Item

C. EMMI, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 PIERCEFIELD DR
 City SOLVAY State NY Zip Code 13209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Solvay T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 29 / 2020
Transaction ID : SA11AI.68307
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	80.00
TOTAL This Period (last page this line number only).....▶	

**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 288 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. ENGLE, AMY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 MORGAN MANOR DR
 City OSWEGO State NY Zip Code 13126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mexico Academy CS FA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.68308
 Amount of Each Receipt this Period 15.00
 Memo Item

B. ENGLE, AMY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 MORGAN MANOR DR
 City OSWEGO State NY Zip Code 13126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mexico Academy CS FA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68309
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Engle, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 133 WEYMOUTH ROAD
 City SYRACUSE State NY Zip Code 13205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Morrisville Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.68254
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	55.00
TOTAL This Period (last page this line number only).....	

**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 289 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Engle, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 133 WEYMOUTH ROAD
 City SYRACUSE State NY Zip Code 13205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Morrisville Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.68255
 Amount of Each Receipt this Period 25.00
 Memo Item

B. ENSIGN, ELIZABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 CENTURY TRL
 City HARRISON State NY Zip Code 10528
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harrison Assn Of Tch Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt 12 / 02 / 2020
Transaction ID : SA11AI.68310
 Amount of Each Receipt this Period 204.00
 Memo Item

C. ENSIGN, ELIZABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 CENTURY TRL
 City HARRISON State NY Zip Code 10528
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harrison Assn Of Tch Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 12 / 02 / 2020
Transaction ID : SA11AI.68311
 Amount of Each Receipt this Period 12.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	241.00
TOTAL This Period (last page this line number only).....▶	

**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 290 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. ENSIGN, ELIZABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 CENTURY TRL
 City HARRISON State NY Zip Code 10528
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harrison Assn Of Tch Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68312
 Amount of Each Receipt this Period
 12.00
 Memo Item

B. EPSTEIN, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 WOODVIEW DR
 City NESCONSET State NY Zip Code 11767
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68315
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. ERNST, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4584 RELIANT RD
 City JAMESVILLE State NY Zip Code 13078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fayettevle Manl T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 326.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2020
Transaction ID : SA11AI.68316
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	42.00
TOTAL This Period (last page this line number only).....▶	

**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 291 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. ERNST, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4584 RELIANT RD

City JAMESVILLE	State NY	Zip Code 13078
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Fayettevle Manl T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 346.00

Date of Receipt
 12 / 11 / 2020
Transaction ID : SA11AI.68317

Amount of Each Receipt this Period
 20.00

Memo Item

B. ERNST, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4584 RELIANT RD

City JAMESVILLE	State NY	Zip Code 13078
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Fayettevle Manl T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 366.00

Date of Receipt
 12 / 23 / 2020
Transaction ID : SA11AI.68318

Amount of Each Receipt this Period
 20.00

Memo Item

C. ERNST, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4584 RELIANT RD

City JAMESVILLE	State NY	Zip Code 13078
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Fayettevle Manl T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 386.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.68319

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).....▶	

**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 292 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Eshoo, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 163 RIDGE RD

City VALLEY COTTAGE	State NY	Zip Code 10989
------------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 11 / 30 / 2020
Transaction ID : SA11AI.68256

Amount of Each Receipt this Period
 25.00

Memo Item

B. Eshoo, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 163 RIDGE RD

City VALLEY COTTAGE	State NY	Zip Code 10989
------------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.68257

Amount of Each Receipt this Period
 25.00

Memo Item

C. ESPOSITO, TIMOTHY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5733 BOULIA DR

City CLAY	State NY	Zip Code 13041
--------------	-------------	-------------------

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

Name of Employer (for Individual) N Syracuse Educ Assn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.68323

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

**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 293 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. EURTO, JOSEPH F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **88 HARTFORD TER**

City NEW HARTFORD	State NY	Zip Code 13413
-----------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) Rome T A	Occupation (for Individual) TEACHER
--	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2020

Transaction ID : SA11AI.68324

Amount of Each Receipt this Period

15.00

 Memo Item

B. EURTO, JOSEPH F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **88 HARTFORD TER**

City NEW HARTFORD	State NY	Zip Code 13413
-----------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) Rome T A	Occupation (for Individual) TEACHER
--	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2020

Transaction ID : SA11AI.68325

Amount of Each Receipt this Period

15.00

 Memo Item

C. EURTO, JOSEPH F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **88 HARTFORD TER**

City NEW HARTFORD	State NY	Zip Code 13413
-----------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) Rome T A	Occupation (for Individual) TEACHER
--	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2020

Transaction ID : SA11AI.68326

Amount of Each Receipt this Period

15.00

 Memo Item

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

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

45.00

**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 294 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Evans, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **7 S KASHONG PT**

City GENEVA	State NY	Zip Code 14456
-----------------------	--------------------	--------------------------

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

Name of Employer (for Individual) Gates Chili T A	Occupation (for Individual) TEACHER
---	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2020

Transaction ID : SA11AI.68258

Amount of Each Receipt this Period

20.00

 Memo Item

B. Evans, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **7 S KASHONG PT**

City GENEVA	State NY	Zip Code 14456
-----------------------	--------------------	--------------------------

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

Name of Employer (for Individual) Gates Chili T A	Occupation (for Individual) TEACHER
---	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2020

Transaction ID : SA11AI.68259

Amount of Each Receipt this Period

20.00

 Memo Item

C. FABIANO, BRYAN A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **11 VENTURA CIR**

City FREDONIA	State NY	Zip Code 14063
-------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) Fredonia T A	Occupation (for Individual) TEACHER
--	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2020

Transaction ID : SA11AI.68353

Amount of Each Receipt this Period

10.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	

**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 295 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. FABRICANT, MICHAEL B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 118 LINCOLN AVE
 City ELIZABETH State NJ Zip Code 07208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Hunter College TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 306.00

Date of Receipt
 12 / 15 / 2020
Transaction ID : SA11AI.68354
 Amount of Each Receipt this Period
 30.60
 Memo Item

B. FAGAN, LISA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 214 LIBERTY ST APT 105
 City SCHENECTADY State NY Zip Code 12305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Schenectady Fed Tchr TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 358.30

Date of Receipt
 12 / 02 / 2020
Transaction ID : SA11AI.68355
 Amount of Each Receipt this Period
 21.05
 Memo Item

C. FAGAN, LISA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 214 LIBERTY ST APT 105
 City SCHENECTADY State NY Zip Code 12305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Schenectady Fed Tchr TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 379.35

Date of Receipt
 12 / 10 / 2020
Transaction ID : SA11AI.68356
 Amount of Each Receipt this Period
 21.05
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	72.70
TOTAL This Period (last page this line number only).....	

**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 296 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. FAGAN, LISA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 214 LIBERTY ST APT 105
 City SCHENECTADY State NY Zip Code 12305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Schenectady Fed Tchr Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68357
 Amount of Each Receipt this Period 21.05
 Memo Item

B. FAGAN, LISA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 214 LIBERTY ST APT 105
 City SCHENECTADY State NY Zip Code 12305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Schenectady Fed Tchr Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 421.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68358
 Amount of Each Receipt this Period 21.05
 Memo Item

C. FAGER, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 34 GREENVIEW DR
 City ROCHESTER State NY Zip Code 14620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rochester T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.68328
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	62.10
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 297 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. FAGER, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 34 GREENVIEW DR
 City ROCHESTER State NY Zip Code 14620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rochester T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68329
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. FAGO, TINA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7006 NORTHVIEW DR
 City LOCKPORT State NY Zip Code 14094
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Erie 1 Prof Educ Asn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 203.71

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68359
 Amount of Each Receipt this Period
 203.71
 Memo Item

C. FAIRBAIRN, JESSICA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 321 WOODBURY RD
 City COLD SPRING HARBO State NY Zip Code 11724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68361
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	233.71
TOTAL This Period (last page this line number only).....▶	

**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 298 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. FALCK, MEGAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 161 WILLOW ST
 City GARDEN CITY State NY Zip Code 11530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68364
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. FALCO, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 HOWARD CT
 City SAYVILLE State NY Zip Code 11782
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68366
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. FARINA, MELANIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 210 MOHAWK AVE
 City SCOTIA State NY Zip Code 12302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Schenectady Fed Tchr Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68369
 Amount of Each Receipt this Period
 200.40
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	220.40
TOTAL This Period (last page this line number only).....▶	

**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 299 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. FARINA, MELANIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 210 MOHAWK AVE

City SCOTIA	State NY	Zip Code 12302
----------------	-------------	-------------------

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

Name of Employer (for Individual) Schenectady Fed Tchr	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.93

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.68370

Amount of Each Receipt this Period
 10.53

Memo Item

B. FARRAUTO, LUCINDA A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 104 CAPEN BLVD

City BUFFALO	State NY	Zip Code 14226
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Kenmore Tchrs Assn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.68372

Amount of Each Receipt this Period
 10.00

Memo Item

C. FARRELL, THOMAS J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 304 FISHEL AVE

City RIVERHEAD	State NY	Zip Code 11901
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Matt-Cutchogue T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.68374

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.53
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 300 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. FARRELL, THOMAS J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 304 FISHEL AVE
 City RIVERHEAD State NY Zip Code 11901
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Matt-Cutchoque T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68375
 Amount of Each Receipt this Period 10.00
 Memo Item

B. FAUST, DEBORAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 MARE LN
 City COMMACK State NY Zip Code 11725
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68377
 Amount of Each Receipt this Period 10.00
 Memo Item

C. FEASLEY, LAURA J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 47 RANDALL TER
 City HAMBURG State NY Zip Code 14075
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Eden Tchrs Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 304.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2020
Transaction ID : SA11AI.68378
 Amount of Each Receipt this Period 32.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	52.00
TOTAL This Period (last page this line number only).....	

**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 301 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. FEASLEY, LAURA J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 47 RANDALL TER
 City HAMBURG State NY Zip Code 14075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eden Tchrs Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 352.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68379
 Amount of Each Receipt this Period 48.00
 Memo Item

B. FEDIW, DENNIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 171 STRATFORD AVE
 City WILLISTON PARK State NY Zip Code 11596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Garden City T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2020
Transaction ID : SA11AI.68380
 Amount of Each Receipt this Period 209.00
 Memo Item

C. FEDIW, DENNIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 171 STRATFORD AVE
 City WILLISTON PARK State NY Zip Code 11596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Garden City T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2020
Transaction ID : SA11AI.68381
 Amount of Each Receipt this Period 11.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	268.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 302 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. FEINBERG, RONALD D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 SUNSET LN E
 City MILLER PLACE State NY Zip Code 11764
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mt Sinai Tchrs Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68384
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. FELD, BROOKE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 NORMA LN
 City DIX HILLS State NY Zip Code 11746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68387
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. FELLEENZ, MARC R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1012
 City MIDDLE ISLAND State NY Zip Code 11953
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) F A Of Suffolk CC Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2020
Transaction ID : SA11AI.68388
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 303 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. FELLEENZ, MARC R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1012

City MIDDLE ISLAND	State NY	Zip Code 11953
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.68389

Amount of Each Receipt this Period
 10.00

Memo Item

B. FELLEENZ, MARC R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1012

City MIDDLE ISLAND	State NY	Zip Code 11953
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.68390

Amount of Each Receipt this Period
 10.00

Memo Item

C. FELLEENZ, MARC R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1012

City MIDDLE ISLAND	State NY	Zip Code 11953
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.68391

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 304 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. FERGUSON, NICHOLAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 56 DANIEL ST
 City SLINGERLANDS State NY Zip Code 12159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bethlehem Ctrl TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2020
Transaction ID : SA11AI.68393
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. FERGUSON, NICHOLAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 56 DANIEL ST
 City SLINGERLANDS State NY Zip Code 12159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bethlehem Ctrl TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2020
Transaction ID : SA11AI.68394
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. FERNANDEZ, JOSE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 KNOLLWOOD RD
 City CORTLANDT MANOR State NY Zip Code 10567
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Peekskill Fac Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68397
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	50.00
TOTAL This Period (last page this line number only).....	

**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 305 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. FERRARA, RAYMOND J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 647

City CROTON HDSN	State NY	Zip Code 10520
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Croton Tchrs Assn	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 235.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.68398

Amount of Each Receipt this Period
 15.00

Memo Item

B. FERRARA, RAYMOND J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 647

City CROTON HDSN	State NY	Zip Code 10520
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Croton Tchrs Assn	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.68399

Amount of Each Receipt this Period
 15.00

Memo Item

C. FERRARA, RAYMOND J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 647

City CROTON HDSN	State NY	Zip Code 10520
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Croton Tchrs Assn	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 265.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.68400

Amount of Each Receipt this Period
 15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	45.00
TOTAL This Period (last page this line number only).....	

**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 306 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. FERRARA, RAYMOND J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 647

City CROTON HDSN	State NY	Zip Code 10520
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Croton Tchrs Assn	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.68401

Amount of Each Receipt this Period
 15.00

Memo Item

B. FERRARO, TINA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 CHELSEA CT

City NEW PALTZ	State NY	Zip Code 12561
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Warwick Vly TA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.68405

Amount of Each Receipt this Period
 10.00

Memo Item

C. FERRARO, TINA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 CHELSEA CT

City NEW PALTZ	State NY	Zip Code 12561
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Warwick Vly TA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.68406

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	35.00
TOTAL This Period (last page this line number only).....	

**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 307 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. FERREIRA, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 GRAMERCY PL

City HUNTINGTON	State NY	Zip Code 11743
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68408

Amount of Each Receipt this Period
 10.00

Memo Item

B. FERRI, LAURA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 26 CONCORD AVE

City BETHPAGE	State NY	Zip Code 11714
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68411

Amount of Each Receipt this Period
 10.00

Memo Item

C. FERRIS, COREY A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 494 MCKAY RD

City AMSTERDAM	State NY	Zip Code 12010
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Cobleskill-Rich T.A.	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020

Transaction ID : SA11AI.68412

Amount of Each Receipt this Period
 15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	35.00
TOTAL This Period (last page this line number only).....	

**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 308 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. FERRIS, COREY A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 494 MCKAY RD
 City AMSTERDAM State NY Zip Code 12010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cobleskill-Rich T.A. Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68413
 Amount of Each Receipt this Period 15.00
 Memo Item

B. FERRIS, COREY A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 494 MCKAY RD
 City AMSTERDAM State NY Zip Code 12010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cobleskill-Rich T.A. Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68414
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Festa, Ann, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 170 FOSTER RD
 City RONKONKOMA State NY Zip Code 11779
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sachem Central T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.68330
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶
TOTAL This Period (last page this line number only)..... ▶

55.00

**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 309 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Festa, Ann, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 170 FOSTER RD
 City RONKONKOMA State NY Zip Code 11779
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sachem Central T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68331
 Amount of Each Receipt this Period 25.00
 Memo Item

B. FIALKOW, LAWRENCE A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1100
 City NEW PALTZ State NY Zip Code 12561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-New Paltz Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2020
Transaction ID : SA11AI.68415
 Amount of Each Receipt this Period 10.00
 Memo Item

C. FIALKOW, LAWRENCE A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1100
 City NEW PALTZ State NY Zip Code 12561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-New Paltz Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2020
Transaction ID : SA11AI.68416
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

**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 310 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. FIALKOW, LAWRENCE A, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 23 / 2020		
Mailing Address PO BOX 1100			Transaction ID : SA11AI.68417		
City NEW PALTZ	State NY	Zip Code 12561	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) UUP-New Paltz		Occupation (for Individual) TEACHER			
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. FIALKOW, LAWRENCE A, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020		
Mailing Address PO BOX 1100			Transaction ID : SA11AI.68418		
City NEW PALTZ	State NY	Zip Code 12561	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) UUP-New Paltz		Occupation (for Individual) TEACHER			
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. FIDANZA, MELISSA, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020		
Mailing Address 61 JONATHAN DR			Transaction ID : SA11AI.68420		
City MAHOPAC	State NY	Zip Code 10541	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) Peekskill Fac Assn		Occupation (for Individual) TEACHER			
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00			

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**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 311 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. FILIPOWSKI, DAVID J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 189 COUNTY ROUTE 12

City WESTTOWN	State NY	Zip Code 10998
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Greenwood Lake TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.68421

Amount of Each Receipt this Period
 30.00

Memo Item

B. FINAN, TRACEY L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18 HAWK ST

City PEARL RIVER	State NY	Zip Code 10965
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Croton Tchrs Assn	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.68423

Amount of Each Receipt this Period
 20.00

Memo Item

C. FINAN, TRACEY L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18 HAWK ST

City PEARL RIVER	State NY	Zip Code 10965
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Croton Tchrs Assn	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.68424

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	70.00
TOTAL This Period (last page this line number only).....	

**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 312 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. FINAN, TRACEY L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18 HAWK ST

City PEARL RIVER	State NY	Zip Code 10965
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Croton Tchrs Assn	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.68425

Amount of Each Receipt this Period
 20.00

Memo Item

B. FINAN, TRACEY L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18 HAWK ST

City PEARL RIVER	State NY	Zip Code 10965
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Croton Tchrs Assn	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.68426

Amount of Each Receipt this Period
 20.00

Memo Item

C. FINDLAY, NICOLLE A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 109 DEPPOLITI AVE

City CANASTOTA	State NY	Zip Code 13032
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Canastota T A	Occupation (for Individual) TEACHER
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Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68429

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	50.00
TOTAL This Period (last page this line number only).....	

**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 313 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. FINSTON, STEVEN, , ,			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>02</td> <td></td> <td>2020</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y	12		02		2020
M M M	/	D D D	/	Y Y Y Y Y Y											
12		02		2020											
Mailing Address 222 W 83RD ST APT 15D			Transaction ID : SA11AI.68432												
City NEW YORK	State NY	Zip Code 10024	Amount of Each Receipt this Period <table border="1"> <tr> <td>20.00</td> </tr> </table>			20.00									
20.00															
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item												
Name of Employer (for Individual) New Rochelle F.U.S.E		Occupation (for Individual) TEACHER													
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>340.00</td> </tr> </table>	340.00												
340.00															

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. FINSTON, STEVEN, , ,			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>10</td> <td></td> <td>2020</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y	12		10		2020
M M M	/	D D D	/	Y Y Y Y Y Y											
12		10		2020											
Mailing Address 222 W 83RD ST APT 15D			Transaction ID : SA11AI.68433												
City NEW YORK	State NY	Zip Code 10024	Amount of Each Receipt this Period <table border="1"> <tr> <td>20.00</td> </tr> </table>			20.00									
20.00															
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item												
Name of Employer (for Individual) New Rochelle F.U.S.E		Occupation (for Individual) TEACHER													
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>360.00</td> </tr> </table>	360.00												
360.00															

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. FINSTON, STEVEN, , ,			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>31</td> <td></td> <td>2020</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y	12		31		2020
M M M	/	D D D	/	Y Y Y Y Y Y											
12		31		2020											
Mailing Address 222 W 83RD ST APT 15D			Transaction ID : SA11AI.68434												
City NEW YORK	State NY	Zip Code 10024	Amount of Each Receipt this Period <table border="1"> <tr> <td>20.00</td> </tr> </table>			20.00									
20.00															
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item												
Name of Employer (for Individual) New Rochelle F.U.S.E		Occupation (for Individual) TEACHER													
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>380.00</td> </tr> </table>	380.00												
380.00															

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1"> <tr> <td>60.00</td> </tr> </table>	60.00
60.00		
TOTAL This Period (last page this line number only).....▶	<table border="1"> <tr> <td></td> </tr> </table>	

**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 314 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. FIORE, DANIELLE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 39 BRADLEY RD
 City SCARSDALE State NY Zip Code 10583
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eastchester T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 201.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.68435
 Amount of Each Receipt this Period
 201.00
 Memo Item

B. FIORE, DANIELLE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 39 BRADLEY RD
 City SCARSDALE State NY Zip Code 10583
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eastchester T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 213.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68436
 Amount of Each Receipt this Period
 12.00
 Memo Item

C. FIORE, DANIELLE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 39 BRADLEY RD
 City SCARSDALE State NY Zip Code 10583
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eastchester T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68437
 Amount of Each Receipt this Period
 12.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	225.00
TOTAL This Period (last page this line number only).....	

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 315 OF 1094
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. FIORE, DANIELLE M, , ,		Date of Receipt
Mailing Address 39 BRADLEY RD		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2020"/>
City SCARSDALE	State NY	Zip Code 10583
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.68438
Name of Employer (for Individual) Eastchester T A		Amount of Each Receipt this Period <input type="text" value="12.00"/>
Occupation (for Individual) TEACHER		<input type="checkbox"/> Memo Item
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="237.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. FISH, KRISTEN A, , ,		Date of Receipt
Mailing Address 3748 SAGE CT		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2020"/>
City NORTH TONAWANDA	State NY	Zip Code 14120
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.68445
Name of Employer (for Individual) Kenmore Tchrs Assn		Amount of Each Receipt this Period <input type="text" value="10.00"/>
Occupation (for Individual) TEACHER		<input type="checkbox"/> Memo Item
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. FISHER, BRUCE L, , ,		Date of Receipt
Mailing Address 420 LINWOOD AVE		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2020"/>
City BUFFALO	State NY	Zip Code 14209
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.68446
Name of Employer (for Individual) UUP-Buffalo State		Amount of Each Receipt this Period <input type="text" value="10.00"/>
Occupation (for Individual) TEACHER		<input type="checkbox"/> Memo Item
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="230.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="32.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 316 OF 1094
	<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	

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. FISHER, BRUCE L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 420 LINWOOD AVE

City BUFFALO	State NY	Zip Code 14209
-----------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Buffalo State	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2020

Transaction ID : SA11AI.68447

Amount of Each Receipt this Period
 10.00

Memo Item

B. FISHER, BRUCE L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 420 LINWOOD AVE

City BUFFALO	State NY	Zip Code 14209
-----------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Buffalo State	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2020

Transaction ID : SA11AI.68448

Amount of Each Receipt this Period
 10.00

Memo Item

C. FISHER, BRUCE L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 420 LINWOOD AVE

City BUFFALO	State NY	Zip Code 14209
-----------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Buffalo State	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68449

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 317 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. FITZGERALD, JANIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 CONCORD AVE
 City WHITE PLAINS State NY Zip Code 10606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Scarsdale T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.68450
 Amount of Each Receipt this Period 15.00
 Memo Item

B. FITZGERALD, JANIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 CONCORD AVE
 City WHITE PLAINS State NY Zip Code 10606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Scarsdale T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68451
 Amount of Each Receipt this Period 15.00
 Memo Item

C. FITZGERALD, RICHARD P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 141 PARKVIEW PL
 City MOUNT KISCO State NY Zip Code 10549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Maritime Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2020
Transaction ID : SA11AI.68452
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	40.00
TOTAL This Period (last page this line number only).....	

**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 318 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. FITZGERALD, RICHARD P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 141 PARKVIEW PL

City MOUNT KISCO	State NY	Zip Code 10549
---------------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Maritime	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 12 / 09 / 2020
Transaction ID : SA11AI.68453

Amount of Each Receipt this Period
 10.00

Memo Item

B. FITZGERALD, RICHARD P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 141 PARKVIEW PL

City MOUNT KISCO	State NY	Zip Code 10549
---------------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Maritime	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 12 / 23 / 2020
Transaction ID : SA11AI.68454

Amount of Each Receipt this Period
 10.00

Memo Item

C. FITZGERALD, RICHARD P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 141 PARKVIEW PL

City MOUNT KISCO	State NY	Zip Code 10549
---------------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Maritime	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.68455

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**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 319 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. FITZPATRICK, DONNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12 DEHAVEN DR APT 1E

City YONKERS	State NY	Zip Code 10703
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 232.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020

Transaction ID : SA11AI.68456

Amount of Each Receipt this Period
 8.00

Memo Item

B. FITZPATRICK, DONNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12 DEHAVEN DR APT 1E

City YONKERS	State NY	Zip Code 10703
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020

Transaction ID : SA11AI.68457

Amount of Each Receipt this Period
 8.00

Memo Item

C. FITZPATRICK, DONNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12 DEHAVEN DR APT 1E

City YONKERS	State NY	Zip Code 10703
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 248.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020

Transaction ID : SA11AI.68458

Amount of Each Receipt this Period
 8.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	24.00
TOTAL This Period (last page this line number only).....▶	

**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 320 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. FITZPATRICK, DONNA, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020 Transaction ID : SA11AI.68459		
Mailing Address 12 DEHAVEN DR APT 1E			Amount of Each Receipt this Period 8.00		
City YONKERS	State NY	Zip Code 10703	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 256.00		
Name of Employer (for Individual) Yonkers Fed Of Tchrs		Occupation (for Individual) TEACHER	Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Fitzpatrick, Noreen, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2020 Transaction ID : SA11AI.68334		
Mailing Address PO BOX 840			Amount of Each Receipt this Period 20.00		
City POINT LOOKOUT	State NY	Zip Code 11569	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 220.00		
Name of Employer (for Individual) Mineola T A		Occupation (for Individual) TEACHER	Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Fitzpatrick, Noreen, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020 Transaction ID : SA11AI.68335		
Mailing Address PO BOX 840			Amount of Each Receipt this Period 20.00		
City POINT LOOKOUT	State NY	Zip Code 11569	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 240.00		
Name of Employer (for Individual) Mineola T A		Occupation (for Individual) TEACHER	Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....	48.00
TOTAL This Period (last page this line number only).....	

**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 321 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. FLACINSKI, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36 APPALACHIAN W
 City HOPEWELL JUNCTION State NY Zip Code 12533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Peekskill Fac Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68461
 Amount of Each Receipt this Period 10.00
 Memo Item

B. FLAYHAN, DONNA P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 419 BOULEVARD
 City KINGSTON State NY Zip Code 12401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-New Paltz Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2020
Transaction ID : SA11AI.68463
 Amount of Each Receipt this Period 10.00
 Memo Item

C. FLAYHAN, DONNA P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 419 BOULEVARD
 City KINGSTON State NY Zip Code 12401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-New Paltz Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2020
Transaction ID : SA11AI.68464
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**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 322 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. FLAYHAN, DONNA P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 419 BOULEVARD

City KINGSTON	State NY	Zip Code 12401
------------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-New Paltz	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 12 / 23 / 2020
Transaction ID : SA11AI.68465

Amount of Each Receipt this Period
 10.00

Memo Item

B. FLAYHAN, DONNA P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 419 BOULEVARD

City KINGSTON	State NY	Zip Code 12401
------------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-New Paltz	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.68466

Amount of Each Receipt this Period
 10.00

Memo Item

C. FLECK, KEVIN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 PARK LN APT 2B

City MOUNT VERNON	State NY	Zip Code 10552
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Edgemont T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 251.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.68467

Amount of Each Receipt this Period
 251.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	271.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 323 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. FLICK, GREG, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 327 THURBER ST

City SYRACUSE	State NY	Zip Code 13210
------------------	-------------	-------------------

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

Name of Employer (for Individual) N Syracuse Educ Assn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68471

Amount of Each Receipt this Period
 10.00

Memo Item

B. FLIERL, RICHARD J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5940 KRAUS RD

City CLARENCE	State NY	Zip Code 14031
------------------	-------------	-------------------

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

Name of Employer (for Individual) Williamsville TA,Inc	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2020

Transaction ID : SA11AI.68473

Amount of Each Receipt this Period
 209.00

Memo Item

C. FLIERL, RICHARD J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5940 KRAUS RD

City CLARENCE	State NY	Zip Code 14031
------------------	-------------	-------------------

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

Name of Employer (for Individual) Williamsville TA,Inc	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2020

Transaction ID : SA11AI.68474

Amount of Each Receipt this Period
 11.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	230.00
TOTAL This Period (last page this line number only).....	

**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 324 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. FLOOD, PATRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7356 WESTGATE LN
 City LIVERPOOL State NY Zip Code 13090
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Liverpool FA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2020
Transaction ID : SA11AI.68475
 Amount of Each Receipt this Period 15.00
 Memo Item

B. FLOOD, PATRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7356 WESTGATE LN
 City LIVERPOOL State NY Zip Code 13090
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Liverpool FA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.68476
 Amount of Each Receipt this Period 15.00
 Memo Item

C. FLOOD, PATRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7356 WESTGATE LN
 City LIVERPOOL State NY Zip Code 13090
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Liverpool FA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68477
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 45.00
TOTAL This Period (last page this line number only).....▶

**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 325 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. FLOR, ELIZABETH N, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28 KRAMERS POND RD
 City PUTNAM VALLEY State NY Zip Code 10579
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yorktown Cong Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68478
 Amount of Each Receipt this Period
 90.00
 Memo Item

B. FLOSS, FREDERICK G, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 LANDERS RD
 City BUFFALO State NY Zip Code 14217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Buffalo State Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2020
Transaction ID : SA11AI.68479
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. FLOSS, FREDERICK G, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 LANDERS RD
 City BUFFALO State NY Zip Code 14217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Buffalo State Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2020
Transaction ID : SA11AI.68480
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	110.00
TOTAL This Period (last page this line number only).....	

**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 326 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. FLOSS, FREDERICK G, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 27 LANDERS RD

City BUFFALO	State NY	Zip Code 14217
-----------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Buffalo State	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 12 / 23 / 2020
Transaction ID : SA11AI.68481

Amount of Each Receipt this Period
 10.00

Memo Item

B. FLOSS, FREDERICK G, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 27 LANDERS RD

City BUFFALO	State NY	Zip Code 14217
-----------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Buffalo State	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.68482

Amount of Each Receipt this Period
 10.00

Memo Item

c. Floyd, Glenda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 ROOSEVELT DR

City POUGHQUAG	State NY	Zip Code 12570
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 11 / 30 / 2020
Transaction ID : SA11AI.68336

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	40.00
TOTAL This Period (last page this line number only).....▶	

**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 327 OF 1094
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Floyd, Glenda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 ROOSEVELT DR
 City POUGHQUAG State NY Zip Code 12570
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.68337
 Amount of Each Receipt this Period 20.00
 Memo Item

B. FODER, COLLEEN L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 185 HIGH MEADOWS RD
 City WALDEN State NY Zip Code 12586
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orange Co BOCES T.A. Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 12 / 02 / 2020
Transaction ID : SA11AI.68484
 Amount of Each Receipt this Period 20.00
 Memo Item

C. FODER, COLLEEN L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 185 HIGH MEADOWS RD
 City WALDEN State NY Zip Code 12586
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orange Co BOCES T.A. Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 12 / 29 / 2020
Transaction ID : SA11AI.68485
 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).....	

**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 328 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. FODER, COLLEEN L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 185 HIGH MEADOWS RD
 City WALDEN State NY Zip Code 12586
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orange Co BOCES T.A. Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68486
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. FODER, COLLEEN L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 185 HIGH MEADOWS RD
 City WALDEN State NY Zip Code 12586
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orange Co BOCES T.A. Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68487
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. FONTENOVA, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 BALINT DR APT 715
 City YONKERS State NY Zip Code 10710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020
Transaction ID : SA11AI.68488
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	50.00
TOTAL This Period (last page this line number only).....	

**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 329 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. FONTENOVA, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 BALINT DR APT 715

City YONKERS	State NY	Zip Code 10710
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020

Transaction ID : SA11AI.68489

Amount of Each Receipt this Period
 10.00

Memo Item

B. FONTENOVA, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 BALINT DR APT 715

City YONKERS	State NY	Zip Code 10710
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020

Transaction ID : SA11AI.68490

Amount of Each Receipt this Period
 10.00

Memo Item

C. FONTENOVA, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 BALINT DR APT 715

City YONKERS	State NY	Zip Code 10710
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68491

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**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 330 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. FORD, BRIAN P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19 FIELDSTONE DR APT 161

City HARTSDALE	State NY	Zip Code 10530
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Edgemont T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.68492

Amount of Each Receipt this Period
 240.00

Memo Item

B. FORD, JOHN W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 222 MARTLING AVE APT 5M

City TARRYTOWN	State NY	Zip Code 10591
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Ossining T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68493

Amount of Each Receipt this Period
 300.00

Memo Item

C. FORSMAN, PHYLLIS H, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 41 PIERCE AVE

City MIDLAND PARK	State NJ	Zip Code 07432
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Suffern EA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020

Transaction ID : SA11AI.68496

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	560.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 331 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. FORSMAN, PHYLLIS H, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 41 PIERCE AVE

City MIDLAND PARK	State NJ	Zip Code 07432
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Suffern EA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68497

Amount of Each Receipt this Period
 20.00

Memo Item

B. FOURON, GEORGES E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9028 210TH ST

City QUEENS VILLAGE	State NY	Zip Code 11428
------------------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Stony Brook	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2020

Transaction ID : SA11AI.68498

Amount of Each Receipt this Period
 10.00

Memo Item

C. FOURON, GEORGES E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9028 210TH ST

City QUEENS VILLAGE	State NY	Zip Code 11428
------------------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Stony Brook	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2020

Transaction ID : SA11AI.68499

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	40.00
TOTAL This Period (last page this line number only).....	

**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 332 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. FOURON, GEORGES E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9028 210TH ST

City QUEENS VILLAGE	State NY	Zip Code 11428
------------------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Stony Brook	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2020

Transaction ID : SA11AI.68500

Amount of Each Receipt this Period
 10.00

Memo Item

B. FOURON, GEORGES E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9028 210TH ST

City QUEENS VILLAGE	State NY	Zip Code 11428
------------------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Stony Brook	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68501

Amount of Each Receipt this Period
 10.00

Memo Item

C. FOWLER, MICHELLE S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 143 W BARTLETT RD

City MIDDLE ISLAND	State NY	Zip Code 11953
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2020

Transaction ID : SA11AI.68502

Amount of Each Receipt this Period
 15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	35.00
TOTAL This Period (last page this line number only).....▶	

**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 333 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. FOWLER, MICHELLE S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 143 W BARTLETT RD

City MIDDLE ISLAND	State NY	Zip Code 11953
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.68503

Amount of Each Receipt this Period
 15.00

Memo Item

B. FOWLER, MICHELLE S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 143 W BARTLETT RD

City MIDDLE ISLAND	State NY	Zip Code 11953
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.68504

Amount of Each Receipt this Period
 15.00

Memo Item

C. FOWLER, MICHELLE S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 143 W BARTLETT RD

City MIDDLE ISLAND	State NY	Zip Code 11953
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **405.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68505

Amount of Each Receipt this Period
 15.00

Memo Item

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

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

45.00

**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 334 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. FOX, DAHLIA W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 SANDS CIR
 City CIRCLEVILLE State NY Zip Code 10919
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orange Co BOCES T.A. Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68507
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. FOX, DAHLIA W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 SANDS CIR
 City CIRCLEVILLE State NY Zip Code 10919
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orange Co BOCES T.A. Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68508
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. FOX, DAHLIA W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 SANDS CIR
 City CIRCLEVILLE State NY Zip Code 10919
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orange Co BOCES T.A. Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68509
 Amount of Each Receipt this Period
 10.00
 Memo Item

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

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

30.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 335 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. FOX, KATHLEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6353 83RD PL
 City MIDDLE VILLAGE State NY Zip Code 11379
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Edgemont T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68510
 Amount of Each Receipt this Period
 240.00
 Memo Item

B. FRAASS, CAROLEE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6026 WEXFORD MNR
 City CLARENCE CENTER State NY Zip Code 14032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Starpoint T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68512
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. FRANCE, DOROTHY TC, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4410 CAYUGA AVE
 City BRONX State NY Zip Code 10471
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Putnam Vly Fed Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.68514
 Amount of Each Receipt this Period
 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	275.00
TOTAL This Period (last page this line number only).....▶	

**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 336 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. FRANCE, DOROTHY TC, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4410 CAYUGA AVE
 City BRONX State NY Zip Code 10471
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Putnam Vly Fed Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.68515
 Amount of Each Receipt this Period
 15.00
 Memo Item

B. FRANCE, DOROTHY TC, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4410 CAYUGA AVE
 City BRONX State NY Zip Code 10471
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Putnam Vly Fed Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68516
 Amount of Each Receipt this Period
 15.00
 Memo Item

C. FRANCE, DOROTHY TC, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4410 CAYUGA AVE
 City BRONX State NY Zip Code 10471
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Putnam Vly Fed Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68517
 Amount of Each Receipt this Period
 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

**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 337 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. FRANCO, YOLANDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 ABEEL ST APT 4C
 City YONKERS State NY Zip Code 10705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 232.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020
Transaction ID : SA11AI.68518
 Amount of Each Receipt this Period 8.00
 Memo Item

B. FRANCO, YOLANDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 ABEEL ST APT 4C
 City YONKERS State NY Zip Code 10705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.68519
 Amount of Each Receipt this Period 8.00
 Memo Item

C. FRANCO, YOLANDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 ABEEL ST APT 4C
 City YONKERS State NY Zip Code 10705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 248.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020
Transaction ID : SA11AI.68520
 Amount of Each Receipt this Period 8.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	24.00
TOTAL This Period (last page this line number only).....	

**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 338 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. FRANCO, YOLANDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 ABEEL ST APT 4C
 City YONKERS State NY Zip Code 10705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 256.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68521
 Amount of Each Receipt this Period 8.00
 Memo Item

B. FRANTZ, AMBER E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 70 EDGE MONT RD
 City SCARSDALE State NY Zip Code 10583
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Scarsdale T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.68522
 Amount of Each Receipt this Period 15.00
 Memo Item

C. FRANTZ, AMBER E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 70 EDGE MONT RD
 City SCARSDALE State NY Zip Code 10583
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Scarsdale T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68523
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	38.00
TOTAL This Period (last page this line number only).....	

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 339 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. FRANZ, LAURA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 23 ORCHARD ST

City FEURA BUSH	State NY	Zip Code 12067
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Albany PS TA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 209.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.68524

Amount of Each Receipt this Period
 209.00

Memo Item

B. FRANZ, LAURA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 23 ORCHARD ST

City FEURA BUSH	State NY	Zip Code 12067
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Albany PS TA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.68525

Amount of Each Receipt this Period
 11.00

Memo Item

C. Frare, Christine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 ROSEWOOD AVE

City CORTLAND	State NY	Zip Code 13045
------------------	-------------	-------------------

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

Name of Employer (for Individual) Homer Tchrs Assoc	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 11 / 30 / 2020
Transaction ID : SA11AI.68338

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	240.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 340 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Frare, Christine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 ROSEWOOD AVE

City CORTLAND	State NY	Zip Code 13045
------------------	-------------	-------------------

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

Name of Employer (for Individual) Homer Tchrs Assoc	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68339

Amount of Each Receipt this Period
 20.00

Memo Item

B. FRASER, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 215 BRITTANY LN

City PITTSFORD	State NY	Zip Code 14534
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Pittsford Dist T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020

Transaction ID : SA11AI.68526

Amount of Each Receipt this Period
 15.00

Memo Item

C. FRASER, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 215 BRITTANY LN

City PITTSFORD	State NY	Zip Code 14534
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Pittsford Dist T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.68527

Amount of Each Receipt this Period
 15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	

**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 341 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. FRASER, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 215 BRITTANY LN
 City PITTSFORD State NY Zip Code 14534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pittsford Dist T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68528
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Frawley, Timothy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 702 EVERGREEN DR
 City PAINTED POST State NY Zip Code 14870
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corning T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.68340
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Frawley, Timothy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 702 EVERGREEN DR
 City PAINTED POST State NY Zip Code 14870
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corning T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 329.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68341
 Amount of Each Receipt this Period 32.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	74.00
TOTAL This Period (last page this line number only).....	

**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 342 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. FRAZIER, CECILY S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 SUNSET RD
 City RHINEBECK State NY Zip Code 12572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kingston Tchrs Fed Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68530
 Amount of Each Receipt this Period
 230.00
 Memo Item

B. FREEMAN, NORA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 KING ST APT 3H
 City PORT CHESTER State NY Zip Code 10573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mt Pleasant Cot Sch Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.68531
 Amount of Each Receipt this Period
 15.00
 Memo Item

C. FREEMAN, NORA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 KING ST APT 3H
 City PORT CHESTER State NY Zip Code 10573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mt Pleasant Cot Sch Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.68532
 Amount of Each Receipt this Period
 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	260.00
TOTAL This Period (last page this line number only).....	

**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 343 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. FREEMAN, NORA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 KING ST APT 3H
 City PORT CHESTER State NY Zip Code 10573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mt Pleasant Cot Sch Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.68533
 Amount of Each Receipt this Period 15.00
 Memo Item

B. FREEMAN, NORA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 KING ST APT 3H
 City PORT CHESTER State NY Zip Code 10573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mt Pleasant Cot Sch Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68534
 Amount of Each Receipt this Period 15.00
 Memo Item

C. FREEMAN, NORA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 KING ST APT 3H
 City PORT CHESTER State NY Zip Code 10573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mt Pleasant Cot Sch Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68535
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

**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 344 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. FREY, STEVEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 22 CAPTAIN THEALE RD

City BEDFORD	State NY	Zip Code 10506
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 11 / 27 / 2020
Transaction ID : SA11AI.68536

Amount of Each Receipt this Period
 120.00

Memo Item

B. FRIED, AARON P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 234 W IRVING ST

City EAST SYRACUSE	State NY	Zip Code 13057
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Mohawk Vly Prof Assn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 12 / 16 / 2020
Transaction ID : SA11AI.68537

Amount of Each Receipt this Period
 20.00

Memo Item

C. FRIED, AARON P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 234 W IRVING ST

City EAST SYRACUSE	State NY	Zip Code 13057
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Mohawk Vly Prof Assn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.68538

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	160.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 345 OF 1094
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Fried, Dianne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 124 SCHULTZ LN
 City KINGSTON State NY Zip Code 12401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kingston Tchrs Fed Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.68342
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Fried, Dianne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 124 SCHULTZ LN
 City KINGSTON State NY Zip Code 12401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kingston Tchrs Fed Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 242.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68343
 Amount of Each Receipt this Period 22.00
 Memo Item

C. Fried, Kenneth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 124 SCHULTZ LN
 City KINGSTON State NY Zip Code 12401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kingston Tchrs Fed Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.68344
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 62.00
TOTAL This Period (last page this line number only).....▶

**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 346 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Fried, Kenneth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 124 SCHULTZ LN
 City KINGSTON State NY Zip Code 12401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kingston Tchrs Fed Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 242.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68345
 Amount of Each Receipt this Period 22.00
 Memo Item

B. FRIEDBERG, DEBORAH L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 56 DEVOE AVE
 City YONKERS State NY Zip Code 10705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eastchester T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.68539
 Amount of Each Receipt this Period 208.00
 Memo Item

C. FRIEDBERG, DEBORAH L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 56 DEVOE AVE
 City YONKERS State NY Zip Code 10705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eastchester T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 221.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.68540
 Amount of Each Receipt this Period 13.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	243.00
TOTAL This Period (last page this line number only).....▶	

**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 347 OF 1094
	<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	

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. FRIEDBERG, DEBORAH L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 56 DEVOE AVE

City YONKERS	State NY	Zip Code 10705
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Eastchester T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 234.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020

Transaction ID : SA11AI.68541

Amount of Each Receipt this Period
 13.00

Memo Item

B. FRIEDBERG, DEBORAH L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 56 DEVOE AVE

City YONKERS	State NY	Zip Code 10705
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Eastchester T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.68542

Amount of Each Receipt this Period
 13.00

Memo Item

C. FRIEDBERG, DEBORAH L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 56 DEVOE AVE

City YONKERS	State NY	Zip Code 10705
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Eastchester T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.68543

Amount of Each Receipt this Period
 13.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	39.00
TOTAL This Period (last page this line number only).....▶	

**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 348 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. FRIEDBERG, DEBORAH L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 56 DEVOE AVE

City YONKERS	State NY	Zip Code 10705
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Eastchester T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 273.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.68544

Amount of Each Receipt this Period
 13.00

Memo Item

B. FRIEDMAN, GRACE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address APT 1201, 6361 PELICAN BY BLVD

City NAPLES	State FL	Zip Code 34108
----------------	-------------	-------------------

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

Name of Employer (for Individual) United Fed. Tchrs.	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.68546

Amount of Each Receipt this Period
 250.00

Memo Item

C. Friedman, Marcia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5217 BRISATA CIR APT D

City BOYNTON BEACH	State FL	Zip Code 33437
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Kings Park Clsrm TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 11 / 30 / 2020
Transaction ID : SA11AI.68346

Amount of Each Receipt this Period
 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	288.00
TOTAL This Period (last page this line number only).....	

**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 349 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Friedman, Marcia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5217 BRISATA CIR APT D

City BOYNTON BEACH	State FL	Zip Code 33437
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Kings Park Clsrn TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68347

Amount of Each Receipt this Period
 25.00

Memo Item

B. FRIEDMAN, MARSHA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5065 BLEU LAPIS DR

City BOYNTON BEACH	State FL	Zip Code 33437
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020

Transaction ID : SA11AI.68548

Amount of Each Receipt this Period
 250.00

Memo Item

C. FRINO, PATRICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 67 SEAVIEW ST

City MASSAPEQUA	State NY	Zip Code 11758
--------------------	-------------	-------------------

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

Name of Employer (for Individual) SEWANHAKA FT	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.68551

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	285.00
TOTAL This Period (last page this line number only).....	

**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 350 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Fritsch, Christine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 33 CYPRESS ST

City ROCHESTER	State NY	Zip Code 14620
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Rochester T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020

Transaction ID : SA11AI.68348

Amount of Each Receipt this Period
 25.00

Memo Item

B. Fritsch, Christine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 33 CYPRESS ST

City ROCHESTER	State NY	Zip Code 14620
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Rochester T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68349

Amount of Each Receipt this Period
 25.00

Memo Item

C. FROATS, VIRGINIA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8 GREENRIDGE PL

City SARATOGA SPGS	State NY	Zip Code 12866
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Glens Falls T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2020

Transaction ID : SA11AI.68552

Amount of Each Receipt this Period
 30.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	80.00
TOTAL This Period (last page this line number only).....	

**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 351 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. FROATS, VIRGINIA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8 GREENRIDGE PL

City SARATOGA SPGS	State NY	Zip Code 12866
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Glens Falls T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.68553

Amount of Each Receipt this Period
 30.00

Memo Item

B. FROELICK, SCOTT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4172 PISCES CIR

City LIVERPOOL	State NY	Zip Code 13090
-------------------	-------------	-------------------

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

Name of Employer (for Individual) N Syracuse Educ Assn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68555

Amount of Each Receipt this Period
 10.00

Memo Item

C. FULLER, TRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 23 MAPLE AVE APT 2B

City HASTINGS ON HUDSO	State NY	Zip Code 10706
---------------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 290.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020

Transaction ID : SA11AI.68559

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	

**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 352 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. FULLER, TRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23 MAPLE AVE APT 2B
 City HASTINGS ON HUDSO State NY Zip Code 10706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.68560
 Amount of Each Receipt this Period 10.00
 Memo Item

B. FULLER, TRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23 MAPLE AVE APT 2B
 City HASTINGS ON HUDSO State NY Zip Code 10706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020
Transaction ID : SA11AI.68561
 Amount of Each Receipt this Period 10.00
 Memo Item

C. FULLER, TRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23 MAPLE AVE APT 2B
 City HASTINGS ON HUDSO State NY Zip Code 10706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68562
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 353 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. FUNK, LISA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 STANFORD CT
 City WANTAGH State NY Zip Code 11793
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68564
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. GABOURY, VERONICA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 125 WHITETAIL RUN
 City AVERILL PARK State NY Zip Code 12018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Averill Park T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.68577
 Amount of Each Receipt this Period
 15.00
 Memo Item

C. GABOURY, VERONICA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 125 WHITETAIL RUN
 City AVERILL PARK State NY Zip Code 12018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Averill Park T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68578
 Amount of Each Receipt this Period
 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	40.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 354 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. GABOURY, VERONICA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 125 WHITETAIL RUN
 City AVERILL PARK State NY Zip Code 12018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Averill Park T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68579
 Amount of Each Receipt this Period
 15.00
 Memo Item

B. GAGNIER, GLEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37 LOT TEN RD
 City CENTRAL SQUARE State NY Zip Code 13036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mexico Academy CS FA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.68580
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. GAGNIER, GLEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37 LOT TEN RD
 City CENTRAL SQUARE State NY Zip Code 13036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mexico Academy CS FA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68581
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	65.00
TOTAL This Period (last page this line number only).....	

**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 355 OF 1094
	<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	

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. GAGNIER, GLEN, , ,			Date of Receipt		
Mailing Address 37 LOT TEN RD			M M M / D D D / Y Y Y Y Y Y 12 / 29 / 2020		
City CENTRAL SQUARE		State NY	Zip Code 13036		
FEC ID number of contributing federal political committee. C			Transaction ID : SA11AI.68582		
Name of Employer (for Individual) Mexico Academy CS FA			Occupation (for Individual) TEACHER		
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 25.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. GALE, SEAN, , ,			Date of Receipt		
Mailing Address 800 PARK AVE APT 1708			M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020		
City FORT LEE		State NJ	Zip Code 07024		
FEC ID number of contributing federal political committee. C			Transaction ID : SA11AI.68584		
Name of Employer (for Individual) Town of Highlands TA			Occupation (for Individual) TEACHER		
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 205.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. GALE, SEAN, , ,			Date of Receipt		
Mailing Address 800 PARK AVE APT 1708			M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020		
City FORT LEE		State NJ	Zip Code 07024		
FEC ID number of contributing federal political committee. C			Transaction ID : SA11AI.68585		
Name of Employer (for Individual) Town of Highlands TA			Occupation (for Individual) TEACHER		
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 10.00			

SUBTOTAL of Receipts This Page (optional).....▶	240.00
TOTAL This Period (last page this line number only).....▶	

**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 356 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. GALE, SEAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 800 PARK AVE APT 1708

City FORT LEE	State NJ	Zip Code 07024
------------------	-------------	-------------------

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

Name of Employer (for Individual) Town of Highlands TA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.68586

Amount of Each Receipt this Period
 10.00

Memo Item

B. GALELLA, ANTHONY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 106 OAK PARK TER

City WAPPINGERS FALLS	State NY	Zip Code 12590
--------------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 12 / 01 / 2020
Transaction ID : SA11AI.68587

Amount of Each Receipt this Period
 10.00

Memo Item

C. GALELLA, ANTHONY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 106 OAK PARK TER

City WAPPINGERS FALLS	State NY	Zip Code 12590
--------------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 12 / 16 / 2020
Transaction ID : SA11AI.68588

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 357 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. GALELLA, ANTHONY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 106 OAK PARK TER
 City WAPPINGERS FALLS State NY Zip Code 12590
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020
Transaction ID : SA11AI.68589
 Amount of Each Receipt this Period 10.00
 Memo Item

B. GALELLA, ANTHONY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 106 OAK PARK TER
 City WAPPINGERS FALLS State NY Zip Code 12590
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68590
 Amount of Each Receipt this Period 10.00
 Memo Item

C. GALEOTAFIORE, MELISSA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 RUTLAND RD
 City N MASSAPEQUA State NY Zip Code 11758
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68592
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**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 358 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. GALLAGHER, STACEY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1000 DOBBS FERRY RD

City WHITE PLAINS	State NY	Zip Code 10607
----------------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Empire State	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 11 / 24 / 2020
Transaction ID : SA11AI.68593

Amount of Each Receipt this Period
 10.00

Memo Item

B. GALLAGHER, STACEY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1000 DOBBS FERRY RD

City WHITE PLAINS	State NY	Zip Code 10607
----------------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Empire State	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 12 / 09 / 2020
Transaction ID : SA11AI.68594

Amount of Each Receipt this Period
 10.00

Memo Item

C. GALLAGHER, STACEY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1000 DOBBS FERRY RD

City WHITE PLAINS	State NY	Zip Code 10607
----------------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Empire State	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 12 / 23 / 2020
Transaction ID : SA11AI.68595

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 359 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. GALLAGHER, STACEY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 DOBBS FERRY RD
 City WHITE PLAINS State NY Zip Code 10607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Empire State Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68596
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. GALLANT, RICHARD E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 CHARLES ST
 City PAINTED POST State NY Zip Code 14870
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corning T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.68597
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. GALLANT, RICHARD E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 CHARLES ST
 City PAINTED POST State NY Zip Code 14870
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corning T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 590.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68598
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 360 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. GALLANT, RICHARD E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 CHARLES ST

City PAINTED POST	State NY	Zip Code 14870
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Corning T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.68599

Amount of Each Receipt this Period
 10.00

Memo Item

B. GALLEGOS, JENNIFER J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13 GLADYSZ WAY

City PORT JEFFERSON	State NY	Zip Code 11777
------------------------	-------------	-------------------

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

Name of Employer (for Individual) Mt Sinai Tchrs Assn	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.68601

Amount of Each Receipt this Period
 10.00

Memo Item

C. GALLELLO, CONCETTA J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 630 SPROUT BROOK RD

City PUTNAM VALLEY	State NY	Zip Code 10579
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Putnam Vly Fed Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.68604

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 361 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. GALLELLO, CONCETTA J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 630 SPROUT BROOK RD
 City PUTNAM VALLEY State NY Zip Code 10579
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Putnam Vly Fed Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.68605
 Amount of Each Receipt this Period 10.00
 Memo Item

B. GALUSKI, KATHERINE A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 136 LAURA CT
 City CHITTENANGO State NY Zip Code 13037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Canastota T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.68608
 Amount of Each Receipt this Period 10.00
 Memo Item

C. GALVIN, CHRISTOPHER S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 260 S GROVE ST
 City EAST AURORA State NY Zip Code 14052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Williamsville TA,Inc Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 12 / 04 / 2020
Transaction ID : SA11AI.68609
 Amount of Each Receipt this Period 14.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	34.00
TOTAL This Period (last page this line number only).....▶	

**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 362 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. GALVIN, CHRISTOPHER S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 260 S GROVE ST

City EAST AURORA	State NY	Zip Code 14052
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Williamsville TA,Inc	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 266.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2020

Transaction ID : SA11AI.68610

Amount of Each Receipt this Period
 14.00

Memo Item

B. GALVIN, CHRISTOPHER S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 260 S GROVE ST

City EAST AURORA	State NY	Zip Code 14052
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Williamsville TA,Inc	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2020

Transaction ID : SA11AI.68611

Amount of Each Receipt this Period
 14.00

Memo Item

C. GANCI, MIMMA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 133 ARTHUR ST

City MASSAPEQUA PK	State NY	Zip Code 11762
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68613

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	38.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 363 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. GARABEDIAN, DENISE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 504 FARMRANCH RD W
 City BETHPAGE State NY Zip Code 11714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68618
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. GARCIA, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 NOSBAND AVE APT 2G
 City WHITE PLAINS State NY Zip Code 10605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Purchase Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2020
Transaction ID : SA11AI.68619
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. GARCIA, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 NOSBAND AVE APT 2G
 City WHITE PLAINS State NY Zip Code 10605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Purchase Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2020
Transaction ID : SA11AI.68620
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

**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 364 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. GARCIA, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10 NOSBAND AVE APT 2G

City WHITE PLAINS	State NY	Zip Code 10605
----------------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Purchase	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 625.00

Date of Receipt
 12 / 23 / 2020

Transaction ID : SA11AI.68621

Amount of Each Receipt this Period
 25.00

Memo Item

B. GARCIA, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10 NOSBAND AVE APT 2G

City WHITE PLAINS	State NY	Zip Code 10605
----------------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Purchase	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 650.00

Date of Receipt
 12 / 31 / 2020

Transaction ID : SA11AI.68622

Amount of Each Receipt this Period
 25.00

Memo Item

C. GARVEY, JAMES S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1237 WISCONSIN RD

City DERBY	State NY	Zip Code 14047
---------------	-------------	-------------------

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

Name of Employer (for Individual) Frontier Central T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 12 / 21 / 2020

Transaction ID : SA11AI.68625

Amount of Each Receipt this Period
 210.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	260.00
TOTAL This Period (last page this line number only).....	

**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 365 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. GASKILL, SUZANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5135 OLD GOODRICH RD
 City CLARENCE State NY Zip Code 14031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Williamsville TA,Inc Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2020
Transaction ID : SA11AI.68626
 Amount of Each Receipt this Period 15.00
 Memo Item

B. GASKILL, SUZANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5135 OLD GOODRICH RD
 City CLARENCE State NY Zip Code 14031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Williamsville TA,Inc Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2020
Transaction ID : SA11AI.68627
 Amount of Each Receipt this Period 15.00
 Memo Item

C. GASKILL, SUZANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5135 OLD GOODRICH RD
 City CLARENCE State NY Zip Code 14031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Williamsville TA,Inc Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2020
Transaction ID : SA11AI.68628
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 366 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. GASKIN, SILVANA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 HUNTER PL

City SMITHTOWN	State NY	Zip Code 11787
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68630

Amount of Each Receipt this Period
 10.00

Memo Item

B. GATTUSO, SANDRA D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9 PATRICIA LN

City PATCHOGUE	State NY	Zip Code 11772
-------------------	-------------	-------------------

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

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 215.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2020

Transaction ID : SA11AI.68632

Amount of Each Receipt this Period
 10.00

Memo Item

C. GATTUSO, SANDRA D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9 PATRICIA LN

City PATCHOGUE	State NY	Zip Code 11772
-------------------	-------------	-------------------

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

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.68633

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 367 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. GATTUSO, SANDRA D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9 PATRICIA LN

City PATCHOGUE	State NY	Zip Code 11772
-------------------	-------------	-------------------

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

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.68634

Amount of Each Receipt this Period
 10.00

Memo Item

B. GATTUSO, SANDRA D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9 PATRICIA LN

City PATCHOGUE	State NY	Zip Code 11772
-------------------	-------------	-------------------

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

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68635

Amount of Each Receipt this Period
 10.00

Memo Item

C. GEDEON, MARK A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 102 WAXWING CT

City EAST AMHERST	State NY	Zip Code 14051
----------------------	-------------	-------------------

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

Name of Employer (for Individual) TA Cheektowaga-Sloan	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68639

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 368 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. GEIGER, AMY M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 SCHOOL HOUSE RD UNIT 4H
 City PEEKSKILL State NY Zip Code 10566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KATONAH-LEWIS DIS TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68642
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. GEJERMAN, MICHELLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8653 CLIO ST
 City HOLLIS State NY Zip Code 11423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68644
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. GEMINO, KRISTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 43 BERKSHIRE RD
 City ROCKVILLE CENTRE State NY Zip Code 11570
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oceanside Fed Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68645
 Amount of Each Receipt this Period
 210.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	470.00
TOTAL This Period (last page this line number only).....▶	

**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 369 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. GENNA, DANA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 BRIAN ST
 City PLAINVIEW State NY Zip Code 11803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68647
 Amount of Each Receipt this Period 10.00
 Memo Item

B. GENTILCORE, TYLER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 ELLIOTT PL APT 5B
 City SMITHTOWN State NY Zip Code 11877
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68649
 Amount of Each Receipt this Period 10.00
 Memo Item

C. GEORGE, ANTHONY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2216 SHERMAN AVE
 City NORTH COLLINS State NY Zip Code 14111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lake Shore Cent T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2020
Transaction ID : SA11AI.68650
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶
TOTAL This Period (last page this line number only)..... ▶

40.00

**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 370 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. GEORGE, ANTHONY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2216 SHERMAN AVE

City NORTH COLLINS	State NY	Zip Code 14111
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Lake Shore Cent T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2020

Transaction ID : SA11AI.68651

Amount of Each Receipt this Period
 20.00

Memo Item

B. GEORGE, ANTHONY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2216 SHERMAN AVE

City NORTH COLLINS	State NY	Zip Code 14111
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Lake Shore Cent T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68652

Amount of Each Receipt this Period
 20.00

Memo Item

C. GEORGE, TIMOTHY A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 24 CRANBROOK RD

City TONAWANDA	State NY	Zip Code 14150
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Kenmore Tchrs Assn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68655

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	50.00
TOTAL This Period (last page this line number only).....	

**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 371 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. GERHOLD, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30E WHITNEY RIDGE RD APT 9

City FAIRPORT	State NY	Zip Code 14450
------------------	-------------	-------------------

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

Name of Employer (for Individual) Rochester T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.68657

Amount of Each Receipt this Period
 10.00

Memo Item

B. GERKEN, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3602 CUMBERLAND LN

City HAMBURG	State NY	Zip Code 14075
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Lake Shore Cent T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 12 / 04 / 2020
Transaction ID : SA11AI.68658

Amount of Each Receipt this Period
 20.00

Memo Item

C. GERKEN, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3602 CUMBERLAND LN

City HAMBURG	State NY	Zip Code 14075
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Lake Shore Cent T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 380.00

Date of Receipt
 12 / 18 / 2020
Transaction ID : SA11AI.68659

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	50.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 372 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. GERKEN, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3602 CUMBERLAND LN

City HAMBURG	State NY	Zip Code 14075
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Lake Shore Cent T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68660

Amount of Each Receipt this Period
 20.00

Memo Item

B. Gersten, Manda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 190 GARTH RD APT 4R

City SCARSDALE	State NY	Zip Code 10583
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Bronxville T.A.	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020

Transaction ID : SA11AI.68565

Amount of Each Receipt this Period
 20.00

Memo Item

C. Gersten, Manda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 190 GARTH RD APT 4R

City SCARSDALE	State NY	Zip Code 10583
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Bronxville T.A.	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68566

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).....▶	

**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 373 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. GIACCONE, JACQUELINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1064 GOLDFOOT RD

City GLENVILLE	State NY	Zip Code 12302
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Niskayuna T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020

Transaction ID : SA11AI.68662

Amount of Each Receipt this Period
 40.00

Memo Item

B. GIACCONE, JACQUELINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1064 GOLDFOOT RD

City GLENVILLE	State NY	Zip Code 12302
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Niskayuna T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68663

Amount of Each Receipt this Period
 60.00

Memo Item

C. GIATTINO, LORI B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2700 EDGEWOOD AVE

City SCHENECTADY	State NY	Zip Code 12306
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Mohonasen Tchrs Assn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 206.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.68664

Amount of Each Receipt this Period
 206.64

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	306.64
TOTAL This Period (last page this line number only).....▶	

**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 374 OF 1094
	<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"/>	<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. GIATTINO, LORI B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2700 EDGEWOOD AVE

City SCHENECTADY	State NY	Zip Code 12306
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Mohonasen Tchrs Assn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 223.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.68665

Amount of Each Receipt this Period
 16.67

Memo Item

B. Gibson, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 52

City GLEN HEAD	State NY	Zip Code 11545
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Mineola T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020

Transaction ID : SA11AI.68567

Amount of Each Receipt this Period
 25.00

Memo Item

C. Gibson, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 52

City GLEN HEAD	State NY	Zip Code 11545
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Mineola T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68568

Amount of Each Receipt this Period
 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	66.67
TOTAL This Period (last page this line number only).....▶	

**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 375 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. GIELOW, JASON A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3844 KNOTTINGWOOD DR

City N TONAWANDA	State NY	Zip Code 14120
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Starpoint T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68667

Amount of Each Receipt this Period
 20.00

Memo Item

B. GILBERT, DEBORAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4894 ROYAL CRAB AVE

City SYRACUSE	State NY	Zip Code 13215
------------------	-------------	-------------------

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

Name of Employer (for Individual) Syracuse T A Inc	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2020

Transaction ID : SA11AI.68670

Amount of Each Receipt this Period
 209.00

Memo Item

C. GILBERT, DEBORAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4894 ROYAL CRAB AVE

City SYRACUSE	State NY	Zip Code 13215
------------------	-------------	-------------------

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

Name of Employer (for Individual) Syracuse T A Inc	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.68671

Amount of Each Receipt this Period
 11.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	240.00
TOTAL This Period (last page this line number only).....▶	

**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 376 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. GILES, ALLYSON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 46 GOSHEN ST
 City DEER PARK State NY Zip Code 11729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68673
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. GILHAM, JENNIFER E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28 MEADOW SPRING LN
 City EAST AMHERST State NY Zip Code 14051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kenmore Tchrs Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68675
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. Gillette, Laraine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 CORTLAND DR
 City LOUDONVILLE State NY Zip Code 12211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) E Greenbush T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.68569
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	40.00
TOTAL This Period (last page this line number only).....▶	

**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 377 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Gillette, Laraine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9 CORTLAND DR

City LOUDONVILLE	State NY	Zip Code 12211
---------------------	-------------	-------------------

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

Name of Employer (for Individual) E Greenbush T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68570

Amount of Each Receipt this Period
 20.00

Memo Item

B. GLANTON, KIMBERLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 145 E BROOK RD

City PITTSFORD	State NY	Zip Code 14534
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Rush Henrietta E A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68680

Amount of Each Receipt this Period
 209.00

Memo Item

C. GLAZENBURG, ZHANNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 141 COLABAUGH POND RD

City CROTON ON HUDSON	State NY	Zip Code 10520
--------------------------	-------------	-------------------

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

Name of Employer (for Individual) Croton Tchrs Assn	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 208.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.68685

Amount of Each Receipt this Period
 208.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	437.00
TOTAL This Period (last page this line number only).....▶	

**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 378 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. GLICK, PHILIP L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 DAUPHIN DR
 City WILLIAMSVILLE State NY Zip Code 14221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Buffalo HSC Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2020
Transaction ID : SA11Al.68686
 Amount of Each Receipt this Period 25.00
 Memo Item

B. GLICK, PHILIP L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 DAUPHIN DR
 City WILLIAMSVILLE State NY Zip Code 14221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Buffalo HSC Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2020
Transaction ID : SA11Al.68687
 Amount of Each Receipt this Period 25.00
 Memo Item

C. GLICK, PHILIP L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 DAUPHIN DR
 City WILLIAMSVILLE State NY Zip Code 14221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Buffalo HSC Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 620.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2020
Transaction ID : SA11Al.68688
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

**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 379 OF 1094
	<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	

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. GLICK, PHILIP L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 DAUPHIN DR
 City WILLIAMSVILLE State NY Zip Code 14221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Buffalo HSC Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 645.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68689
 Amount of Each Receipt this Period 25.00
 Memo Item

B. GLIECO, MEGHAN E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 130 HALWILL DR
 City AMHERST State NY Zip Code 14226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Williamsville TA,Inc Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 413.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2020
Transaction ID : SA11AI.68691
 Amount of Each Receipt this Period 9.00
 Memo Item

C. GLIECO, MEGHAN E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 130 HALWILL DR
 City AMHERST State NY Zip Code 14226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Williamsville TA,Inc Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 422.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2020
Transaction ID : SA11AI.68692
 Amount of Each Receipt this Period 9.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	43.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 380 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. GLIECO, MEGHAN E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 130 HALWILL DR
 City AMHERST State NY Zip Code 14226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Williamsville TA,Inc Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 431.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2020
Transaction ID : SA11AI.68693
 Amount of Each Receipt this Period 9.00
 Memo Item

B. GLIECO, PAUL M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 130 HALWILL DR
 City AMHERST State NY Zip Code 14226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) West Seneca TA,Inc Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2020
Transaction ID : SA11AI.68694
 Amount of Each Receipt this Period 30.00
 Memo Item

C. GLIECO, PAUL M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 130 HALWILL DR
 City AMHERST State NY Zip Code 14226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) West Seneca TA,Inc Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68695
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	69.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 381 OF 1094 (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. GLIECO, PAUL M, , ,			Date of Receipt <table border="1" style="width: 100%;"> <tr> <td style="width: 33%;">M M M</td> <td style="width: 33%;">D D D</td> <td style="width: 33%;">Y Y Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">12</td> <td style="text-align: center;">31</td> <td style="text-align: center;">2020</td> </tr> </table>			M M M	D D D	Y Y Y Y Y Y	12	31	2020
M M M	D D D	Y Y Y Y Y Y									
12	31	2020									
Mailing Address 130 HALWILL DR			Transaction ID : SA11AI.68696								
City AMHERST	State NY	Zip Code 14226	Amount of Each Receipt this Period <table border="1" style="width: 100%;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right;">30.00</td> </tr> </table>				30.00				
	30.00										
FEC ID number of contributing federal political committee. <table border="1" style="width: 100%;"> <tr> <td style="width: 5%; text-align: center;">C</td> <td style="width: 95%;"></td> </tr> </table>			C		<input type="checkbox"/> Memo Item						
C											
Name of Employer (for Individual) West Seneca TA,Inc		Occupation (for Individual) TEACHER									
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1" style="width: 100%;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right;">690.00</td> </tr> </table>					690.00				
	690.00										

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. GOEHNER, CAROL, , ,			Date of Receipt <table border="1" style="width: 100%;"> <tr> <td style="width: 33%;">M M M</td> <td style="width: 33%;">D D D</td> <td style="width: 33%;">Y Y Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">12</td> <td style="text-align: center;">31</td> <td style="text-align: center;">2020</td> </tr> </table>			M M M	D D D	Y Y Y Y Y Y	12	31	2020
M M M	D D D	Y Y Y Y Y Y									
12	31	2020									
Mailing Address 122 MANOR DR			Transaction ID : SA11AI.68700								
City NORTH SYRACUSE	State NY	Zip Code 13212	Amount of Each Receipt this Period <table border="1" style="width: 100%;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right;">10.00</td> </tr> </table>				10.00				
	10.00										
FEC ID number of contributing federal political committee. <table border="1" style="width: 100%;"> <tr> <td style="width: 5%; text-align: center;">C</td> <td style="width: 95%;"></td> </tr> </table>			C		<input type="checkbox"/> Memo Item						
C											
Name of Employer (for Individual) N Syracuse Educ Assn		Occupation (for Individual) TEACHER									
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1" style="width: 100%;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right;">210.00</td> </tr> </table>					210.00				
	210.00										

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Golden, David, , ,			Date of Receipt <table border="1" style="width: 100%;"> <tr> <td style="width: 33%;">M M M</td> <td style="width: 33%;">D D D</td> <td style="width: 33%;">Y Y Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">11</td> <td style="text-align: center;">30</td> <td style="text-align: center;">2020</td> </tr> </table>			M M M	D D D	Y Y Y Y Y Y	11	30	2020
M M M	D D D	Y Y Y Y Y Y									
11	30	2020									
Mailing Address 4 ROYAL OAK DR			Transaction ID : SA11AI.68571								
City CLIFTON PARK	State NY	Zip Code 12065	Amount of Each Receipt this Period <table border="1" style="width: 100%;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right;">50.00</td> </tr> </table>				50.00				
	50.00										
FEC ID number of contributing federal political committee. <table border="1" style="width: 100%;"> <tr> <td style="width: 5%; text-align: center;">C</td> <td style="width: 95%;"></td> </tr> </table>			C		<input type="checkbox"/> Memo Item						
C											
Name of Employer (for Individual) Retiree Council 10		Occupation (for Individual) TEACHER									
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ <table border="1" style="width: 100%;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right;">550.00</td> </tr> </table>					550.00				
	550.00										

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right;">90.00</td> </tr> </table>		90.00
	90.00		
TOTAL This Period (last page this line number only).....▶	<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%;"></td> </tr> </table>		

**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 382 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Golden, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 ROYAL OAK DR
 City CLIFTON PARK State NY Zip Code 12065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retiree Council 10 Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68572
 Amount of Each Receipt this Period 50.00
 Memo Item

B. GOLDEN, MARC, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 309 DIX HILLS RD
 City DIX HILLS State NY Zip Code 11746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68704
 Amount of Each Receipt this Period 10.00
 Memo Item

C. GOMEZ, MELANIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 75 WESTCHESTER VIEW LN
 City WHITE PLAINS State NY Zip Code 10607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Edgemont T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68708
 Amount of Each Receipt this Period 160.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	220.00
TOTAL This Period (last page this line number only).....	

**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 383 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. GOODIN, MICHELYN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 377 N BROADWAY APT 325

City YONKERS	State NY	Zip Code 10701
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 12 / 01 / 2020
Transaction ID : SA11AI.68711

Amount of Each Receipt this Period
 10.00

Memo Item

B. GOODIN, MICHELYN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 377 N BROADWAY APT 325

City YONKERS	State NY	Zip Code 10701
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 12 / 16 / 2020
Transaction ID : SA11AI.68712

Amount of Each Receipt this Period
 10.00

Memo Item

C. GOODIN, MICHELYN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 377 N BROADWAY APT 325

City YONKERS	State NY	Zip Code 10701
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 12 / 24 / 2020
Transaction ID : SA11AI.68713

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 384 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. GOODIN, MICHELYN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 377 N BROADWAY APT 325

City YONKERS	State NY	Zip Code 10701
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68714

Amount of Each Receipt this Period
 10.00

Memo Item

B. GORDON, LISA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 74 VANDEWATER ST

City FARMINGDALE	State NY	Zip Code 11735
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68718

Amount of Each Receipt this Period
 10.00

Memo Item

C. GORMAN, Clare, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 24 BRONX ST

City TUCKAHOE	State NY	Zip Code 10707
------------------	-------------	-------------------

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

Name of Employer (for Individual) Bronxville T.A.	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020

Transaction ID : SA11AI.68573

Amount of Each Receipt this Period
 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

**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 385 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. GORMAN, Clare, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 24 BRONX ST

City TUCKAHOE	State NY	Zip Code 10707
------------------	-------------	-------------------

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

Name of Employer (for Individual) Bronxville T.A.	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68574

Amount of Each Receipt this Period
 25.00

Memo Item

B. GORMAN, ERIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 64 FOWLER AVE PH

City YONKERS	State NY	Zip Code 10701
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 290.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020

Transaction ID : SA11AI.68719

Amount of Each Receipt this Period
 10.00

Memo Item

C. GORMAN, ERIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 64 FOWLER AVE PH

City YONKERS	State NY	Zip Code 10701
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
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Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020

Transaction ID : SA11AI.68720

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

**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 386 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. GORMAN, ERIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 64 FOWLER AVE PH

City YONKERS	State NY	Zip Code 10701
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020

Transaction ID : SA11AI.68721

Amount of Each Receipt this Period
 10.00

Memo Item

B. GORMAN, ERIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 64 FOWLER AVE PH

City YONKERS	State NY	Zip Code 10701
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68722

Amount of Each Receipt this Period
 10.00

Memo Item

C. GOWANS, MICHELE W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4128 STATE ROUTE 104

City MEXICO	State NY	Zip Code 13114
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hannibal FA	Occupation (for Individual) TEACHER
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Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68724

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 387 OF 1094
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. GRAHAM, KATHRYN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 CLAYTON MANOR DR S, APT 9
 City LIVERPOOL State NY Zip Code 13088
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N Syracuse Educ Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68730
 Amount of Each Receipt this Period 10.00
 Memo Item

B. GRANDE, KATELIN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 146
 City MOUNT MARION State NY Zip Code 12456
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rhinebeck T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2020
Transaction ID : SA11AI.68732
 Amount of Each Receipt this Period 10.00
 Memo Item

C. GRANDE, KATELIN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 146
 City MOUNT MARION State NY Zip Code 12456
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rhinebeck T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68733
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶
TOTAL This Period (last page this line number only).....▶

30.00

**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 388 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. GRANDE, KATELIN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 146
 City MOUNT MARION State NY Zip Code 12456
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rhinebeck T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68734
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. GRANGER, DAVID A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4881 TRIPHAMMER RD
 City GENESEO State NY Zip Code 14454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Geneseo Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68737
 Amount of Each Receipt this Period
 8.00
 Memo Item

C. GRATTAN, STEPHANIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31 PARKVIEW CT
 City TROY State NY Zip Code 12180
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Schenectady Fed Tchr Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68739
 Amount of Each Receipt this Period
 10.53
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	28.53
TOTAL This Period (last page this line number only).....	

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 389 OF 1094
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. GRAVES, KRISTINA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 544 LAKEVIEW RD
 City BROADALBIN State NY Zip Code 12025
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Schenectady Fed Tchr Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68741
 Amount of Each Receipt this Period
 10.53
 Memo Item

B. GRAZIOSI, ROCCO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 JOHNSON CT
 City EAST NORWICH State NY Zip Code 11732
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68743
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. GREEN, EDWARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 GALLOWAY RD
 City WARWICK State NY Zip Code 10990
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Town of Highlands TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68746
 Amount of Each Receipt this Period
 205.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	225.53
TOTAL This Period (last page this line number only).....	

**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 390 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. GREEN, EDWARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 GALLOWAY RD

City WARWICK	State NY	Zip Code 10990
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Town of Highlands TA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 215.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68747

Amount of Each Receipt this Period
 10.00

Memo Item

B. GREEN, EDWARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 GALLOWAY RD

City WARWICK	State NY	Zip Code 10990
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Town of Highlands TA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68748

Amount of Each Receipt this Period
 10.00

Memo Item

C. GREENLEY-CAPU, PATRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 47 ROMA ORCHARD RD

City PEEKSKILL	State NY	Zip Code 10566
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 232.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020

Transaction ID : SA11AI.68749

Amount of Each Receipt this Period
 8.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	28.00
TOTAL This Period (last page this line number only).....	

**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 391 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. GREENLEY-CAPU, PATRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 47 ROMA ORCHARD RD

City PEEKSKILL	State NY	Zip Code 10566
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020

Transaction ID : SA11AI.68750

Amount of Each Receipt this Period
 8.00

Memo Item

B. GREENLEY-CAPU, PATRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 47 ROMA ORCHARD RD

City PEEKSKILL	State NY	Zip Code 10566
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 248.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020

Transaction ID : SA11AI.68751

Amount of Each Receipt this Period
 8.00

Memo Item

C. GREENLEY-CAPU, PATRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 47 ROMA ORCHARD RD

City PEEKSKILL	State NY	Zip Code 10566
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 256.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68752

Amount of Each Receipt this Period
 8.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	24.00
TOTAL This Period (last page this line number only).....	

**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 392 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. GREFFRATH, RICHARD F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 34 MARY AVE
 City LAKE KATRINE State NY Zip Code 12449
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ellenville TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 207.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68761
 Amount of Each Receipt this Period
 207.00
 Memo Item

B. GREGORY, CAROLYN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 619 CURRY RD
 City ROTTERDAM State NY Zip Code 12306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Niskayuna T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68762
 Amount of Each Receipt this Period
 220.00
 Memo Item

C. GREGOV, DIANE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1283 LEDNAM CT
 City MERRICK State NY Zip Code 11566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68764
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	437.00
TOTAL This Period (last page this line number only).....	

**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 393 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. GRIGAS, CAREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 ASHFORD LN
 City SCHENECTADY State NY Zip Code 12309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Niskayuna T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68767
 Amount of Each Receipt this Period
 220.00
 Memo Item

B. GRISANTI, LAWRENCE J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 585 N STAR RD
 City EAST AURORA State NY Zip Code 14052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) E Aurora Fac Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.68768
 Amount of Each Receipt this Period
 26.00
 Memo Item

C. GRISANTI, LAWRENCE J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 585 N STAR RD
 City EAST AURORA State NY Zip Code 14052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) E Aurora Fac Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68769
 Amount of Each Receipt this Period
 26.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	272.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 394 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Groeger, Warren, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 224 JEFFERSON DR

City PALMYRA	State VA	Zip Code 22963
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Retiree Council 15	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 11 / 30 / 2020
Transaction ID : SA11AI.68575

Amount of Each Receipt this Period
 20.00

Memo Item

B. Groeger, Warren, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 224 JEFFERSON DR

City PALMYRA	State VA	Zip Code 22963
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Retiree Council 15	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 242.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.68576

Amount of Each Receipt this Period
 22.00

Memo Item

C. GROSS, ERICA R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 23 TEXACO AVE APT 107

City PORT JEFFERSON	State NY	Zip Code 11777
------------------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Stony Brook HSC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 11 / 24 / 2020
Transaction ID : SA11AI.68772

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	52.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 395 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. GROSS, ERICA R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23 TEXACO AVE APT 107
 City PORT JEFFERSON State NY Zip Code 11777
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Stony Brook HSC Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2020
Transaction ID : SA11AI.68773
 Amount of Each Receipt this Period 10.00
 Memo Item

B. GROSS, ERICA R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23 TEXACO AVE APT 107
 City PORT JEFFERSON State NY Zip Code 11777
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Stony Brook HSC Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2020
Transaction ID : SA11AI.68774
 Amount of Each Receipt this Period 10.00
 Memo Item

C. GROSS, ERICA R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23 TEXACO AVE APT 107
 City PORT JEFFERSON State NY Zip Code 11777
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Stony Brook HSC Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68775
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 30.00
TOTAL This Period (last page this line number only).....▶

**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 396 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. GROSS, RONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 OLD MASTIC DR
 City MASTIC BEACH State NY Zip Code 11951
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wm Floyd United Tchr Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.09

Date of Receipt 12 / 16 / 2020
Transaction ID : SA11AI.68777
 Amount of Each Receipt this Period 211.09
 Memo Item

B. GROSSBACH, MEREDITH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 169 WHITE RD
 City SCARSDALE State NY Zip Code 10583
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Scarsdale T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 12 / 02 / 2020
Transaction ID : SA11AI.68778
 Amount of Each Receipt this Period 15.00
 Memo Item

C. GROSSBACH, MEREDITH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 169 WHITE RD
 City SCARSDALE State NY Zip Code 10583
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Scarsdale T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 12 / 29 / 2020
Transaction ID : SA11AI.68779
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	241.09
TOTAL This Period (last page this line number only).....	

**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 397 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. GROSSMAN, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 130 ARLINGTON AVE
 City PORT JEFFERSON State NY Zip Code 11777
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mt Sinai Tchrs Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68781
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. GROSSO, MICHAEL A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4009 SUSSEX PL
 City HAMBURG State NY Zip Code 14075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Grand Island TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.68782
 Amount of Each Receipt this Period
 12.50
 Memo Item

C. GROSSO, MICHAEL A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4009 SUSSEX PL
 City HAMBURG State NY Zip Code 14075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Grand Island TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 237.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.68783
 Amount of Each Receipt this Period
 12.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	35.00
TOTAL This Period (last page this line number only).....	

**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 398 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. GROSSO, MICHAEL A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4009 SUSSEX PL

City HAMBURG	State NY	Zip Code 14075
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Grand Island TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.68784

Amount of Each Receipt this Period
 12.50

Memo Item

B. GROSSO, MICHAEL A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4009 SUSSEX PL

City HAMBURG	State NY	Zip Code 14075
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Grand Island TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 262.50

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.68785

Amount of Each Receipt this Period
 12.50

Memo Item

C. GROVES, JESSICA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 377 MCFADDEN RD

City APALACHIN	State NY	Zip Code 13732
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) VESTAL TEACHERS ASSN	Occupation (for Individual) TEACHER
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Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.68788

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	35.00
TOTAL This Period (last page this line number only).....▶	

**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 399 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
GRUBER, KRISTA L, , ,

Mailing Address **97 GRANDVIEW LN**

City SMITHTOWN	State NY	Zip Code 11787
--------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
---	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **208.00**

Date of Receipt
12 / 29 / 2020

Transaction ID : SA11AI.68790

Amount of Each Receipt this Period
8.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
GRUBER, KRISTA L, , ,

Mailing Address **97 GRANDVIEW LN**

City SMITHTOWN	State NY	Zip Code 11787
--------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
---	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **216.00**

Date of Receipt
12 / 31 / 2020

Transaction ID : SA11AI.68791

Amount of Each Receipt this Period
8.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
GRUNERT, LINDA, , ,

Mailing Address **179 HARBOR LN**

City MASSAPEQUA PARK	State NY	Zip Code 11762
--------------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
---	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
12 / 31 / 2020

Transaction ID : SA11AI.68793

Amount of Each Receipt this Period
10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	26.00
TOTAL This Period (last page this line number only).....	

**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 400 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. GUERNSEY, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 LARK ST

City SCOTIA	State NY	Zip Code 12302
----------------	-------------	-------------------

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

Name of Employer (for Individual) Schenectady Fed Tchr	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 447.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2020

Transaction ID : SA11AI.68796

Amount of Each Receipt this Period
 26.32

Memo Item

B. GUERNSEY, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 LARK ST

City SCOTIA	State NY	Zip Code 12302
----------------	-------------	-------------------

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

Name of Employer (for Individual) Schenectady Fed Tchr	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 473.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.68797

Amount of Each Receipt this Period
 26.32

Memo Item

C. GUERNSEY, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 LARK ST

City SCOTIA	State NY	Zip Code 12302
----------------	-------------	-------------------

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

Name of Employer (for Individual) Schenectady Fed Tchr	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68798

Amount of Each Receipt this Period
 26.32

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	78.96
TOTAL This Period (last page this line number only).....▶	

**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 401 OF 1094
	<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	

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. GUGLIELMI, ELIZABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 44 DEERWOOD TRL
 City LAKE PLACID State NY Zip Code 12946
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Saranac Lake TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68800
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. GUIDO, Carol, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 204 BROOKHAVEN RD
 City N SYRACUSE State NY Zip Code 13212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N Syracuse Educ Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68802
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. GUILHERME, CHRISTINA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 REDWOOD DR
 City DIX HILLS State NY Zip Code 11746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68805
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 402 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. GUSTAFSON, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2934 BAYSIDE CT

City WANTAGH	State NY	Zip Code 11793
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68808

Amount of Each Receipt this Period
 10.00

Memo Item

B. Hafner, Barbara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 202 WALKER PL

City WEST HEMPSTEAD	State NY	Zip Code 11552
------------------------	-------------	-------------------

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

Name of Employer (for Individual) West Hempstead E A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 470.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68809

Amount of Each Receipt this Period
 20.00

Memo Item

C. HAFNER, TERESA PERR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1A CARNEGIE AVE

City COLD SPRING HARBO	State NY	Zip Code 11724
---------------------------	-------------	-------------------

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

Name of Employer (for Individual) Mineola T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 212.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68839

Amount of Each Receipt this Period
 12.50

Memo Item

SUBTOTAL of Receipts This Page (optional).....	42.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 403 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. HAGAN, NEAL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 301 LITCHFIELD AVE
 City BABYLON State NY Zip Code 11702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68841
 Amount of Each Receipt this Period 10.00
 Memo Item

B. HAGGERTY, DENISE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 58 BARBARA DR
 City CENTEREACH State NY Zip Code 11720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) F A Of Suffolk CC Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2020
Transaction ID : SA11AI.68842
 Amount of Each Receipt this Period 15.00
 Memo Item

C. HAGGERTY, DENISE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 58 BARBARA DR
 City CENTEREACH State NY Zip Code 11720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) F A Of Suffolk CC Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68843
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	40.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 404 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. HAGGERTY, DENISE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 58 BARBARA DR

City CENTEREACH	State NY	Zip Code 11720
--------------------	-------------	-------------------

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

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.68844

Amount of Each Receipt this Period
 15.00

Memo Item

B. HAGGERTY, DENISE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 58 BARBARA DR

City CENTEREACH	State NY	Zip Code 11720
--------------------	-------------	-------------------

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

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 405.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68845

Amount of Each Receipt this Period
 15.00

Memo Item

C. HAHN, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 601 NELSON AVE

City PEEKSKILL	State NY	Zip Code 10566
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Peekskill Fac Assn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68847

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	40.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 405 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. HAKES, DAVID J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **61 BARRETTTS AVE**

City HOLTSVILLE	State NY	Zip Code 11742
---------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) Garden City T A	Occupation (for Individual) TEACHER
---	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **352.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2020

Transaction ID : SA11AI.68848

Amount of Each Receipt this Period

22.00

 Memo Item

B. HAKULIN, BRANDON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **8 ROLLING BROOK CT**

City CLIFTON PARK	State NY	Zip Code 12065
-----------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) Niskayuna T A	Occupation (for Individual) TEACHER
---	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2020

Transaction ID : SA11AI.68849

Amount of Each Receipt this Period

220.00

 Memo Item

C. HALBSTEIN, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **117 PLEASANT DR**

City FARMINGDALE	State NY	Zip Code 11735
----------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
---	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2020

Transaction ID : SA11AI.68852

Amount of Each Receipt this Period

10.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	252.00
TOTAL This Period (last page this line number only).....▶	

**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 406 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. HALEY, SHAWN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5507 PRESIDENTIAL WAY
 City LOCKPORT State NY Zip Code 14094
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lockport E A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2020
Transaction ID : SA11AI.68853
 Amount of Each Receipt this Period
 18.75
 Memo Item

B. HALEY, SHAWN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5507 PRESIDENTIAL WAY
 City LOCKPORT State NY Zip Code 14094
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lockport E A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 281.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68854
 Amount of Each Receipt this Period
 18.75
 Memo Item

C. HALEY, SHAWN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5507 PRESIDENTIAL WAY
 City LOCKPORT State NY Zip Code 14094
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lockport E A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68855
 Amount of Each Receipt this Period
 18.75
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	56.25
TOTAL This Period (last page this line number only).....	

**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 407 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. HALL, MARY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 175 NORTH ST APT 111

City BUFFALO	State NY	Zip Code 14201
-----------------	-------------	-------------------

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

Name of Employer (for Individual) BUFFALO TCHR FED INC	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020

Transaction ID : SA11AI.68856

Amount of Each Receipt this Period
 15.00

Memo Item

B. HALL, MARY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 175 NORTH ST APT 111

City BUFFALO	State NY	Zip Code 14201
-----------------	-------------	-------------------

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

Name of Employer (for Individual) BUFFALO TCHR FED INC	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020

Transaction ID : SA11AI.68857

Amount of Each Receipt this Period
 15.00

Memo Item

C. HALL, MARY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 175 NORTH ST APT 111

City BUFFALO	State NY	Zip Code 14201
-----------------	-------------	-------------------

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

Name of Employer (for Individual) BUFFALO TCHR FED INC	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.68858

Amount of Each Receipt this Period
 15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	45.00
TOTAL This Period (last page this line number only).....	

**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 408 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. HALLERAN-DONO, MEGAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 149 Old Cedar Swamp Rd
 City Jericho State NY Zip Code 11753
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68861
 Amount of Each Receipt this Period 10.00
 Memo Item

B. HALLIGAN, SHEILA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1815 PALMER AVE APT 1S
 City LARCHMONT State NY Zip Code 10538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020
Transaction ID : SA11AI.68862
 Amount of Each Receipt this Period 10.00
 Memo Item

C. HALLIGAN, SHEILA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1815 PALMER AVE APT 1S
 City LARCHMONT State NY Zip Code 10538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.68863
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**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 409 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. HALLIGAN, SHEILA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1815 PALMER AVE APT 1S
 City LARCHMONT State NY Zip Code 10538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 12 / 24 / 2020
Transaction ID : SA11AI.68864
 Amount of Each Receipt this Period 10.00
 Memo Item

B. HALLIGAN, SHEILA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1815 PALMER AVE APT 1S
 City LARCHMONT State NY Zip Code 10538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.68865
 Amount of Each Receipt this Period 10.00
 Memo Item

C. HALSTEAD, DAWN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1179 CALIFORNIA RD APT 2L
 City EASTCHESTER State NY Zip Code 10709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 232.00

Date of Receipt 12 / 01 / 2020
Transaction ID : SA11AI.68866
 Amount of Each Receipt this Period 8.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	28.00
TOTAL This Period (last page this line number only).....	

**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 410 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. HALSTEAD, DAWN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1179 CALIFORNIA RD APT 2L
 City EASTCHESTER State NY Zip Code 10709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.68867
 Amount of Each Receipt this Period 8.00
 Memo Item

B. HALSTEAD, DAWN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1179 CALIFORNIA RD APT 2L
 City EASTCHESTER State NY Zip Code 10709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 248.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020
Transaction ID : SA11AI.68868
 Amount of Each Receipt this Period 8.00
 Memo Item

C. HALSTEAD, DAWN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1179 CALIFORNIA RD APT 2L
 City EASTCHESTER State NY Zip Code 10709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 256.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68869
 Amount of Each Receipt this Period 8.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	24.00
TOTAL This Period (last page this line number only).....	

**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 411 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. HAMILTON, RACHEL L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 416 78TH ST
 City NIAGARA FALLS State NY Zip Code 14304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Starpoint T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68872
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. HAMMERL, LINDA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 ROSEWOOD DR
 City BUFFALO State NY Zip Code 14221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Starpoint T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.68878
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. HAMMERL, LINDA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 ROSEWOOD DR
 City BUFFALO State NY Zip Code 14221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Starpoint T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.68879
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	70.00
TOTAL This Period (last page this line number only).....▶	

**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 412 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. HAMMERL, LINDA M, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020		
Mailing Address 60 ROSEWOOD DR			Transaction ID : SA11AI.68880		
City BUFFALO	State NY	Zip Code 14221	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) Starpoint T A		Occupation (for Individual) TEACHER			
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. HAMMON, CAROL R, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 29 / 2020		
Mailing Address 505 COREY RD			Transaction ID : SA11AI.68881		
City SYRACUSE	State NY	Zip Code 13219	Amount of Each Receipt this Period 210.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) Solvay T A		Occupation (for Individual) TEACHER			
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. HAND, KENNETH M, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 08 / 2020		
Mailing Address 6307 STATE ROUTE 26			Transaction ID : SA11AI.68884		
City WHITNEY POINT	State NY	Zip Code 13862	Amount of Each Receipt this Period 1.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) Whitney Point T A		Occupation (for Individual) TEACHER			
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 426.00			

SUBTOTAL of Receipts This Page (optional).....▶	236.00
TOTAL This Period (last page this line number only).....▶	

**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 413 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. HAND, KENNETH M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6307 STATE ROUTE 26

City WHITNEY POINT	State NY	Zip Code 13862
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Whitney Point T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 427.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.68885

Amount of Each Receipt this Period
 1.00

Memo Item

B. HAND, KENNETH M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6307 STATE ROUTE 26

City WHITNEY POINT	State NY	Zip Code 13862
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Whitney Point T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 428.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.68886

Amount of Each Receipt this Period
 1.00

Memo Item

C. HANNIS-MCCAIN, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 233 LINDORF ST

City ULSTER PARK	State NY	Zip Code 12487
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Rondout Val FT & SRP	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68888

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	12.00
TOTAL This Period (last page this line number only).....	

**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 414 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. HANSEN, JOYCE V, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 125 LETHA LN
 City LEXINGTON State SC Zip Code 29072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Fed. Tchrs. Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2020
Transaction ID : SA11AI.68890
 Amount of Each Receipt this Period
 240.00
 Memo Item

B. HANSEN, NICOLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 BARTEL DR
 City GREENLAWN State NY Zip Code 11740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68892
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. HANSEN, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22 MALLAR AVE
 City BAY SHORE State NY Zip Code 11706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68894
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	260.00
TOTAL This Period (last page this line number only).....▶	

**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 415 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. HANSONBROOK, JONATHAN R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 JESSITAR RD
 City NORTH SALEM State NY Zip Code 10560
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Edgemont T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68897
 Amount of Each Receipt this Period
 160.00
 Memo Item

B. HARMON, ANTHONY M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 275 VAN BUREN ST
 City BROOKLYN State NY Zip Code 11221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Fed. Tchrs. Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 463.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2020
Transaction ID : SA11AI.68898
 Amount of Each Receipt this Period
 46.30
 Memo Item

C. HARNED, CHRISTOPHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 WILLIAMSBURGH LN
 City NESCONSET State NY Zip Code 11767
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68900
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	216.30
TOTAL This Period (last page this line number only).....▶	

**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 416 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. HARNED, NICOLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 WILLIAMSBURGH LN
 City NESCONSET State NY Zip Code 11767
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68902
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. HARRINGTON, NOREEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 652 ARDSLEY RD
 City SCARSDALE State NY Zip Code 10583
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020
Transaction ID : SA11AI.68903
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. HARRINGTON, NOREEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 652 ARDSLEY RD
 City SCARSDALE State NY Zip Code 10583
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.68904
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 417 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. HARRINGTON, NOREEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 652 ARDSLEY RD
 City SCARSDALE State NY Zip Code 10583
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Yonkers Fed Of Tchrs TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020
Transaction ID : SA11AI.68905
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. HARRINGTON, NOREEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 652 ARDSLEY RD
 City SCARSDALE State NY Zip Code 10583
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Yonkers Fed Of Tchrs TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68906
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. HARRIS, MARJORIE J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9301 SW 92ND AVE APT B211
 City MIAMI State FL Zip Code 33176
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 SEWANHAKA FT TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.68908
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 270.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 418 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. HART, KELLY M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 65 HILLCREST DR
 City WEST SENECA State NY Zip Code 14224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) West Seneca TA,Inc Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68913
 Amount of Each Receipt this Period
 210.00
 Memo Item

B. HART, REBECCA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28 S EAST AVE
 City JOHNSTOWN State NY Zip Code 12095
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Johnstown Tchrs Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68916
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. HARTNETT, JEFFREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13 WOODS CROSS RD
 City WATERVLIET State NY Zip Code 12189
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYSUT Occupation (for Individual) MANAGER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 27 / 2020
Transaction ID : SA11AI.68917
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	245.00
TOTAL This Period (last page this line number only).....▶	

**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 419 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. HARTNETT, JEFFREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13 WOODS CROSS RD

City WATERVLIET	State NY	Zip Code 12189
--------------------	-------------	-------------------

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

Name of Employer (for Individual) NYSUT	Occupation (for Individual) MANAGER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2020

Transaction ID : SA11AI.68918

Amount of Each Receipt this Period
 25.00

Memo Item

B. HARTNETT, JEFFREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13 WOODS CROSS RD

City WATERVLIET	State NY	Zip Code 12189
--------------------	-------------	-------------------

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

Name of Employer (for Individual) NYSUT	Occupation (for Individual) MANAGER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 625.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020

Transaction ID : SA11AI.68919

Amount of Each Receipt this Period
 25.00

Memo Item

C. HARTNETT, JEFFREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13 WOODS CROSS RD

City WATERVLIET	State NY	Zip Code 12189
--------------------	-------------	-------------------

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

Name of Employer (for Individual) NYSUT	Occupation (for Individual) MANAGER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68920

Amount of Each Receipt this Period
 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

**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 420 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. HARTSHORN, WALTER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 75 PROSPECT AVE

City PLATTSBURGH	State NY	Zip Code 12901
---------------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Plattsburgh	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 228.00

Date of Receipt
 11 / 24 / 2020
Transaction ID : SA11AI.68921

Amount of Each Receipt this Period
 6.00

Memo Item

B. HARTSHORN, WALTER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 75 PROSPECT AVE

City PLATTSBURGH	State NY	Zip Code 12901
---------------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Plattsburgh	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 234.00

Date of Receipt
 12 / 09 / 2020
Transaction ID : SA11AI.68922

Amount of Each Receipt this Period
 6.00

Memo Item

C. HARTSHORN, WALTER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 75 PROSPECT AVE

City PLATTSBURGH	State NY	Zip Code 12901
---------------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Plattsburgh	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 12 / 23 / 2020
Transaction ID : SA11AI.68923

Amount of Each Receipt this Period
 6.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	18.00
TOTAL This Period (last page this line number only).....▶	

**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 421 OF 1094
	<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	

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. HARTSHORN, WALTER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 75 PROSPECT AVE

City PLATTSBURGH	State NY	Zip Code 12901
---------------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Plattsburgh	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 246.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68924

Amount of Each Receipt this Period
 6.00

Memo Item

B. HASKEL, REBECCA E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 EDGEWOOD DR

City NEW PALTZ	State NY	Zip Code 12561
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Goshen TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.68925

Amount of Each Receipt this Period
 10.00

Memo Item

C. HASKEL, REBECCA E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 EDGEWOOD DR

City NEW PALTZ	State NY	Zip Code 12561
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Goshen TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.68926

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	26.00
TOTAL This Period (last page this line number only).....	

**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 422 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. HASKEL, REBECCA E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9 EDGEWOOD DR

City NEW PALTZ	State NY	Zip Code 12561
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Goshen TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.68927

Amount of Each Receipt this Period
 10.00

Memo Item

B. HASKEL, REBECCA E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9 EDGEWOOD DR

City NEW PALTZ	State NY	Zip Code 12561
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Goshen TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.68928

Amount of Each Receipt this Period
 10.00

Memo Item

C. HASKEL, REBECCA E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9 EDGEWOOD DR

City NEW PALTZ	State NY	Zip Code 12561
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Goshen TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.68929

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**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 423 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. HASKEL, REBECCA E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 EDGEWOOD DR
 City NEW PALTZ State NY Zip Code 12561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Goshen TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68930
 Amount of Each Receipt this Period 10.00
 Memo Item

B. HASSETT, DAVID A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 58 LINDEN AVE
 City BUFFALO State NY Zip Code 14214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eden Tchrs Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68931
 Amount of Each Receipt this Period 220.00
 Memo Item

C. HATEM, PETER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 75 BRYANT AVE
 City WHITE PLAINS State NY Zip Code 10605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020
Transaction ID : SA11AI.68932
 Amount of Each Receipt this Period 8.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	238.00
TOTAL This Period (last page this line number only).....▶	

**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 424 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. HATEM, PETER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 75 BRYANT AVE

City WHITE PLAINS	State NY	Zip Code 10605
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 248.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020

Transaction ID : SA11AI.68933

Amount of Each Receipt this Period
 8.00

Memo Item

B. HATEM, PETER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 75 BRYANT AVE

City WHITE PLAINS	State NY	Zip Code 10605
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 256.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020

Transaction ID : SA11AI.68934

Amount of Each Receipt this Period
 8.00

Memo Item

C. HATEM, PETER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 75 BRYANT AVE

City WHITE PLAINS	State NY	Zip Code 10605
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 266.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68935

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	26.00
TOTAL This Period (last page this line number only).....	

**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 425 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. HATZICHRISTOS, ROBBIN E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 CROCUS LN
 City COMMACK State NY Zip Code 11725
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Garden City T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2020
Transaction ID : SA11AI.68936
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. Haugen Jr, Hans, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 69 PRINCETON ST
 City ISLIP State NY Zip Code 11751
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) W Babylon T A Inc Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.68810
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. Haugen Jr, Hans, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 69 PRINCETON ST
 City ISLIP State NY Zip Code 11751
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) W Babylon T A Inc Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68811
 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).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 426 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. HAUSER, ELIZABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 441 SAGAMORE AVE

City EAST WILLISTON	State NY	Zip Code 11596
------------------------	-------------	-------------------

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

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68938

Amount of Each Receipt this Period
 10.00

Memo Item

B. Havranek, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 26 PRIMROSE AVE

City YONKERS	State NY	Zip Code 10710
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020

Transaction ID : SA11AI.68812

Amount of Each Receipt this Period
 20.00

Memo Item

C. Havranek, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 26 PRIMROSE AVE

City YONKERS	State NY	Zip Code 10710
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68813

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	

**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 427 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. HAVRANEK, SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 461 PARK AVE

City YONKERS	State NY	Zip Code 10703
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020
Transaction ID : SA11AI.68940

Amount of Each Receipt this Period
 10.00

Memo Item

B. HAVRANEK, SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 461 PARK AVE

City YONKERS	State NY	Zip Code 10703
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.68941

Amount of Each Receipt this Period
 10.00

Memo Item

C. HAVRANEK, SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 461 PARK AVE

City YONKERS	State NY	Zip Code 10703
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020
Transaction ID : SA11AI.68942

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 428 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. HAVRANEK, SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 461 PARK AVE
 City YONKERS State NY Zip Code 10703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68943
 Amount of Each Receipt this Period 10.00
 Memo Item

B. HAWLEY, DAVID M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 WILSHIRE RD
 City SYRACUSE State NY Zip Code 13209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Upstate Medical Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2020
Transaction ID : SA11AI.68946
 Amount of Each Receipt this Period 10.00
 Memo Item

C. HAWLEY, DAVID M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 WILSHIRE RD
 City SYRACUSE State NY Zip Code 13209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Upstate Medical Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2020
Transaction ID : SA11AI.68947
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 30.00
TOTAL This Period (last page this line number only).....▶

**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 429 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. HAWLEY, DAVID M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 WILSHIRE RD
 City SYRACUSE State NY Zip Code 13209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Upstate Medical Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2020
Transaction ID : SA11AI.68948
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. HAWLEY, DAVID M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 WILSHIRE RD
 City SYRACUSE State NY Zip Code 13209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Upstate Medical Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68949
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. HAWTHORN, DAWN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 260 ZIMMERMAN BLVD
 City BUFFALO State NY Zip Code 14223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kenmore Tchrs Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68952
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 430 OF 1094
	<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	

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. HAYES, MARYBETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6645 SANDERS RD
 City LOCKPORT State NY Zip Code 14094
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Starpoint T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68954
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. HAYMAN, JACQUELINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6784 MOREHOUSE FLATS RD
 City JAMESVILLE State NY Zip Code 13078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N Syracuse Educ Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68956
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. HEAD, JESSICA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1334 CALDWELL HILL RD
 City LISLE State NY Zip Code 13797
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Whitney Point T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2020
Transaction ID : SA11AI.68957
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	

**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 431 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. HEAD, JESSICA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1334 CALDWELL HILL RD
 City LISLE State NY Zip Code 13797
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Whitney Point T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68958
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. HEAD, JESSICA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1334 CALDWELL HILL RD
 City LISLE State NY Zip Code 13797
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Whitney Point T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68959
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. Heath, Margaret, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 COLBY RD
 City PORT WASHINGTON State NY Zip Code 11050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pt Washington T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.68814
 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).....▶	

**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 432 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Heath, Margaret, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 COLBY RD
 City PORT WASHINGTON State NY Zip Code 11050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pt Washington T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68815
 Amount of Each Receipt this Period 20.00
 Memo Item

B. HEGGEN, CORINNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42 BAYBERRY DR
 City CLIFTON PARK State NY Zip Code 12065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Schenectady Fed Tchr Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68961
 Amount of Each Receipt this Period 200.40
 Memo Item

C. HEGGEN, CORINNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42 BAYBERRY DR
 City CLIFTON PARK State NY Zip Code 12065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Schenectady Fed Tchr Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.93

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68962
 Amount of Each Receipt this Period 10.53
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	230.93
TOTAL This Period (last page this line number only).....▶	

**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 433 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. HEIDELBERGER, CHRISTINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 LINDEN CT

City NEW CITY	State NY	Zip Code 10956
------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020

Transaction ID : SA11AI.68963

Amount of Each Receipt this Period
8.00

Memo Item

B. HEIDELBERGER, CHRISTINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 LINDEN CT

City NEW CITY	State NY	Zip Code 10956
------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **248.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020

Transaction ID : SA11AI.68964

Amount of Each Receipt this Period
8.00

Memo Item

C. HEIDELBERGER, CHRISTINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 LINDEN CT

City NEW CITY	State NY	Zip Code 10956
------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **256.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020

Transaction ID : SA11AI.68965

Amount of Each Receipt this Period
8.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	24.00
TOTAL This Period (last page this line number only).....	

**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 434 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. HEIDELBERGER, CHRISTINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 LINDEN CT

City NEW CITY	State NY	Zip Code 10956
------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 264.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68966

Amount of Each Receipt this Period
 8.00

Memo Item

B. HEIN, NICOLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 35 RASPBERRY LN

City LEVITTOWN	State NY	Zip Code 11756
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68969

Amount of Each Receipt this Period
 10.00

Memo Item

C. Helvig, Carole, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 600 GUENEVERE DR

City PITTSBURGH	State PA	Zip Code 15237
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Carmel TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 242.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020

Transaction ID : SA11AI.68816

Amount of Each Receipt this Period
 22.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	40.00
TOTAL This Period (last page this line number only).....▶	

**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 435 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Helvig, Carole, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 600 GUENEVERE DR

City PITTSBURGH	State PA	Zip Code 15237
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Carmel TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 264.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68817

Amount of Each Receipt this Period
 22.00

Memo Item

B. Henchy, Sheila, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 TOMS POINT LN APT 7G

City PORT WASHINGTON	State NY	Zip Code 11050
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) Great Neck T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020

Transaction ID : SA11AI.68818

Amount of Each Receipt this Period
 20.00

Memo Item

C. Henchy, Sheila, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 TOMS POINT LN APT 7G

City PORT WASHINGTON	State NY	Zip Code 11050
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) Great Neck T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68819

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	62.00
TOTAL This Period (last page this line number only).....	

**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 436 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. HENDERSON, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 DOWNS RD
 City HUNTINGTON State NY Zip Code 11743
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68972
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. HENNESSEY, ANN MARIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 BLUEGRASS LN
 City COMMACK State NY Zip Code 11725
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68974
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. HENNESSY, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 SYCAMORE DR
 City NEWBURGH State NY Zip Code 12550
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orange Co BOCES T.A. Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68976
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 437 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. HENNESSY, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 SYCAMORE DR

City NEWBURGH	State NY	Zip Code 12550
------------------	-------------	-------------------

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

Name of Employer (for Individual) Orange Co BOCES T.A.	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.68977

Amount of Each Receipt this Period
 10.00

Memo Item

B. HENNESSY, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 SYCAMORE DR

City NEWBURGH	State NY	Zip Code 12550
------------------	-------------	-------------------

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

Name of Employer (for Individual) Orange Co BOCES T.A.	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68978

Amount of Each Receipt this Period
 10.00

Memo Item

C. HENRY, JILLIAN L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3696 CULPEPPER DR

City NORTH TONAWANDA	State NY	Zip Code 14120
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) Kenmore Tchrs Assn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68981

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**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 438 OF 1094
	<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

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. HENSEL, KERRY A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 361 S MAPLE AVE # 1

City RIDGEWOOD	State NJ	Zip Code 07450
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Scarsdale T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 255.00

Date of Receipt
 12 / 02 / 2020
Transaction ID : SA11AI.68982

Amount of Each Receipt this Period
 15.00

Memo Item

B. HENSEL, KERRY A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 361 S MAPLE AVE # 1

City RIDGEWOOD	State NJ	Zip Code 07450
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Scarsdale T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.68983

Amount of Each Receipt this Period
 15.00

Memo Item

C. HERRINGSHAW, JOSEPH E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 312 KIMBLE RD

City VESTAL	State NY	Zip Code 13850
----------------	-------------	-------------------

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

Name of Employer (for Individual) VESTAL TEACHERS ASSN	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 570.00

Date of Receipt
 12 / 08 / 2020
Transaction ID : SA11AI.68986

Amount of Each Receipt this Period
 30.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

**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 439 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. HERRINGSHAW, JOSEPH E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 312 KIMBLE RD
 City VESTAL State NY Zip Code 13850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VESTAL TEACHERS ASSN Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68987
 Amount of Each Receipt this Period 30.00
 Memo Item

B. HERRINGSHAW, JOSEPH E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 312 KIMBLE RD
 City VESTAL State NY Zip Code 13850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VESTAL TEACHERS ASSN Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68988
 Amount of Each Receipt this Period 30.00
 Memo Item

C. HERRMANN, DONNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 HALL RD
 City HANNIBAL State NY Zip Code 13074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mexico Academy CS FA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.68989
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

**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 440 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. HERRMANN, DONNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 HALL RD
 City HANNIBAL State NY Zip Code 13074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mexico Academy CS FA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68990
 Amount of Each Receipt this Period 15.00
 Memo Item

B. HESS, CARA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 WALNUT ST
 City CORTLANDT MANOR State NY Zip Code 10567
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Putnam Vly Fed Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.68993
 Amount of Each Receipt this Period 10.00
 Memo Item

C. HESS, CARA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 WALNUT ST
 City CORTLANDT MANOR State NY Zip Code 10567
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Putnam Vly Fed Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68994
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶
TOTAL This Period (last page this line number only).....▶

35.00

**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 441 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Hickey, Ann, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14 NIMITZ ST

City HUNTINGTON	State NY	Zip Code 11743
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Half Hollow Hills TA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 11 / 30 / 2020
Transaction ID : SA11AI.68820

Amount of Each Receipt this Period
 25.00

Memo Item

B. Hickey, Ann, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14 NIMITZ ST

City HUNTINGTON	State NY	Zip Code 11743
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Half Hollow Hills TA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.68821

Amount of Each Receipt this Period
 25.00

Memo Item

C. HIGHFILL, WILLIAM C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 586 PRESIDENT ST APT 2D

City BROOKLYN	State NY	Zip Code 11215
------------------	-------------	-------------------

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

Name of Employer (for Individual) Garden City T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 11 / 25 / 2020
Transaction ID : SA11AI.68998

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	70.00
TOTAL This Period (last page this line number only).....	

**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 442 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Hilbert, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 153 COUNTY ROUTE 6

City GERMANTOWN	State NY	Zip Code 12526
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Kingston Tchrs Fed	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020

Transaction ID : SA11AI.68822

Amount of Each Receipt this Period
 30.00

Memo Item

B. Hilbert, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 153 COUNTY ROUTE 6

City GERMANTOWN	State NY	Zip Code 12526
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Kingston Tchrs Fed	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68823

Amount of Each Receipt this Period
 30.00

Memo Item

C. HILL, JUSTINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5830 BUTTERFLY CIR

City EAST SYRACUSE	State NY	Zip Code 13057
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) E Syracuse Minoa U T	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020

Transaction ID : SA11AI.69001

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	70.00
TOTAL This Period (last page this line number only).....▶	

**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 443 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. HILL, JUSTINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5830 BUTTERFLY CIR
 City EAST SYRACUSE State NY Zip Code 13057
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) E Syracuse Minoa U T Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2020
Transaction ID : SA11AI.69002
 Amount of Each Receipt this Period 10.00
 Memo Item

B. HILL, STEPHEN L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 LINDEN LN S
 City MILLBROOK State NY Zip Code 12545
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Goshen TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69003
 Amount of Each Receipt this Period 10.00
 Memo Item

C. HILL, STEPHEN L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 LINDEN LN S
 City MILLBROOK State NY Zip Code 12545
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Goshen TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69004
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 444 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, STEPHEN L, , ,

Mailing Address 50 LINDEN LN S

City MILLBROOK	State NY	Zip Code 12545
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Goshen TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.69005

Amount of Each Receipt this Period
 10.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, STEPHEN L, , ,

Mailing Address 50 LINDEN LN S

City MILLBROOK	State NY	Zip Code 12545
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Goshen TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.69006

Amount of Each Receipt this Period
 10.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, STEPHEN L, , ,

Mailing Address 50 LINDEN LN S

City MILLBROOK	State NY	Zip Code 12545
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Goshen TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.69007

Amount of Each Receipt this Period
 10.00

Memo Item

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

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

30.00

**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 445 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. HILL, STEPHEN L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 LINDEN LN S
 City MILLBROOK State NY Zip Code 12545
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Goshen TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69008
 Amount of Each Receipt this Period 10.00
 Memo Item

B. HILLER, MONICA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 299 AVALON DR
 City ROCHESTER State NY Zip Code 14618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pittsford Dist T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.69009
 Amount of Each Receipt this Period 204.00
 Memo Item

C. HILLER, MONICA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 299 AVALON DR
 City ROCHESTER State NY Zip Code 14618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pittsford Dist T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69010
 Amount of Each Receipt this Period 12.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	226.00
TOTAL This Period (last page this line number only).....	

**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 446 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. HILLER, MONICA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 299 AVALON DR
 City ROCHESTER State NY Zip Code 14618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pittsford Dist T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69011
 Amount of Each Receipt this Period 12.00
 Memo Item

B. HINKLE, STEPHEN L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 193
 City MADISON State NY Zip Code 13402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Morrisville Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2020
Transaction ID : SA11AI.69012
 Amount of Each Receipt this Period 15.00
 Memo Item

C. HINKLE, STEPHEN L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 193
 City MADISON State NY Zip Code 13402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Morrisville Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2020
Transaction ID : SA11AI.69013
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	42.00
TOTAL This Period (last page this line number only).....	

**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 447 OF 1094
	<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	

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. HINKLE, STEPHEN L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **PO BOX 193**

City MADISON	State NY	Zip Code 13402
------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) UUP-Morrisville	Occupation (for Individual) TEACHER
---	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2020

Transaction ID : SA11AI.69014

Amount of Each Receipt this Period

15.00

 Memo Item

B. HINKLE, STEPHEN L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **PO BOX 193**

City MADISON	State NY	Zip Code 13402
------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) UUP-Morrisville	Occupation (for Individual) TEACHER
---	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2020

Transaction ID : SA11AI.69015

Amount of Each Receipt this Period

15.00

 Memo Item

C. HINZE, CRISTINA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **2 LISA LN**

City VALHALLA	State NY	Zip Code 10595
-------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
--	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **290.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2020

Transaction ID : SA11AI.69016

Amount of Each Receipt this Period

10.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	40.00
TOTAL This Period (last page this line number only).....▶	

**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 448 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. HINZE, CRISTINA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 LISA LN
 City VALHALLA State NY Zip Code 10595
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.69017
 Amount of Each Receipt this Period 10.00
 Memo Item

B. HINZE, CRISTINA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 LISA LN
 City VALHALLA State NY Zip Code 10595
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020
Transaction ID : SA11AI.69018
 Amount of Each Receipt this Period 10.00
 Memo Item

C. HINZE, CRISTINA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 LISA LN
 City VALHALLA State NY Zip Code 10595
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69019
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 449 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. HIRSCH, KERRI M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 103 TREETOP CIR

City NANUET	State NY	Zip Code 10954
----------------	-------------	-------------------

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

Name of Employer (for Individual) Edgemont T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.69020

Amount of Each Receipt this Period
 300.00

Memo Item

B. HOBART, THOMAS Y, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 647 DOWNING LN

City BUFFALO	State NY	Zip Code 14221
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Retiree Council 01	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020

Transaction ID : SA11AI.69021

Amount of Each Receipt this Period
 20.00

Memo Item

C. HOBART, THOMAS Y, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 647 DOWNING LN

City BUFFALO	State NY	Zip Code 14221
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Retiree Council 01	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.69022

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	340.00
TOTAL This Period (last page this line number only).....	

**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 450 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. HOBBS, JAMES E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12325 82ND AVE APT 3M
 City KEW GARDENS State NY Zip Code 11415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Fed. Tchrs. Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 27 / 2020
Transaction ID : SA11AI.69024
 Amount of Each Receipt this Period
 240.00
 Memo Item

B. HOFFMAN, EILEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42 ROXTON RD
 City PLAINVIEW State NY Zip Code 11803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69028
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. Hoffman, Julia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 49 LAUREL AVE
 City PRT JEFFERSON State NY Zip Code 11777
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pt Jefferson Stat TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.68824
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	270.00
TOTAL This Period (last page this line number only).....	

**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 451 OF 1094
	<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	

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. HOFFMAN, JUSTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 135 NUTWOOD AVE
 City SCHENECTADY State NY Zip Code 12304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Schenectady Fed Tchr Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 201.56

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69030
 Amount of Each Receipt this Period
 201.56
 Memo Item

B. HOFFMAN, JUSTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 135 NUTWOOD AVE
 City SCHENECTADY State NY Zip Code 12304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Schenectady Fed Tchr Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 206.82

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69031
 Amount of Each Receipt this Period
 5.26
 Memo Item

C. HOGAN, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26 NORTHVIEW TER
 City YONKERS State NY Zip Code 10703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYSUT Occupation (for Individual) ATTORNEY
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 253.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 27 / 2020
Transaction ID : SA11AI.69034
 Amount of Each Receipt this Period
 11.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	217.82
TOTAL This Period (last page this line number only).....	

**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 452 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. HOGAN, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26 NORTHVIEW TER
 City YONKERS State NY Zip Code 10703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYSUT Occupation (for Individual) ATTORNEY
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2020
Transaction ID : SA11AI.69035
 Amount of Each Receipt this Period
 11.00
 Memo Item

B. HOGAN, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26 NORTHVIEW TER
 City YONKERS State NY Zip Code 10703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYSUT Occupation (for Individual) ATTORNEY
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020
Transaction ID : SA11AI.69036
 Amount of Each Receipt this Period
 11.00
 Memo Item

C. HOGAN, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26 NORTHVIEW TER
 City YONKERS State NY Zip Code 10703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYSUT Occupation (for Individual) ATTORNEY
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 286.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69037
 Amount of Each Receipt this Period
 11.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	33.00
TOTAL This Period (last page this line number only).....	

**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 453 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. HOGLE, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 162 Merritt Ave

City Syracuse	State NY	Zip Code 13207
------------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Morrisville	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 378.00

Date of Receipt
 11 / 24 / 2020
Transaction ID : SA11AI.69038

Amount of Each Receipt this Period
 16.00

Memo Item

B. HOGLE, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 162 Merritt Ave

City Syracuse	State NY	Zip Code 13207
------------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Morrisville	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 394.00

Date of Receipt
 12 / 09 / 2020
Transaction ID : SA11AI.69039

Amount of Each Receipt this Period
 16.00

Memo Item

C. HOGLE, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 162 Merritt Ave

City Syracuse	State NY	Zip Code 13207
------------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Morrisville	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 409.00

Date of Receipt
 12 / 23 / 2020
Transaction ID : SA11AI.69040

Amount of Each Receipt this Period
 15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	47.00
TOTAL This Period (last page this line number only).....	

**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 454 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. HOGLE, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 162 Merritt Ave

City Syracuse	State NY	Zip Code 13207
------------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Morrisville	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 425.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.69041

Amount of Each Receipt this Period
 16.00

Memo Item

B. HOLFESTER, CHRISTOPHER F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 95 LAUREL DR

City SMITHTOWN	State NY	Zip Code 11787
-------------------	-------------	-------------------

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

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 12 / 08 / 2020
Transaction ID : SA11AI.69044

Amount of Each Receipt this Period
 15.00

Memo Item

C. HOLFESTER, CHRISTOPHER F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 95 LAUREL DR

City SMITHTOWN	State NY	Zip Code 11787
-------------------	-------------	-------------------

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

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.69045

Amount of Each Receipt this Period
 15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	46.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 455 OF 1094
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. HOLFESTER, CHRISTOPHER F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 95 LAUREL DR
 City SMITHTOWN State NY Zip Code 11787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) F A Of Suffolk CC Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69046
 Amount of Each Receipt this Period 15.00
 Memo Item

B. HOLFESTER, CHRISTOPHER F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 95 LAUREL DR
 City SMITHTOWN State NY Zip Code 11787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) F A Of Suffolk CC Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 405.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69047
 Amount of Each Receipt this Period 15.00
 Memo Item

C. HOLT, STEPHEN B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 506 MADISON AVE
 City ALBANY State NY Zip Code 12208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Albany Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2020
Transaction ID : SA11AI.69049
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 40.00
TOTAL This Period (last page this line number only).....▶

**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 456 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. HOLT, STEPHEN B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 506 MADISON AVE

City ALBANY	State NY	Zip Code 12208
----------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Albany	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 12 / 09 / 2020
Transaction ID : SA11Al.69050

Amount of Each Receipt this Period
 10.00

Memo Item

B. HOLT, STEPHEN B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 506 MADISON AVE

City ALBANY	State NY	Zip Code 12208
----------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Albany	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 12 / 23 / 2020
Transaction ID : SA11Al.69051

Amount of Each Receipt this Period
 10.00

Memo Item

C. HOLT, STEPHEN B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 506 MADISON AVE

City ALBANY	State NY	Zip Code 12208
----------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Albany	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11Al.69052

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 457 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. HOLZWEISS, KRISTINA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 191 W 22ND ST

City HUNTINGTON	State NY	Zip Code 11743
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.69054

Amount of Each Receipt this Period
 10.00

Memo Item

B. Hooper, Kathy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 62 OLDE WAGON RD

City WARWICK	State NY	Zip Code 10990
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Retiree Council 14	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 207.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68826

Amount of Each Receipt this Period
 207.00

Memo Item

C. HORTON, SCOTT N, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 114 COLLINS LN

City GETZVILLE	State NY	Zip Code 14068
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Williamsville TA,Inc	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 342.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2020

Transaction ID : SA11AI.69055

Amount of Each Receipt this Period
 19.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	236.00
TOTAL This Period (last page this line number only).....▶	

**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 458 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. HORTON, SCOTT N, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 114 COLLINS LN
 City GETZVILLE State NY Zip Code 14068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Williamsville TA,Inc Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 361.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2020
Transaction ID : SA11AI.69056
 Amount of Each Receipt this Period
 19.00
 Memo Item

B. HORTON, SCOTT N, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 114 COLLINS LN
 City GETZVILLE State NY Zip Code 14068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Williamsville TA,Inc Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2020
Transaction ID : SA11AI.69057
 Amount of Each Receipt this Period
 19.00
 Memo Item

C. Howard, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 271 NORTH AVE STE
 City NEW ROCHELLE State NY Zip Code 10801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Purchase Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.68827
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	58.00
TOTAL This Period (last page this line number only).....▶	

**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 459 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Howard, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 271 NORTH AVE STE
 City NEW ROCHELLE State NY Zip Code 10801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Purchase Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.68828
 Amount of Each Receipt this Period 20.00
 Memo Item

B. HOWARD-JOHNSO, SOPHIA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 228 CROWLEY AVE
 City BUFFALO State NY Zip Code 14207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BUFFALO TCHR FED INC Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 12 / 02 / 2020
Transaction ID : SA11AI.69059
 Amount of Each Receipt this Period 15.00
 Memo Item

C. HOWARD-JOHNSO, SOPHIA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 228 CROWLEY AVE
 City BUFFALO State NY Zip Code 14207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BUFFALO TCHR FED INC Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 12 / 16 / 2020
Transaction ID : SA11AI.69060
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	50.00
TOTAL This Period (last page this line number only).....	

**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 460 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. HOWARD-JOHN SO, SOPHIA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 228 CROWLEY AVE
 City BUFFALO State NY Zip Code 14207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BUFFALO TCHR FED INC Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69061
 Amount of Each Receipt this Period 15.00
 Memo Item

B. HOYTE, CHERYL P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 330 LENOX ROAD #2-U
 City BROOKLYN State NY Zip Code 11226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Downstate Med Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2020
Transaction ID : SA11AI.69062
 Amount of Each Receipt this Period 10.00
 Memo Item

C. HOYTE, CHERYL P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 330 LENOX ROAD #2-U
 City BROOKLYN State NY Zip Code 11226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Downstate Med Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2020
Transaction ID : SA11AI.69063
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	35.00
TOTAL This Period (last page this line number only).....	

**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 461 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. HOYTE, CHERYL P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 330 LENOX ROAD #2-U

City BROOKLYN	State NY	Zip Code 11226
------------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Downstate Med	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 12 / 23 / 2020
Transaction ID : SA11AI.69064

Amount of Each Receipt this Period
 10.00

Memo Item

B. HOYTE, CHERYL P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 330 LENOX ROAD #2-U

City BROOKLYN	State NY	Zip Code 11226
------------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Downstate Med	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.69065

Amount of Each Receipt this Period
 10.00

Memo Item

C. HUBBS, LISA E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 42 MARVIN ST

City PATCHOGUE	State NY	Zip Code 11772
-------------------	-------------	-------------------

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

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 385.00

Date of Receipt
 12 / 08 / 2020
Transaction ID : SA11AI.69066

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	40.00
TOTAL This Period (last page this line number only).....	

**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 462 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. HUBBS, LISA E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42 MARVIN ST
 City PATCHOGUE State NY Zip Code 11772
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 F A Of Suffolk CC TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 405.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69067
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. HUBBS, LISA E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42 MARVIN ST
 City PATCHOGUE State NY Zip Code 11772
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 F A Of Suffolk CC TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69068
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. HUBBS, LISA E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42 MARVIN ST
 City PATCHOGUE State NY Zip Code 11772
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 F A Of Suffolk CC TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 445.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69069
 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).....	

**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 463 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Hudson, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 TRAVIS LN

City MONTROSE	State NY	Zip Code 10548
------------------	-------------	-------------------

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

Name of Employer (for Individual) Peekskill Fac Assn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020

Transaction ID : SA11AI.68829

Amount of Each Receipt this Period
 25.00

Memo Item

B. Hudson, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 TRAVIS LN

City MONTROSE	State NY	Zip Code 10548
------------------	-------------	-------------------

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

Name of Employer (for Individual) Peekskill Fac Assn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.68830

Amount of Each Receipt this Period
 25.00

Memo Item

C. Hughes, Alyce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 804 CHERRY BLOSSOM DR

City LEAGUE CITY	State TX	Zip Code 77573
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Bethpage Cong Tchrs	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020

Transaction ID : SA11AI.68831

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	70.00
TOTAL This Period (last page this line number only).....	

**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 464 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Hughes, Alyce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 804 CHERRY BLOSSOM DR

City LEAGUE CITY	State TX	Zip Code 77573
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Bethpage Cong Tchrs	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.68832

Amount of Each Receipt this Period
 20.00

Memo Item

B. HUGHES, CARRIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 69 ELMBROOK DR

City STAMFORD	State CT	Zip Code 06906
------------------	-------------	-------------------

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

Name of Employer (for Individual) Rye Tchrs Assn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.69070

Amount of Each Receipt this Period
 15.00

Memo Item

C. HUGHES, MARJORIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 93 LONGVIEW AVE

City WHITE PLAINS	State NY	Zip Code 10605
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 307.50

Date of Receipt
 12 / 01 / 2020
Transaction ID : SA11AI.69071

Amount of Each Receipt this Period
 10.25

Memo Item

SUBTOTAL of Receipts This Page (optional).....	45.25
TOTAL This Period (last page this line number only).....	

**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 465 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. HUGHES, MARJORIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 93 LONGVIEW AVE

City WHITE PLAINS	State NY	Zip Code 10605
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 317.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020

Transaction ID : SA11AI.69072

Amount of Each Receipt this Period
 10.25

Memo Item

B. HUGHES, MARJORIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 93 LONGVIEW AVE

City WHITE PLAINS	State NY	Zip Code 10605
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 328.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020

Transaction ID : SA11AI.69073

Amount of Each Receipt this Period
 10.25

Memo Item

C. HUGHES, MARJORIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 93 LONGVIEW AVE

City WHITE PLAINS	State NY	Zip Code 10605
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 338.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.69074

Amount of Each Receipt this Period
 10.25

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.75
TOTAL This Period (last page this line number only).....▶	

**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 466 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. HURTGAM, CASSANDRA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3573 HARRIS AVE

City RANSOMVILLE	State NY	Zip Code 14131
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Newfane T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2020
Transaction ID : SA11AI.69076

Amount of Each Receipt this Period
 12.00

Memo Item

B. HURTGAM, CASSANDRA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3573 HARRIS AVE

City RANSOMVILLE	State NY	Zip Code 14131
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Newfane T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 228.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69077

Amount of Each Receipt this Period
 12.00

Memo Item

C. HURTGAM, CASSANDRA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3573 HARRIS AVE

City RANSOMVILLE	State NY	Zip Code 14131
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Newfane T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69078

Amount of Each Receipt this Period
 12.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	36.00
TOTAL This Period (last page this line number only).....▶	

**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 467 OF 1094
	<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	

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Hutton, Chester, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6L CHURCH LANE
 City VALLEY COTTAGE State NY Zip Code 10989
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N Rockland TA,Inc. Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.68833
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. Hutton, Chester, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6L CHURCH LANE
 City VALLEY COTTAGE State NY Zip Code 10989
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N Rockland TA,Inc. Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68834
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. HUTTON-WOODBE, TIFFANY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 237 OLD TARRYTOWN RD
 City WHITE PLAINS State NY Zip Code 10603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 232.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020
Transaction ID : SA11AI.69079
 Amount of Each Receipt this Period
 8.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	48.00
TOTAL This Period (last page this line number only).....	

**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 468 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. HUTTON-WOODBE, TIFFANY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 237 OLD TARRYTOWN RD
 City WHITE PLAINS State NY Zip Code 10603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.69080
 Amount of Each Receipt this Period 8.00
 Memo Item

B. HUTTON-WOODBE, TIFFANY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 237 OLD TARRYTOWN RD
 City WHITE PLAINS State NY Zip Code 10603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 248.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020
Transaction ID : SA11AI.69081
 Amount of Each Receipt this Period 8.00
 Memo Item

C. HUTTON-WOODBE, TIFFANY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 237 OLD TARRYTOWN RD
 City WHITE PLAINS State NY Zip Code 10603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 256.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69082
 Amount of Each Receipt this Period 8.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	24.00
TOTAL This Period (last page this line number only).....	

**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 469 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. HYNES, CATHERINE D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13420 HOOSIER HILL DR, APT 110
 City CARMEL State IN Zip Code 46032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rensselaer T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69086
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Hynes, Kathleen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 246 PAULANNA AVE
 City BAYPORT State NY Zip Code 11705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Commack T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.68835
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Hynes, Kathleen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 246 PAULANNA AVE
 City BAYPORT State NY Zip Code 11705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Commack T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.68836
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**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 470 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HYSICK, AMY, , ,

Mailing Address **4845 APPALOOSA TRL**

City CLAY	State NY	Zip Code 13041
---------------------	--------------------	--------------------------

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

Name of Employer (for Individual) N Syracuse Educ Assn	Occupation (for Individual) TEACHER
--	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2020

Transaction ID : SA11AI.69087

Amount of Each Receipt this Period

15.00

 Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HYSICK, AMY, , ,

Mailing Address **4845 APPALOOSA TRL**

City CLAY	State NY	Zip Code 13041
---------------------	--------------------	--------------------------

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

Name of Employer (for Individual) N Syracuse Educ Assn	Occupation (for Individual) TEACHER
--	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2020

Transaction ID : SA11AI.69088

Amount of Each Receipt this Period

15.00

 Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HYSICK, AMY, , ,

Mailing Address **4845 APPALOOSA TRL**

City CLAY	State NY	Zip Code 13041
---------------------	--------------------	--------------------------

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

Name of Employer (for Individual) N Syracuse Educ Assn	Occupation (for Individual) TEACHER
--	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2020

Transaction ID : SA11AI.69089

Amount of Each Receipt this Period

15.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

**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 471 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. HYSICK, AMY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4845 APPALOOSA TRL
 City CLAY State NY Zip Code 13041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N Syracuse Educ Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69090
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Ibsen, Mary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 VAN DEL DR
 City MILTON State NY Zip Code 12547
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Marlboro Fac Asn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.69091
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Ibsen, Mary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 VAN DEL DR
 City MILTON State NY Zip Code 12547
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Marlboro Fac Asn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69092
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	55.00
TOTAL This Period (last page this line number only).....▶	

**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 472 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Ibsen, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 VAN DEL DR

City MILTON	State NY	Zip Code 12547
----------------	-------------	-------------------

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

Name of Employer (for Individual) Wappngs Cong Of TCH	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 11 / 30 / 2020
Transaction ID : SA11AI.69093

Amount of Each Receipt this Period
 25.00

Memo Item

B. Ibsen, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 VAN DEL DR

City MILTON	State NY	Zip Code 12547
----------------	-------------	-------------------

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

Name of Employer (for Individual) Wappngs Cong Of TCH	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.69094

Amount of Each Receipt this Period
 25.00

Memo Item

C. IGO, LAUREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6995 HIDDEN OAK DR

City LOCKPORT	State NY	Zip Code 14094
------------------	-------------	-------------------

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

Name of Employer (for Individual) Starpoint T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.69098

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	70.00
TOTAL This Period (last page this line number only).....	

**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 473 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. IMHOF, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 NEW DORP PL

City MELVILLE	State NY	Zip Code 11747
------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 290.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020

Transaction ID : SA11AI.69099

Amount of Each Receipt this Period
 10.00

Memo Item

B. IMHOF, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 NEW DORP PL

City MELVILLE	State NY	Zip Code 11747
------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020

Transaction ID : SA11AI.69100

Amount of Each Receipt this Period
 10.00

Memo Item

C. IMHOF, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 NEW DORP PL

City MELVILLE	State NY	Zip Code 11747
------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020

Transaction ID : SA11AI.69101

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 474 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. IMHOF, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 NEW DORP PL
 City MELVILLE State NY Zip Code 11747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69102
 Amount of Each Receipt this Period 10.00
 Memo Item

B. IMUNDO, JOANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 460 ANNANDALE DR
 City SYOSSET State NY Zip Code 11791
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69104
 Amount of Each Receipt this Period 10.00
 Memo Item

c. Ingoglia, Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 48 ELLIS AVE
 City NORTHPORT State NY Zip Code 11768
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sachem Central T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.69095
 Amount of Each Receipt this Period 20.00
 Memo Item

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

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

40.00

**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 475 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Ingoglia, Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 48 ELLIS AVE
 City NORTHPORT State NY Zip Code 11768
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sachem Central T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69096
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. IOVINE, DALE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 95 JAYNE AVE
 City PATCHOGUE State NY Zip Code 11772
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69106
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. IRELAND, WENDELL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 CLAPP AVE
 City WAPPINGERS FALLS State NY Zip Code 12590
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020
Transaction ID : SA11AI.69107
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	40.00
TOTAL This Period (last page this line number only).....▶	

**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 476 OF 1094
	<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	

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. IRELAND, WENDELL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 CLAPP AVE

City WAPPINGERS FALLS	State NY	Zip Code 12590
--------------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020

Transaction ID : SA11AI.69108

Amount of Each Receipt this Period
 10.00

Memo Item

B. IRELAND, WENDELL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 CLAPP AVE

City WAPPINGERS FALLS	State NY	Zip Code 12590
--------------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020

Transaction ID : SA11AI.69109

Amount of Each Receipt this Period
 10.00

Memo Item

C. IRELAND, WENDELL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 CLAPP AVE

City WAPPINGERS FALLS	State NY	Zip Code 12590
--------------------------	-------------	-------------------

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

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.69110

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 477 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. ISAAC, JANINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3033 JUDITH DR

City BELLMORE	State NY	Zip Code 11710
------------------	-------------	-------------------

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

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.69112

Amount of Each Receipt this Period
 10.00

Memo Item

B. IZDORCZAK, CLAUDINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 46 FERNDAL DR

City ORCHARD PARK	State NY	Zip Code 14127
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Williamsville TA,Inc	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2020

Transaction ID : SA11AI.69113

Amount of Each Receipt this Period
 12.00

Memo Item

C. IZDORCZAK, CLAUDINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 46 FERNDAL DR

City ORCHARD PARK	State NY	Zip Code 14127
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Williamsville TA,Inc	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 228.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2020

Transaction ID : SA11AI.69114

Amount of Each Receipt this Period
 12.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	34.00
TOTAL This Period (last page this line number only).....▶	

**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 478 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. IZDORCZAK, CLAUDINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 46 FERNDAL DR

City ORCHARD PARK	State NY	Zip Code 14127
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Williamsville TA, Inc	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2020
Transaction ID : SA11AI.69115

Amount of Each Receipt this Period
 12.00

Memo Item

B. IZZO, DAVID A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 ROYAL LN

City NORTHPORT	State NY	Zip Code 11768
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Garden City T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 224.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2020
Transaction ID : SA11AI.69116

Amount of Each Receipt this Period
 14.00

Memo Item

C. JACOBS, MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23 ALICE CT

City LYNBROOK	State NY	Zip Code 11563
------------------	-------------	-------------------

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

Name of Employer (for Individual) NYSUT	Occupation (for Individual) MANAGER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 690.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 27 / 2020
Transaction ID : SA11AI.69117

Amount of Each Receipt this Period
 30.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	56.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 479 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
JACOBS, MATTHEW, , ,

Mailing Address 23 ALICE CT

City LYNBROOK	State NY	Zip Code 11563
------------------	-------------	-------------------

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

Name of Employer (for Individual) NYSUT	Occupation (for Individual) MANAGER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2020

Transaction ID : SA11AI.69118

Amount of Each Receipt this Period

30.00

 Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
JACOBS, MATTHEW, , ,

Mailing Address 23 ALICE CT

City LYNBROOK	State NY	Zip Code 11563
------------------	-------------	-------------------

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

Name of Employer (for Individual) NYSUT	Occupation (for Individual) MANAGER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2020

Transaction ID : SA11AI.69119

Amount of Each Receipt this Period

30.00

 Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
JACOBS, MATTHEW, , ,

Mailing Address 23 ALICE CT

City LYNBROOK	State NY	Zip Code 11563
------------------	-------------	-------------------

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

Name of Employer (for Individual) NYSUT	Occupation (for Individual) MANAGER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
780.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2020

Transaction ID : SA11AI.69120

Amount of Each Receipt this Period

30.00

 Memo Item

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

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

90.00

**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 480 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. JACOBSON, PAMELA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 CLINTON AVE APT 2V

City MINEOLA	State NY	Zip Code 11501
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.69122

Amount of Each Receipt this Period
 10.00

Memo Item

B. JAHN, WALTER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2250 HEMLOCK FARMS

City LORDS VALLEY	State PA	Zip Code 18428
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Orange Co CC Fac Asn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020

Transaction ID : SA11AI.69123

Amount of Each Receipt this Period
 10.00

Memo Item

C. JAHN, WALTER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2250 HEMLOCK FARMS

City LORDS VALLEY	State PA	Zip Code 18428
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Orange Co CC Fac Asn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.69124

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**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 481 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. JAHNKE, WALTER E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 309 MULBERRY ST

City ROCHESTER	State NY	Zip Code 14620
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Rochester T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 12 / 10 / 2020
Transaction ID : SA11AI.69126

Amount of Each Receipt this Period
 20.00

Memo Item

B. JAHNKE, WALTER E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 309 MULBERRY ST

City ROCHESTER	State NY	Zip Code 14620
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Rochester T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.69127

Amount of Each Receipt this Period
 20.00

Memo Item

C. JAHNKE, WALTER E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 309 MULBERRY ST

City ROCHESTER	State NY	Zip Code 14620
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Rochester T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.69128

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).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 482 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. JAMES, JO A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 32 WHIPPOORWILL RD

City QUEENSBURY	State NY	Zip Code 12804
--------------------	-------------	-------------------

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

Name of Employer (for Individual) SABEA Sar Ad BOC EA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2020

Transaction ID : SA11AI.69131

Amount of Each Receipt this Period
 22.00

Memo Item

B. JAMES, JO A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 32 WHIPPOORWILL RD

City QUEENSBURY	State NY	Zip Code 12804
--------------------	-------------	-------------------

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

Name of Employer (for Individual) SABEA Sar Ad BOC EA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 462.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2020

Transaction ID : SA11AI.69132

Amount of Each Receipt this Period
 22.00

Memo Item

C. JAMES, JO A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 32 WHIPPOORWILL RD

City QUEENSBURY	State NY	Zip Code 12804
--------------------	-------------	-------------------

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

Name of Employer (for Individual) SABEA Sar Ad BOC EA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 484.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2020

Transaction ID : SA11AI.69133

Amount of Each Receipt this Period
 22.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	66.00
TOTAL This Period (last page this line number only).....	

**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 483 OF 1094
	<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	

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. JAY, KATHLEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12 MONROE ST

City PORT WASHINGTON	State NY	Zip Code 11050
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.69138

Amount of Each Receipt this Period
 10.00

Memo Item

B. JENSEN, AMY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 26 EUCLID AVE

City ALBANY	State NY	Zip Code 12203
----------------	-------------	-------------------

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

Name of Employer (for Individual) Schenectady Fed Tchr	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 200.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.69140

Amount of Each Receipt this Period
 200.40

Memo Item

C. JENSEN, AMY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 26 EUCLID AVE

City ALBANY	State NY	Zip Code 12203
----------------	-------------	-------------------

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

Name of Employer (for Individual) Schenectady Fed Tchr	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.93

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.69141

Amount of Each Receipt this Period
 10.53

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	220.93
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 484 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. JERABEK, BRANDI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 975
 City GLENWOOD LANDING State NY Zip Code 11547
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69143
 Amount of Each Receipt this Period 10.00
 Memo Item

B. JEROR, RONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1450 STATE HIGHWAY 68
 City CANTON State NY Zip Code 13617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St Lawrence Cent U T Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69146
 Amount of Each Receipt this Period 10.00
 Memo Item

C. JESEP, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 AUDREY RD
 City LATHAM State NY Zip Code 12110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Niskayuna T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69147
 Amount of Each Receipt this Period 220.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	240.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 485 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. JOHNSON, BRANDON L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 WOODSIDE DR

City ELMIRA	State NY	Zip Code 14903
----------------	-------------	-------------------

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

Name of Employer (for Individual) Horseheads T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.69149

Amount of Each Receipt this Period
 10.00

Memo Item

B. JOHNSON, DANIELLE A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 354 SOUTHWOOD DR

City BUFFALO	State NY	Zip Code 14223
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Kenmore Tchrs Assn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.69151

Amount of Each Receipt this Period
 10.00

Memo Item

C. JOHNSTON-EUST, CHRISTINA R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 24 POET PL

City HOLBROOK	State NY	Zip Code 11741
------------------	-------------	-------------------

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

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2020

Transaction ID : SA11AI.69152

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 486 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. JOHNSTON-EUST, CHRISTINA R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 24 POET PL

City HOLBROOK	State NY	Zip Code 11741
------------------	-------------	-------------------

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

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.69153

Amount of Each Receipt this Period
 10.00

Memo Item

B. JOHNSTON-EUST, CHRISTINA R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 24 POET PL

City HOLBROOK	State NY	Zip Code 11741
------------------	-------------	-------------------

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

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.69154

Amount of Each Receipt this Period
 10.00

Memo Item

C. JOHNSTON-EUST, CHRISTINA R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 24 POET PL

City HOLBROOK	State NY	Zip Code 11741
------------------	-------------	-------------------

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

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.69155

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**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 487 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. JOHNSTONANUMO, IBIPO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 23 MORNINGSIDE DR

City CORTLAND	State NY	Zip Code 13045
------------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Cortland	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 11 / 24 / 2020
Transaction ID : SA11AI.69156

Amount of Each Receipt this Period
 10.00

Memo Item

B. JOHNSTONANUMO, IBIPO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 23 MORNINGSIDE DR

City CORTLAND	State NY	Zip Code 13045
------------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Cortland	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 12 / 09 / 2020
Transaction ID : SA11AI.69157

Amount of Each Receipt this Period
 10.00

Memo Item

C. JOHNSTONANUMO, IBIPO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 23 MORNINGSIDE DR

City CORTLAND	State NY	Zip Code 13045
------------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Cortland	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 12 / 23 / 2020
Transaction ID : SA11AI.69158

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 488 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. JOHNSTONANUMO, IBIPO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 23 MORNINGSIDE DR

City CORTLAND	State NY	Zip Code 13045
------------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Cortland	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.69159

Amount of Each Receipt this Period
 10.00

Memo Item

B. JONES, LOWELL E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 113 HAWKINS ST

City PORT JEFFERSON	State NY	Zip Code 11777
------------------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Stony Brook	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2020

Transaction ID : SA11AI.69160

Amount of Each Receipt this Period
 10.00

Memo Item

C. JONES, LOWELL E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 113 HAWKINS ST

City PORT JEFFERSON	State NY	Zip Code 11777
------------------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Stony Brook	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2020

Transaction ID : SA11AI.69161

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**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 489 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. JONES, LOWELL E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 113 HAWKINS ST

City PORT JEFFERSON	State NY	Zip Code 11777
------------------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Stony Brook	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 12 / 23 / 2020
Transaction ID : SA11AI.69162

Amount of Each Receipt this Period
 10.00

Memo Item

B. JONES, LOWELL E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 113 HAWKINS ST

City PORT JEFFERSON	State NY	Zip Code 11777
------------------------	-------------	-------------------

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

Name of Employer (for Individual) UUP-Stony Brook	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.69163

Amount of Each Receipt this Period
 10.00

Memo Item

C. JONES, ROSEMARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 36 SUMPWAMS PL

City BABYLON	State NY	Zip Code 11702
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
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Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.69165

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 490 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. JORDAN, ANDREW S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 32 ROLLING HILL DR

City FAIRPORT	State NY	Zip Code 14450
------------------	-------------	-------------------

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

Name of Employer (for Individual) BOCES United Prof	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 720.00

Date of Receipt
 12 / 08 / 2020
Transaction ID : SA11AI.69166

Amount of Each Receipt this Period
 10.00

Memo Item

B. JORDAN, ANDREW S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 32 ROLLING HILL DR

City FAIRPORT	State NY	Zip Code 14450
------------------	-------------	-------------------

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

Name of Employer (for Individual) BOCES United Prof	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 780.00

Date of Receipt
 12 / 15 / 2020
Transaction ID : SA11AI.69167

Amount of Each Receipt this Period
 60.00

Memo Item

C. JORDAN, ANDREW S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 32 ROLLING HILL DR

City FAIRPORT	State NY	Zip Code 14450
------------------	-------------	-------------------

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

Name of Employer (for Individual) BOCES United Prof	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 790.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.69168

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	80.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 491 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. JORDAN, ANDREW S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32 ROLLING HILL DR
 City FAIRPORT State NY Zip Code 14450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BOCES United Prof Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69169
 Amount of Each Receipt this Period 10.00
 Memo Item

B. JOSLYN, KELLY K, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 57 ROBBIN HILL RD
 City FREWSBURG State NY Zip Code 14738
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tri-Cty BOCES Ed Asn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.69170
 Amount of Each Receipt this Period 15.00
 Memo Item

C. JOSLYN, KELLY K, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 57 ROBBIN HILL RD
 City FREWSBURG State NY Zip Code 14738
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tri-Cty BOCES Ed Asn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69171
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	40.00
TOTAL This Period (last page this line number only).....	

**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 492 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. JOSLYN, KELLY K, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 57 ROBBIN HILL RD

City FREWSBURG	State NY	Zip Code 14738
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Tri-Cty BOCES Ed Asn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.69172

Amount of Each Receipt this Period
 15.00

Memo Item

B. JOSLYN, KELLY K, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 57 ROBBIN HILL RD

City FREWSBURG	State NY	Zip Code 14738
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Tri-Cty BOCES Ed Asn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 285.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.69173

Amount of Each Receipt this Period
 15.00

Memo Item

C. JOYCE, JOHN F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 22A CHESTNUT ST

City CORAM	State NY	Zip Code 11727
---------------	-------------	-------------------

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

Name of Employer (for Individual) Mt Sinai Tchrs Assn	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.69177

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	40.00
TOTAL This Period (last page this line number only).....	

**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 493 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. KACZANOWICZ, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 EDGERTON ST APT V4
 City MINOA State NY Zip Code 13116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 E Syracuse Minoa U T TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.69190
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. KACZANOWICZ, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 EDGERTON ST APT V4
 City MINOA State NY Zip Code 13116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 E Syracuse Minoa U T TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2020
Transaction ID : SA11AI.69191
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. KADERLI, MATTHEW D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 88 MCNAIR RD
 City BUFFALO State NY Zip Code 14221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Niagara Wheatfld TA TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.69192
 Amount of Each Receipt this Period
 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	35.00
TOTAL This Period (last page this line number only).....▶	

**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 494 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. KADERLI, MATTHEW D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 88 MCNAIR RD

City BUFFALO	State NY	Zip Code 14221
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Niagara Wheatfld TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.69193

Amount of Each Receipt this Period
 15.00

Memo Item

B. KADERLI, MATTHEW D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 88 MCNAIR RD

City BUFFALO	State NY	Zip Code 14221
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Niagara Wheatfld TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 285.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.69194

Amount of Each Receipt this Period
 15.00

Memo Item

C. KADLETZ, CHRISTOPHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9 LOWER CROSS

City SHOREHAM	State NY	Zip Code 11786
------------------	-------------	-------------------

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

Name of Employer (for Individual) Mt Sinai Tchrs Assn	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.69196

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	40.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 495 OF 1094
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. KAIGH, GRACE A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 JOHNSON AVE N
 City Kings Park State NY Zip Code 11754
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 F A Of Suffolk CC TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 08 / 2020
Transaction ID : SA11AI.69197
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. KAIGH, GRACE A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 JOHNSON AVE N
 City Kings Park State NY Zip Code 11754
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 F A Of Suffolk CC TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69198
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. KAIGH, GRACE A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 JOHNSON AVE N
 City Kings Park State NY Zip Code 11754
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 F A Of Suffolk CC TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69199
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶
TOTAL This Period (last page this line number only)..... ▶

30.00

**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 496 OF 1094
	<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	

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. KAIGH, GRACE A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 JOHNSON AVE N
 City State Zip Code
 KINGS PARK NY 11754
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 F A Of Suffolk CC TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69200
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. Kane, Joette, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 391
 City State Zip Code
 HOPEWELL JCT NY 12533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Saugerties T A TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.69178
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. Kane, Joette, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 391
 City State Zip Code
 HOPEWELL JCT NY 12533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Saugerties T A TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69179
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	

**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 497 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Kanowitz, Irene, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 111 E HARTSDALE AVE APT 2B

City HARTSDALE	State NY	Zip Code 10530
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Somers Fac Assn	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 11 / 30 / 2020
Transaction ID : SA11AI.69180

Amount of Each Receipt this Period
 20.00

Memo Item

B. Kanowitz, Irene, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 111 E HARTSDALE AVE APT 2B

City HARTSDALE	State NY	Zip Code 10530
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Somers Fac Assn	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.69181

Amount of Each Receipt this Period
 20.00

Memo Item

C. KAPLAN, EVA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5 SADDLE CT

City OYSTER BAY	State NY	Zip Code 11771
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.69206

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	50.00
TOTAL This Period (last page this line number only).....	

**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 498 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. KAPLAN, HEATH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 299 RIVERSIDE DR
 City NEW YORK State NY Zip Code 10025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harrison Assn Of Tch Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.69207
 Amount of Each Receipt this Period 20.00
 Memo Item

B. KAPLAN, HEATH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 299 RIVERSIDE DR
 City NEW YORK State NY Zip Code 10025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harrison Assn Of Tch Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.69208
 Amount of Each Receipt this Period 20.00
 Memo Item

C. KAPLAN, HEATH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 299 RIVERSIDE DR
 City NEW YORK State NY Zip Code 10025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harrison Assn Of Tch Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69209
 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).....▶	

**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 499 OF 1094
	<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

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. KAPUR, Sanjay, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 177 LOWER SHEEP PASTURE RD

City SETAUKET	State NY	Zip Code 11733
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Stony Brook	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 460.00

Date of Receipt
 11 / 24 / 2020
Transaction ID : SA11AI.69210

Amount of Each Receipt this Period
 20.00

Memo Item

B. KAPUR, Sanjay, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 177 LOWER SHEEP PASTURE RD

City SETAUKET	State NY	Zip Code 11733
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Stony Brook	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 12 / 09 / 2020
Transaction ID : SA11AI.69211

Amount of Each Receipt this Period
 20.00

Memo Item

C. KAPUR, Sanjay, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 177 LOWER SHEEP PASTURE RD

City SETAUKET	State NY	Zip Code 11733
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Stony Brook	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 12 / 23 / 2020
Transaction ID : SA11AI.69212

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).....	

**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 500 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. KAPUR, Sanjay, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 177 LOWER SHEEP PASTURE RD
 City SETAUKET State NY Zip Code 11733
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Stony Brook Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69213
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. KARCHAWER, JOANNE S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 SPRUCE HILL LN
 City GOSHEN State NY Zip Code 10924
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Goshen TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69216
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. KARCHAWER, JOANNE S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 SPRUCE HILL LN
 City GOSHEN State NY Zip Code 10924
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Goshen TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69217
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	40.00
TOTAL This Period (last page this line number only).....▶	

**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 501 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. KARCHAWER, JOANNE S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 SPRUCE HILL LN
 City GOSHEN State NY Zip Code 10924
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Goshen TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69218
 Amount of Each Receipt this Period 10.00
 Memo Item

B. KARCHAWER, JOANNE S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 SPRUCE HILL LN
 City GOSHEN State NY Zip Code 10924
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Goshen TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69219
 Amount of Each Receipt this Period 10.00
 Memo Item

C. KARCHAWER, JOANNE S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 SPRUCE HILL LN
 City GOSHEN State NY Zip Code 10924
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Goshen TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69220
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**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 502 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. KARCHAWER, JOANNE S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 SPRUCE HILL LN
 City GOSHEN State NY Zip Code 10924
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Goshen TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69221
 Amount of Each Receipt this Period 10.00
 Memo Item

B. KARCHAWER, ROBERT B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 SPRUCE HILL LN
 City GOSHEN State NY Zip Code 10924
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Goshen TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69222
 Amount of Each Receipt this Period 10.00
 Memo Item

C. KARCHAWER, ROBERT B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 SPRUCE HILL LN
 City GOSHEN State NY Zip Code 10924
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Goshen TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69223
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**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 503 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. KARCHAWER, ROBERT B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17 SPRUCE HILL LN

City GOSHEN	State NY	Zip Code 10924
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Goshen TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.69224

Amount of Each Receipt this Period
 10.00

Memo Item

B. KARCHAWER, ROBERT B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17 SPRUCE HILL LN

City GOSHEN	State NY	Zip Code 10924
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Goshen TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.69225

Amount of Each Receipt this Period
 10.00

Memo Item

C. KARCHAWER, ROBERT B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17 SPRUCE HILL LN

City GOSHEN	State NY	Zip Code 10924
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Goshen TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.69226

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

30.00

**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 504 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. KARCHAWER, ROBERT B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17 SPRUCE HILL LN

City GOSHEN	State NY	Zip Code 10924
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Goshen TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.69227

Amount of Each Receipt this Period
 10.00

Memo Item

B. KARKOV, NIKOLAY R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 22 GRAND BLVD APT 2R

City BINGHAMTON	State NY	Zip Code 13905
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Cortland	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2020

Transaction ID : SA11AI.69228

Amount of Each Receipt this Period
 10.00

Memo Item

C. KARKOV, NIKOLAY R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 22 GRAND BLVD APT 2R

City BINGHAMTON	State NY	Zip Code 13905
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Cortland	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2020

Transaction ID : SA11AI.69229

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 505 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. KARKOV, NIKOLAY R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 22 GRAND BLVD APT 2R

City BINGHAMTON	State NY	Zip Code 13905
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Cortland	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 12 / 23 / 2020
Transaction ID : SA11AI.69230

Amount of Each Receipt this Period
 10.00

Memo Item

B. KARKOV, NIKOLAY R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 22 GRAND BLVD APT 2R

City BINGHAMTON	State NY	Zip Code 13905
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Cortland	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.69231

Amount of Each Receipt this Period
 10.00

Memo Item

C. KASEMAN, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 28 PRESIDENTS PL

City KINGSTON	State NY	Zip Code 12401
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NYSUT	Occupation (for Individual) MANAGER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 11 / 27 / 2020
Transaction ID : SA11AI.69232

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

30.00

**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 506 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. KASEMAN, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **28 PRESIDENTS PL**

City KINGSTON	State NY	Zip Code 12401
-------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NYSUT	Occupation (for Individual) MANAGER
---	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2020

Transaction ID : SA11AI.69233

Amount of Each Receipt this Period

10.00

 Memo Item

B. KASEMAN, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **28 PRESIDENTS PL**

City KINGSTON	State NY	Zip Code 12401
-------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NYSUT	Occupation (for Individual) MANAGER
---	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2020

Transaction ID : SA11AI.69234

Amount of Each Receipt this Period

10.00

 Memo Item

C. KASEMAN, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **28 PRESIDENTS PL**

City KINGSTON	State NY	Zip Code 12401
-------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NYSUT	Occupation (for Individual) MANAGER
---	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2020

Transaction ID : SA11AI.69235

Amount of Each Receipt this Period

10.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**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 507 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. KATZ, DAVID I, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 WHITE BIRCH CT

City NEW CITY	State NY	Zip Code 10956
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Bronxville T.A.	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 12 / 08 / 2020
Transaction ID : SA11AI.69236

Amount of Each Receipt this Period
 15.00

Memo Item

B. KATZ, DAVID I, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 WHITE BIRCH CT

City NEW CITY	State NY	Zip Code 10956
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Bronxville T.A.	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 285.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.69237

Amount of Each Receipt this Period
 15.00

Memo Item

C. KATZ, DAVID I, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 WHITE BIRCH CT

City NEW CITY	State NY	Zip Code 10956
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Bronxville T.A.	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.69238

Amount of Each Receipt this Period
 15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	45.00
TOTAL This Period (last page this line number only).....	

**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 508 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. KATZ, LAURIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 52 LANTERN RD
 City HICKSVILLE State NY Zip Code 11801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69240
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. KEANE, KATHLEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 PAVILLION DR
 City NEWBURGH State NY Zip Code 12550
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Marlboro Fac Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69244
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. KEARSE, RENEE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1118 CORTLANDT ST
 City PEEKSKILL State NY Zip Code 10566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Peekskill Fac Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69246
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶
TOTAL This Period (last page this line number only)..... ▶

30.00

**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 509 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. KECK, KELLY K, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2515 TOWER MOUNTAIN RD

City STAMFORD	State NY	Zip Code 12167
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Delhi	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 11 / 24 / 2020
Transaction ID : SA11AI.69247

Amount of Each Receipt this Period
 10.00

Memo Item

B. KECK, KELLY K, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2515 TOWER MOUNTAIN RD

City STAMFORD	State NY	Zip Code 12167
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Delhi	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 12 / 09 / 2020
Transaction ID : SA11AI.69248

Amount of Each Receipt this Period
 10.00

Memo Item

C. KECK, KELLY K, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2515 TOWER MOUNTAIN RD

City STAMFORD	State NY	Zip Code 12167
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Delhi	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 12 / 23 / 2020
Transaction ID : SA11AI.69249

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 510 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. KECK, KELLY K, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2515 TOWER MOUNTAIN RD
 City STAMFORD State NY Zip Code 12167
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Delhi Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69250
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. Keller, Sandra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3728 JOHNWOOD DR
 City MEMPHIS State TN Zip Code 38122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wayne-F L Boces E A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.69182
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. Keller, Sandra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3728 JOHNWOOD DR
 City MEMPHIS State TN Zip Code 38122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wayne-F L Boces E A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69183
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	50.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 511 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. KELLY, ALISON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 MEADOW WOOD LN

City FARMINGDALE	State NY	Zip Code 11735
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.69253

Amount of Each Receipt this Period
 10.00

Memo Item

B. KELLY, ALLISON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 LENOX AVE

City LYNBROOK	State NY	Zip Code 11563
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.69255

Amount of Each Receipt this Period
 10.00

Memo Item

C. KELLY, KATHLEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 212 N WALNUT ST

City N MASSAPEQUA	State NY	Zip Code 11758
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020

Transaction ID : SA11AI.69256

Amount of Each Receipt this Period
 12.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	32.00
TOTAL This Period (last page this line number only).....	

**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 512 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. KELLY, KATHLEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 212 N WALNUT ST

City N MASSAPEQUA	State NY	Zip Code 11758
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 228.00

Date of Receipt
 12 / 10 / 2020
Transaction ID : SA11AI.69257

Amount of Each Receipt this Period
 12.00

Memo Item

B. KELLY, KATHLEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 212 N WALNUT ST

City N MASSAPEQUA	State NY	Zip Code 11758
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.69258

Amount of Each Receipt this Period
 12.00

Memo Item

C. KELLY, KATHLEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 212 N WALNUT ST

City N MASSAPEQUA	State NY	Zip Code 11758
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 252.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.69259

Amount of Each Receipt this Period
 12.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	36.00
TOTAL This Period (last page this line number only).....	

**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 513 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Kelly, Mary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **5 BAYVIEW AVE**

City BEACON	State NY	Zip Code 12508
-----------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retiree Council 13	Occupation (for Individual) TEACHER
--	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2020

Transaction ID : SA11AI.69184

Amount of Each Receipt this Period

20.00

 Memo Item

B. Kelly, Mary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **5 BAYVIEW AVE**

City BEACON	State NY	Zip Code 12508
-----------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retiree Council 13	Occupation (for Individual) TEACHER
--	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2020

Transaction ID : SA11AI.69185

Amount of Each Receipt this Period

20.00

 Memo Item

C. KENEFICK, DANIEL J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **1006 ROUTE 343**

City DOVER PLAINS	State NY	Zip Code 12522
-----------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Rye Tchrs Assn	Occupation (for Individual) TEACHER
--	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2020

Transaction ID : SA11AI.69261

Amount of Each Receipt this Period

15.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	55.00
TOTAL This Period (last page this line number only).....▶	

**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 514 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. KENNEDY, DAVID L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 103 SUFFOLK AVE
 City WEST BABYLON State NY Zip Code 11704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) East Islip T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69263
 Amount of Each Receipt this Period 40.00
 Memo Item

B. KENNEDY, SEAN P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 MAYFLOWER LN
 City KATONAH State NY Zip Code 10536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yorktown Cong Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69265
 Amount of Each Receipt this Period 150.00
 Memo Item

C. KEPPEL, TRACEY A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2615 SOUTH AVE
 City JAMESTOWN State NY Zip Code 14701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SOUTHWESTERN T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69267
 Amount of Each Receipt this Period 8.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	198.00
TOTAL This Period (last page this line number only).....	

**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 515 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. KESSLER, MELISSA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 148 SUTTON DR
 City PLAINVIEW State NY Zip Code 11803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69269
 Amount of Each Receipt this Period 10.00
 Memo Item

B. KIERNAN, SEAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 38 SHERWOOD DR
 City BETHPAGE State NY Zip Code 11714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69271
 Amount of Each Receipt this Period 10.00
 Memo Item

C. KILIAN, SARAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2804 OGDEN PL
 City UTICA State NY Zip Code 13501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Utica T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69272
 Amount of Each Receipt this Period 204.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	224.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 516 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. KILIAN, SARAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2804 OGDEN PL
 City UTICA State NY Zip Code 13501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Utica T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69273
 Amount of Each Receipt this Period
 12.00
 Memo Item

B. KIM, HEEWON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 CREST HILL CT
 City S HUNTINGTON State NY Zip Code 11746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69277
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. KINAL, GREGORY P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5520 CLINTON ST
 City ELMA State NY Zip Code 14059
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pembroke Tchrs Fed Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2020
Transaction ID : SA11AI.69281
 Amount of Each Receipt this Period
 204.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	226.00
TOTAL This Period (last page this line number only).....	

**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 517 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
KINAL, GREGORY P, , ,

Mailing Address **5520 CLINTON ST**

City ELMA	State NY	Zip Code 14059
---------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pembroke Tchrs Fed	Occupation (for Individual) TEACHER
--	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **216.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2020

Transaction ID : SA11AI.69282

Amount of Each Receipt this Period

12.00

 Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
KINAL, GREGORY P, , ,

Mailing Address **5520 CLINTON ST**

City ELMA	State NY	Zip Code 14059
---------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pembroke Tchrs Fed	Occupation (for Individual) TEACHER
--	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **228.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2020

Transaction ID : SA11AI.69283

Amount of Each Receipt this Period

12.00

 Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
KINAL, GREGORY P, , ,

Mailing Address **5520 CLINTON ST**

City ELMA	State NY	Zip Code 14059
---------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pembroke Tchrs Fed	Occupation (for Individual) TEACHER
--	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2020

Transaction ID : SA11AI.69284

Amount of Each Receipt this Period

12.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	36.00
TOTAL This Period (last page this line number only).....▶	

**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 518 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. KINAL, GREGORY P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5520 CLINTON ST
 City ELMA State NY Zip Code 14059
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Pembroke Tchrs Fed TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 254.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69285
 Amount of Each Receipt this Period
 14.00
 Memo Item

B. KING-LUKUNKU, DEBRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 COLLEGE AVE
 City PORT CHESTER State NY Zip Code 10573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Yonkers Fed Of Tchrs TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020
Transaction ID : SA11AI.69286
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. KING-LUKUNKU, DEBRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 COLLEGE AVE
 City PORT CHESTER State NY Zip Code 10573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Yonkers Fed Of Tchrs TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.69287
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	34.00
TOTAL This Period (last page this line number only).....▶	

**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 519 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. KING-LUKUNKU, DEBRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16 COLLEGE AVE

City PORT CHESTER	State NY	Zip Code 10573
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020

Transaction ID : SA11AI.69288

Amount of Each Receipt this Period
 10.00

Memo Item

B. KING-LUKUNKU, DEBRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16 COLLEGE AVE

City PORT CHESTER	State NY	Zip Code 10573
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.69289

Amount of Each Receipt this Period
 10.00

Memo Item

C. KINLEY, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 FOXCHASE DR

City COHOES	State NY	Zip Code 12047
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NYSUT	Occupation (for Individual) MANAGER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 575.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 27 / 2020

Transaction ID : SA11AI.69290

Amount of Each Receipt this Period
 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

**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 520 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. KINLEY, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 FOXCHASE DR
 City COHOES State NY Zip Code 12047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYSUT Occupation (for Individual) MANAGER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2020
Transaction ID : SA11AI.69291
 Amount of Each Receipt this Period 25.00
 Memo Item

B. KINLEY, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 FOXCHASE DR
 City COHOES State NY Zip Code 12047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYSUT Occupation (for Individual) MANAGER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020
Transaction ID : SA11AI.69292
 Amount of Each Receipt this Period 25.00
 Memo Item

C. KINLEY, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 FOXCHASE DR
 City COHOES State NY Zip Code 12047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYSUT Occupation (for Individual) MANAGER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69293
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 521 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. KINNEY, WAYNE E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 58 MAJESTIC DR
 City STUYVESANT State NY Zip Code 12173
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Hudson T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69296
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. KINNIER, JAMES R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26 HARBORVIEW DR
 City SAG HARBOR State NY Zip Code 11963
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) T A Of Sag Harbor Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69298
 Amount of Each Receipt this Period
 210.00
 Memo Item

C. KLAR, CHRISTINA A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 WOODLAND RD
 City NEW HARTFORD State NY Zip Code 13413
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) New Hartford T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.69299
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	240.00
TOTAL This Period (last page this line number only).....▶	

**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 522 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. KLAR, CHRISTINA A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 WOODLAND RD
 City NEW HARTFORD State NY Zip Code 13413
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) New Hartford T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.69300
 Amount of Each Receipt this Period 20.00
 Memo Item

B. KLAR, CHRISTINA A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 WOODLAND RD
 City NEW HARTFORD State NY Zip Code 13413
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) New Hartford T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69301
 Amount of Each Receipt this Period 20.00
 Memo Item

C. KLAR, CHRISTINA A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 WOODLAND RD
 City NEW HARTFORD State NY Zip Code 13413
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) New Hartford T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69302
 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).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 523 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. KLEVENO, ROBERT D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8 BERTS LN

City WARWICK	State NY	Zip Code 10990
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Orange Co BOCES T.A.	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.69308

Amount of Each Receipt this Period
 10.00

Memo Item

B. KLEVENO, ROBERT D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8 BERTS LN

City WARWICK	State NY	Zip Code 10990
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Orange Co BOCES T.A.	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.69309

Amount of Each Receipt this Period
 10.00

Memo Item

C. KLEVENO, ROBERT D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8 BERTS LN

City WARWICK	State NY	Zip Code 10990
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Orange Co BOCES T.A.	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.69310

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 524 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. KNAPP, LAURIE J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 758 SAWKILL RD
 City KINGSTON State NY Zip Code 12401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rondout Val FT & SRP Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.69313
 Amount of Each Receipt this Period 15.00
 Memo Item

B. KNAPP, LAURIE J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 758 SAWKILL RD
 City KINGSTON State NY Zip Code 12401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rondout Val FT & SRP Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.69314
 Amount of Each Receipt this Period 15.00
 Memo Item

C. KNAPP, LAURIE J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 758 SAWKILL RD
 City KINGSTON State NY Zip Code 12401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rondout Val FT & SRP Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69315
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	45.00
TOTAL This Period (last page this line number only).....	

**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 525 OF 1094
	<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

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. KNAPP, LAURIE J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 758 SAWKILL RD

City KINGSTON	State NY	Zip Code 12401
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Rondout Val FT & SRP	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.69316

Amount of Each Receipt this Period
 15.00

Memo Item

B. KNAPP, SHANNON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 112 DORMAR DR

City N SYRACUSE	State NY	Zip Code 13212
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) N Syracuse Educ Assn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.69318

Amount of Each Receipt this Period
 10.00

Memo Item

C. KNESS, CHRISTOPHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 70 WHITE ROCK RD

City PUTNAM VALLEY	State NY	Zip Code 10579
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Peekskill Fac Assn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.69320

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	35.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 526 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. KNEZEVICH, RADMILA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 COLUMBIA AVE APT A9
 City HARTSDALE State NY Zip Code 10530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Scarsdale T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.69321
 Amount of Each Receipt this Period
 15.00
 Memo Item

B. KNEZEVICH, RADMILA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 COLUMBIA AVE APT A9
 City HARTSDALE State NY Zip Code 10530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Scarsdale T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69322
 Amount of Each Receipt this Period
 15.00
 Memo Item

C. KOCH, TRACEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 484 BENEDICT AVE
 City TARRYTOWN State NY Zip Code 10591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Town of Highlands TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69325
 Amount of Each Receipt this Period
 205.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	235.00
TOTAL This Period (last page this line number only).....▶	

**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 527 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. KOCH, TRACEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 484 BENEDICT AVE
 City TARRYTOWN State NY Zip Code 10591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Town of Highlands TA TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 215.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69326
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. KOCH, TRACEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 484 BENEDICT AVE
 City TARRYTOWN State NY Zip Code 10591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Town of Highlands TA TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69327
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. KOLLAR, REBECCA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32 ROOSEVELT AVE
 City NESCONSET State NY Zip Code 11767
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Middle Cntry TA, Inc. TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.69335
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	70.00
TOTAL This Period (last page this line number only).....▶	

**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 528 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. KONATICH, JENNY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 LEEDS ST
 City HUNTINGTON STATIO State NY Zip Code 11746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69337
 Amount of Each Receipt this Period 10.00
 Memo Item

B. KONRAD-ZDATNY, NIKOLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 CARYL RD
 City CARMEL State NY Zip Code 10512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harrison Assn Of Tch Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.69338
 Amount of Each Receipt this Period 204.00
 Memo Item

C. KONRAD-ZDATNY, NIKOLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 CARYL RD
 City CARMEL State NY Zip Code 10512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harrison Assn Of Tch Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.69339
 Amount of Each Receipt this Period 12.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	226.00
TOTAL This Period (last page this line number only).....	

**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 529 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. KONRAD-ZDATNY, NIKOLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 CARYL RD
 City CARMEL State NY Zip Code 10512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harrison Assn Of Tch Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69340
 Amount of Each Receipt this Period 12.00
 Memo Item

B. KOPP, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 285 TYRCONNELL AVE
 City MASSAPEQUA PARK State NY Zip Code 11762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69342
 Amount of Each Receipt this Period 10.00
 Memo Item

C. KOSCINSKI, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 HAYES LN
 City CORAM State NY Zip Code 11727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SEWANHAKA FT Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69346
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	32.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 530 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. KOSTER, STEPHANIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 25 ALDRICH ST

City HUNTINGTON STATIO	State NY	Zip Code 11746
---------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.69349

Amount of Each Receipt this Period
 10.00

Memo Item

B. KOSTISHAK, LINDSEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 37 STANFORD CT

City WANTAGH	State NY	Zip Code 11793
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Great Neck T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2020

Transaction ID : SA11AI.69350

Amount of Each Receipt this Period
 20.00

Memo Item

C. KOSTISHAK, LINDSEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 37 STANFORD CT

City WANTAGH	State NY	Zip Code 11793
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Great Neck T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.69351

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 531 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. KOSTISHAK, LINDSEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37 STANFORD CT
 City WANTAGH State NY Zip Code 11793
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Great Neck T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69352
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. KOTCH, SERENA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 152 TOELSIN RD
 City CHEEKTOWAGA State NY Zip Code 14225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cleveland Hill EA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69353
 Amount of Each Receipt this Period
 209.00
 Memo Item

C. KOVACIK, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 HILLIARD AVE APT 6
 City EDGEWATER State NJ Zip Code 07020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020
Transaction ID : SA11AI.69359
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	239.00
TOTAL This Period (last page this line number only).....▶	

**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 532 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. KOVACIK, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 HILLIARD AVE APT 6

City EDGEWATER	State NJ	Zip Code 07020
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020

Transaction ID : SA11AI.69360

Amount of Each Receipt this Period
 10.00

Memo Item

B. KOVACIK, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 HILLIARD AVE APT 6

City EDGEWATER	State NJ	Zip Code 07020
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020

Transaction ID : SA11AI.69361

Amount of Each Receipt this Period
 10.00

Memo Item

C. KOVACIK, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 HILLIARD AVE APT 6

City EDGEWATER	State NJ	Zip Code 07020
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.69362

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 533 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. KOWAL, FREDERICK E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 232

City WARNERVILLE	State NY	Zip Code 12187
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Cobleskill	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1242.00

Date of Receipt
 11 / 24 / 2020
Transaction ID : SA11AI.69363

Amount of Each Receipt this Period
 54.00

Memo Item

B. KOWAL, FREDERICK E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 232

City WARNERVILLE	State NY	Zip Code 12187
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Cobleskill	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1296.00

Date of Receipt
 12 / 09 / 2020
Transaction ID : SA11AI.69364

Amount of Each Receipt this Period
 54.00

Memo Item

C. KOWAL, FREDERICK E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 232

City WARNERVILLE	State NY	Zip Code 12187
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Cobleskill	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1350.00

Date of Receipt
 12 / 23 / 2020
Transaction ID : SA11AI.69365

Amount of Each Receipt this Period
 54.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	162.00
TOTAL This Period (last page this line number only).....▶	

**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 534 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. KOWAL, FREDERICK E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 232

City WARNERVILLE	State NY	Zip Code 12187
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Cobleskill	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1404.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.69366

Amount of Each Receipt this Period
 54.00

Memo Item

B. KOWALSKI, SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9000 BEACH RD

City BREWERTON	State NY	Zip Code 13029
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) E Syracuse Minoa U T	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020

Transaction ID : SA11AI.69369

Amount of Each Receipt this Period
 10.00

Memo Item

C. KOWALSKI, SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9000 BEACH RD

City BREWERTON	State NY	Zip Code 13029
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) E Syracuse Minoa U T	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2020

Transaction ID : SA11AI.69370

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	74.00
TOTAL This Period (last page this line number only).....▶	

**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 535 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. KOZLOWSKI, KIMBERLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 333 E BROADWAY APT 5K
 City LONG BEACH State NY Zip Code 11561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69372
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. KRAHEL, KIMBERLY A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4531 NELSON RD
 City NEWFANE State NY Zip Code 14108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Starpoint T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69375
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. KRAKOWIAK, AMANDA N, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 104 LAKEVIEW AVE
 City FREDONIA State NY Zip Code 14063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fredonia T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69378
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶
TOTAL This Period (last page this line number only)..... ▶

40.00

**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 536 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. KRAMER, CAROL E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 164 BEAVER DAM RD
 City VOORHEESVILLE State NY Zip Code 12186
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Schalmont T.A. Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69379
 Amount of Each Receipt this Period
 29.00
 Memo Item

B. KRIKORIAN, JILL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 343 HERITAGE HLS UNIT A
 City SOMERS State NY Zip Code 10589
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020
Transaction ID : SA11AI.69381
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. KRIKORIAN, JILL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 343 HERITAGE HLS UNIT A
 City SOMERS State NY Zip Code 10589
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.69382
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	49.00
TOTAL This Period (last page this line number only).....	

**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 537 OF 1094
	<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	

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. KRIKORIAN, JILL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 343 HERITAGE HLS UNIT A

City SOMERS	State NY	Zip Code 10589
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 12 / 24 / 2020
Transaction ID : SA11AI.69383

Amount of Each Receipt this Period
 10.00

Memo Item

B. KRIKORIAN, JILL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 343 HERITAGE HLS UNIT A

City SOMERS	State NY	Zip Code 10589
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 330.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.69384

Amount of Each Receipt this Period
 10.00

Memo Item

C. KRUGER, MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19 UNION ST
 P.O.BOX 92

City FULTONVILLE	State NY	Zip Code 12072
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Amsterdam T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 12 / 02 / 2020
Transaction ID : SA11AI.69386

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	40.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 538 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. KRUGER, MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19 UNION ST
 P.O.BOX 92

City FULTONVILLE State NY Zip Code 12072

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
 Amsterdam T A TEACHER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.69387

Amount of Each Receipt this Period
 20.00

Memo Item

B. KRUGER, MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19 UNION ST
 P.O.BOX 92

City FULTONVILLE State NY Zip Code 12072

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
 Amsterdam T A TEACHER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.69388

Amount of Each Receipt this Period
 20.00

Memo Item

C. KUBE, BRUCE T, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9 CEDAR ST

City ISLIP State NY Zip Code 11751

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
 UUP-Stony Brook HSC TEACHER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 11 / 24 / 2020
Transaction ID : SA11AI.69390

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 50.00

TOTAL This Period (last page this line number only)..... ▶

**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 539 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. KUBE, BRUCE T, , ,			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>09</td> <td></td> <td>2020</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y	12		09		2020
M M M	/	D D D	/	Y Y Y Y Y Y											
12		09		2020											
Mailing Address 9 CEDAR ST			Transaction ID : SA11AI.69391												
City ISLIP	State NY	Zip Code 11751	Amount of Each Receipt this Period <table border="1"> <tr> <td>10.00</td> </tr> </table>			10.00									
10.00															
FEC ID number of contributing federal political committee. C		Memo Item <input type="checkbox"/>													
Name of Employer (for Individual) UUP-Stony Brook HSC		Occupation (for Individual) TEACHER													
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>240.00</td> </tr> </table>				240.00									
240.00															

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. KUBE, BRUCE T, , ,			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>23</td> <td></td> <td>2020</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y	12		23		2020
M M M	/	D D D	/	Y Y Y Y Y Y											
12		23		2020											
Mailing Address 9 CEDAR ST			Transaction ID : SA11AI.69392												
City ISLIP	State NY	Zip Code 11751	Amount of Each Receipt this Period <table border="1"> <tr> <td>10.00</td> </tr> </table>			10.00									
10.00															
FEC ID number of contributing federal political committee. C		Memo Item <input type="checkbox"/>													
Name of Employer (for Individual) UUP-Stony Brook HSC		Occupation (for Individual) TEACHER													
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>250.00</td> </tr> </table>				250.00									
250.00															

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. KUBE, BRUCE T, , ,			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>31</td> <td></td> <td>2020</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y	12		31		2020
M M M	/	D D D	/	Y Y Y Y Y Y											
12		31		2020											
Mailing Address 9 CEDAR ST			Transaction ID : SA11AI.69393												
City ISLIP	State NY	Zip Code 11751	Amount of Each Receipt this Period <table border="1"> <tr> <td>10.00</td> </tr> </table>			10.00									
10.00															
FEC ID number of contributing federal political committee. C		Memo Item <input type="checkbox"/>													
Name of Employer (for Individual) UUP-Stony Brook HSC		Occupation (for Individual) TEACHER													
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>260.00</td> </tr> </table>				260.00									
260.00															

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1"> <tr> <td>30.00</td> </tr> </table>	30.00
30.00		
TOTAL This Period (last page this line number only).....▶	<table border="1"> <tr> <td></td> </tr> </table>	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 540 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. KUCZKOWSKI, JASON D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1592 S BEND LN
 City LAKE VIEW State NY Zip Code 14085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eden Tchrs Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69395
 Amount of Each Receipt this Period
 220.00
 Memo Item

B. KUDELKA, ANDRZEI P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 PINEVIEW LN
 City CORAM State NY Zip Code 11727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Stony Brook HSC Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2020
Transaction ID : SA11AI.69396
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. KUDELKA, ANDRZEI P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 PINEVIEW LN
 City CORAM State NY Zip Code 11727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Stony Brook HSC Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2020
Transaction ID : SA11AI.69397
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	240.00
TOTAL This Period (last page this line number only).....▶	

**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 541 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. KUDELKA, ANDRZEJ P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 PINEVIEW LN
 City CORAM State NY Zip Code 11727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Stony Brook HSC Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69398
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. KUEHN, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 633 CO RTE 4
 City CENTRAL SQUARE State NY Zip Code 13036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mexico Academy CS FA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 289.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.69399
 Amount of Each Receipt this Period
 17.00
 Memo Item

C. KUEHN, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 633 CO RTE 4
 City CENTRAL SQUARE State NY Zip Code 13036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mexico Academy CS FA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 306.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69400
 Amount of Each Receipt this Period
 17.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	44.00
TOTAL This Period (last page this line number only).....	

**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 542 OF 1094
	<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	<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. KUEHN, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 633 CO RTE 4
 City CENTRAL SQUARE State NY Zip Code 13036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mexico Academy CS FA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 323.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69401
 Amount of Each Receipt this Period 17.00
 Memo Item

B. KUIPER, EDITH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 593B CHERRY HILL RD
 City HIGH FALLS State NY Zip Code 12440
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-New Paltz Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2020
Transaction ID : SA11AI.69404
 Amount of Each Receipt this Period 20.00
 Memo Item

C. KUIPER, EDITH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 593B CHERRY HILL RD
 City HIGH FALLS State NY Zip Code 12440
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-New Paltz Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2020
Transaction ID : SA11AI.69405
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	57.00
TOTAL This Period (last page this line number only).....▶	

**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 543 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. KUIPER, EDITH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 593B CHERRY HILL RD

City HIGH FALLS	State NY	Zip Code 12440
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-New Paltz	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 12 / 23 / 2020
Transaction ID : SA11AI.69406

Amount of Each Receipt this Period
 20.00

Memo Item

B. KUIPER, EDITH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 593B CHERRY HILL RD

City HIGH FALLS	State NY	Zip Code 12440
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-New Paltz	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 520.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.69407

Amount of Each Receipt this Period
 20.00

Memo Item

C. KULAGA, THOMAS F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 383 MILTON TPKE

City MILTON	State NY	Zip Code 12547
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Marlboro Fac Asn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.69409

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	50.00
TOTAL This Period (last page this line number only).....	

**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 544 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Kulczycky, Jineen, , ,			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>30</td> <td></td> <td>2020</td> </tr> </table> Transaction ID : SA11AI.69186			M M M	/	D D D	/	Y Y Y Y Y Y	11		30		2020
M M M	/	D D D	/	Y Y Y Y Y Y											
11		30		2020											
Mailing Address 1898 MANGO ST NE			Amount of Each Receipt this Period <table border="1"> <tr> <td>27.00</td> </tr> </table> <input type="checkbox"/> Memo Item			27.00									
27.00															
City PALM BAY	State FL	Zip Code 32905													
FEC ID number of contributing federal political committee. C															
Name of Employer (for Individual) West Seneca TA,Inc		Occupation (for Individual) TEACHER													
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>297.00</td> </tr> </table>	297.00												
297.00															

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kulczycky, Jineen, , ,			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>31</td> <td></td> <td>2020</td> </tr> </table> Transaction ID : SA11AI.69187			M M M	/	D D D	/	Y Y Y Y Y Y	12		31		2020
M M M	/	D D D	/	Y Y Y Y Y Y											
12		31		2020											
Mailing Address 1898 MANGO ST NE			Amount of Each Receipt this Period <table border="1"> <tr> <td>27.00</td> </tr> </table> <input type="checkbox"/> Memo Item			27.00									
27.00															
City PALM BAY	State FL	Zip Code 32905													
FEC ID number of contributing federal political committee. C															
Name of Employer (for Individual) West Seneca TA,Inc		Occupation (for Individual) TEACHER													
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>324.00</td> </tr> </table>	324.00												
324.00															

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. KURTZ, HEATHER L, , ,			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>04</td> <td></td> <td>2020</td> </tr> </table> Transaction ID : SA11AI.69411			M M M	/	D D D	/	Y Y Y Y Y Y	12		04		2020
M M M	/	D D D	/	Y Y Y Y Y Y											
12		04		2020											
Mailing Address 8885 CLARENCE CENTER RD			Amount of Each Receipt this Period <table border="1"> <tr> <td>7.00</td> </tr> </table> <input type="checkbox"/> Memo Item			7.00									
7.00															
City CLARENCE CENTER	State NY	Zip Code 14032													
FEC ID number of contributing federal political committee. C															
Name of Employer (for Individual) Williamsville TA,Inc		Occupation (for Individual) TEACHER													
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>266.00</td> </tr> </table>	266.00												
266.00															

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1"> <tr> <td>61.00</td> </tr> </table>	61.00
61.00		
TOTAL This Period (last page this line number only).....▶	<table border="1"> <tr> <td></td> </tr> </table>	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 545 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. KURTZ, HEATHER L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8885 CLARENCE CENTER RD
 City CLARENCE CENTER State NY Zip Code 14032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Williamsville TA,Inc TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 273.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2020
Transaction ID : SA11AI.69412
 Amount of Each Receipt this Period
 7.00
 Memo Item

B. KURTZ, HEATHER L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8885 CLARENCE CENTER RD
 City CLARENCE CENTER State NY Zip Code 14032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Williamsville TA,Inc TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2020
Transaction ID : SA11AI.69413
 Amount of Each Receipt this Period
 7.00
 Memo Item

C. KURYLA, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8097 ASHERY LN
 City CICERO State NY Zip Code 13039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 N Syracuse Educ Assn TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69415
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 24.00
TOTAL This Period (last page this line number only).....▶

**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 546 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. LAARAJ, BARBARA, , ,			Date of Receipt		
Mailing Address 146 ROUTE 100			M M M / D D D / Y Y Y Y Y Y 12 / 02 / 2020		
City KATONAH	State NY	Zip Code 10536	Transaction ID : SA11AI.69431		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 15.00		
Name of Employer (for Individual) Scarsdale T A		Occupation (for Individual) TEACHER	<input type="checkbox"/> Memo Item		
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 255.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. LAARAJ, BARBARA, , ,			Date of Receipt		
Mailing Address 146 ROUTE 100			M M M / D D D / Y Y Y Y Y Y 12 / 29 / 2020		
City KATONAH	State NY	Zip Code 10536	Transaction ID : SA11AI.69432		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 15.00		
Name of Employer (for Individual) Scarsdale T A		Occupation (for Individual) TEACHER	<input type="checkbox"/> Memo Item		
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 270.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Lacey, Ellen, , ,			Date of Receipt		
Mailing Address 1111 SPEARHEAD DR			M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020		
City SCHENECTADY	State NY	Zip Code 12302	Transaction ID : SA11AI.69416		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 204.00		
Name of Employer (for Individual) Plattsburgh T A		Occupation (for Individual) TEACHER	<input type="checkbox"/> Memo Item		
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 204.00			

SUBTOTAL of Receipts This Page (optional).....	234.00
TOTAL This Period (last page this line number only).....	

**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 547 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. LACOPPOLA, ANDREW P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 146 S GRAY RD

City PALATINE BRIDGE	State NY	Zip Code 13428
-------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Johnstown Tchrs Assn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.69435

Amount of Each Receipt this Period
 10.00

Memo Item

B. LAFALCE, SCOT A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 185 E HAZELTINE AVE

City KENMORE	State NY	Zip Code 14217
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Kenmore Tchrs Assn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 12 / 02 / 2020
Transaction ID : SA11AI.69436

Amount of Each Receipt this Period
 15.00

Memo Item

C. LAFALCE, SCOT A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 185 E HAZELTINE AVE

City KENMORE	State NY	Zip Code 14217
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Kenmore Tchrs Assn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 285.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.69437

Amount of Each Receipt this Period
 15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	40.00
TOTAL This Period (last page this line number only).....	

**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 548 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. LAFALCE, SCOT A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 185 E HAZELTINE AVE

City KENMORE	State NY	Zip Code 14217
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Kenmore Tchrs Assn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.69438

Amount of Each Receipt this Period
 15.00

Memo Item

B. LAFALCE, SCOT A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 185 E HAZELTINE AVE

City KENMORE	State NY	Zip Code 14217
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Kenmore Tchrs Assn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 315.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.69439

Amount of Each Receipt this Period
 15.00

Memo Item

C. LAMANNA, ERIC, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 E MAPLE ST

City VALHALLA	State NY	Zip Code 10595
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 12 / 01 / 2020
Transaction ID : SA11AI.69441

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	40.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 549 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. LAMANNA, ERIC, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 E MAPLE ST

City VALHALLA	State NY	Zip Code 10595
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020

Transaction ID : SA11AI.69442

Amount of Each Receipt this Period
 10.00

Memo Item

B. LAMANNA, ERIC, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 E MAPLE ST

City VALHALLA	State NY	Zip Code 10595
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020

Transaction ID : SA11AI.69443

Amount of Each Receipt this Period
 10.00

Memo Item

C. LAMANNA, ERIC, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 E MAPLE ST

City VALHALLA	State NY	Zip Code 10595
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 290.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.69444

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**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 550 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. LAMBIASE, JEAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 WINSTON DR
 City GOSHEN State NY Zip Code 10924
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Town of Highlands TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.69447
 Amount of Each Receipt this Period 20.00
 Memo Item

B. LAMBIASE, JEAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 WINSTON DR
 City GOSHEN State NY Zip Code 10924
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Town of Highlands TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.69448
 Amount of Each Receipt this Period 20.00
 Memo Item

C. LAMBIASE, JEAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 WINSTON DR
 City GOSHEN State NY Zip Code 10924
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Town of Highlands TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69449
 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).....▶	

**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 551 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. LAMBIASE, JEAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 WINSTON DR
 City GOSHEN State NY Zip Code 10924
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Town of Highlands TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 430.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69450
 Amount of Each Receipt this Period 20.00
 Memo Item

B. LAMBIASE, JEAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 WINSTON DR
 City GOSHEN State NY Zip Code 10924
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Town of Highlands TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69451
 Amount of Each Receipt this Period 20.00
 Memo Item

C. LAMONICA, MICHAEL J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 MEEKER RD
 City WALLKILL State NY Zip Code 12589
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Goshen TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69454
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	50.00
TOTAL This Period (last page this line number only).....	

**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 552 OF 1094
	<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

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. LAMONICA, MICHAEL J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 325 MEEKER RD

City WALLKILL	State NY	Zip Code 12589
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Goshen TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.69455

Amount of Each Receipt this Period
 10.00

Memo Item

B. LAMONICA, MICHAEL J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 325 MEEKER RD

City WALLKILL	State NY	Zip Code 12589
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Goshen TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.69456

Amount of Each Receipt this Period
 10.00

Memo Item

C. LAMONICA, MICHAEL J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 325 MEEKER RD

City WALLKILL	State NY	Zip Code 12589
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Goshen TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.69457

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 553 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. LAMONICA, MICHAEL J, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 29 / 2020 Transaction ID : SA11AI.69458		
Mailing Address 325 MEEKER RD			Amount of Each Receipt this Period 10.00		
City WALLKILL	State NY	Zip Code 12589	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Goshen TA		Occupation (for Individual) TEACHER			
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. LAMONICA, MICHAEL J, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 29 / 2020 Transaction ID : SA11AI.69459		
Mailing Address 325 MEEKER RD			Amount of Each Receipt this Period 10.00		
City WALLKILL	State NY	Zip Code 12589	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Goshen TA		Occupation (for Individual) TEACHER			
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. LAMOURET, DAVID, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 16 / 2020 Transaction ID : SA11AI.69460		
Mailing Address 151 VANDERWERKER RD			Amount of Each Receipt this Period 50.00		
City CHERRY VALLEY	State NY	Zip Code 13320	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Chry Vily Sprgfld TA		Occupation (for Individual) TEACHER			
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 460.00			

SUBTOTAL of Receipts This Page (optional).....▶	70.00
TOTAL This Period (last page this line number only).....▶	

**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 554 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. LAMOURET, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 151 VANDERWERKER RD

City CHERRY VALLEY	State NY	Zip Code 13320
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Chry Vly Sprgfld TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 510.00

Date of Receipt
 12 / 16 / 2020
Transaction ID : SA11AI.69461

Amount of Each Receipt this Period
 50.00

Memo Item

B. LAMOURET, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 151 VANDERWERKER RD

City CHERRY VALLEY	State NY	Zip Code 13320
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Chry Vly Sprgfld TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 560.00

Date of Receipt
 12 / 16 / 2020
Transaction ID : SA11AI.69462

Amount of Each Receipt this Period
 50.00

Memo Item

C. LAMOURET, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 151 VANDERWERKER RD

City CHERRY VALLEY	State NY	Zip Code 13320
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Chry Vly Sprgfld TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 610.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.69463

Amount of Each Receipt this Period
 50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

**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 555 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. LAMOURET, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 151 VANDERWERKER RD

City CHERRY VALLEY	State NY	Zip Code 13320
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Chry Vly Sprgfld TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 660.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.69464

Amount of Each Receipt this Period
 50.00

Memo Item

B. LANDERS, AMANDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 116 APRICOT PL

City RONKONKOMA	State NY	Zip Code 11779
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.69467

Amount of Each Receipt this Period
 10.00

Memo Item

C. LANE, BYRON F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 HAWKINS RD

City STONY BROOK	State NY	Zip Code 11790
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UT Harborfields	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 205.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020

Transaction ID : SA11AI.69468

Amount of Each Receipt this Period
 205.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	265.00
TOTAL This Period (last page this line number only).....▶	

**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 556 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. LANE, BYRON F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 HAWKINS RD
 City STONY BROOK State NY Zip Code 11790
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UT Harborfields Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69469
 Amount of Each Receipt this Period 10.00
 Memo Item

B. LANE, BYRON F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 HAWKINS RD
 City STONY BROOK State NY Zip Code 11790
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UT Harborfields Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69470
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Lang, Maryann, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 53 PARK AVE
 City HICKSVILLE State NY Zip Code 11801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sachem Central T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 207.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69418
 Amount of Each Receipt this Period 207.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	227.00
TOTAL This Period (last page this line number only).....▶	

**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 557 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. LANGUMAS, ARISLEYDI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 383 BABYLON TPKE

City FREEPORT	State NY	Zip Code 11520
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.69475

Amount of Each Receipt this Period
 10.00

Memo Item

B. LAROCCA, OLIVIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 36 GLEANER LN

City LEVITTOWN	State NY	Zip Code 11756
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.69481

Amount of Each Receipt this Period
 10.00

Memo Item

C. LARSON, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3026 SUNSET LN

City SCHENECTADY	State NY	Zip Code 12303
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NYSUT	Occupation (for Individual) LEGISLATIVE REP
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Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 713.00

Date of Receipt
 11 / 27 / 2020
Transaction ID : SA11AI.69482

Amount of Each Receipt this Period
 31.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	51.00
TOTAL This Period (last page this line number only).....	

**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 558 OF 1094
	<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	

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. LARSON, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3026 SUNSET LN
 City SCHENECTADY State NY Zip Code 12303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYSUT Occupation (for Individual) LEGISLATIVE REP
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 744.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2020
Transaction ID : SA11AI.69483
 Amount of Each Receipt this Period 31.00
 Memo Item

B. LARSON, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3026 SUNSET LN
 City SCHENECTADY State NY Zip Code 12303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYSUT Occupation (for Individual) LEGISLATIVE REP
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 775.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020
Transaction ID : SA11AI.69484
 Amount of Each Receipt this Period 31.00
 Memo Item

C. LARSON, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3026 SUNSET LN
 City SCHENECTADY State NY Zip Code 12303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYSUT Occupation (for Individual) LEGISLATIVE REP
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 806.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69485
 Amount of Each Receipt this Period 31.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	93.00
TOTAL This Period (last page this line number only).....	

**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 559 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. LASKY, DAVID C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 930 CROWN ST
 City OLEAN State NY Zip Code 14760
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OLEAN TCHRS ASSN Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2020
Transaction ID : SA11AI.69487
 Amount of Each Receipt this Period
 30.00
 Memo Item

B. LASKY, DAVID C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 930 CROWN ST
 City OLEAN State NY Zip Code 14760
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OLEAN TCHRS ASSN Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 277.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69488
 Amount of Each Receipt this Period
 30.00
 Memo Item

C. LASKY, DAVID C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 930 CROWN ST
 City OLEAN State NY Zip Code 14760
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OLEAN TCHRS ASSN Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69489
 Amount of Each Receipt this Period
 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	90.00
TOTAL This Period (last page this line number only).....	

**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 560 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. LATAL, KATHERINE L, , ,			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td>/</td> <td>24</td> <td>/</td> <td>2020</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y	11	/	24	/	2020
M M M	/	D D D	/	Y Y Y Y Y Y											
11	/	24	/	2020											
Mailing Address 6 HELDERBERG AVE			Transaction ID : SA11Al.69490												
City ALBANY	State NY	Zip Code 12208	Amount of Each Receipt this Period <table border="1"> <tr> <td>10.00</td> </tr> </table>			10.00									
10.00															
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item												
Name of Employer (for Individual) UUP-Albany		Occupation (for Individual) TEACHER	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>230.00</td> </tr> </table>			230.00									
230.00															
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼															

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. LATAL, KATHERINE L, , ,			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td>/</td> <td>09</td> <td>/</td> <td>2020</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y	12	/	09	/	2020
M M M	/	D D D	/	Y Y Y Y Y Y											
12	/	09	/	2020											
Mailing Address 6 HELDERBERG AVE			Transaction ID : SA11Al.69491												
City ALBANY	State NY	Zip Code 12208	Amount of Each Receipt this Period <table border="1"> <tr> <td>10.00</td> </tr> </table>			10.00									
10.00															
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item												
Name of Employer (for Individual) UUP-Albany		Occupation (for Individual) TEACHER	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>240.00</td> </tr> </table>			240.00									
240.00															
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼															

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. LATAL, KATHERINE L, , ,			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td>/</td> <td>23</td> <td>/</td> <td>2020</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y	12	/	23	/	2020
M M M	/	D D D	/	Y Y Y Y Y Y											
12	/	23	/	2020											
Mailing Address 6 HELDERBERG AVE			Transaction ID : SA11Al.69492												
City ALBANY	State NY	Zip Code 12208	Amount of Each Receipt this Period <table border="1"> <tr> <td>10.00</td> </tr> </table>			10.00									
10.00															
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item												
Name of Employer (for Individual) UUP-Albany		Occupation (for Individual) TEACHER	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>250.00</td> </tr> </table>			250.00									
250.00															
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼															

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1"> <tr> <td>30.00</td> </tr> </table>	30.00
30.00		
TOTAL This Period (last page this line number only).....▶	<table border="1"> <tr> <td></td> </tr> </table>	

**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 561 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. LATAL, KATHERINE L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address **6 HELDERBERG AVE**
 City **ALBANY** State **NY** Zip Code **12208**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **UUP-Albany** Occupation (for Individual) **TEACHER**
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **260.00**

Date of Receipt **12 / 31 / 2020**
Transaction ID : SA11AI.69493
 Amount of Each Receipt this Period **10.00**
 Memo Item

B. LATOUCHE, ELISHA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address **3479 ELLA RD**
 City **WANTAGH** State **NY** Zip Code **11793**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **Syosset T A** Occupation (for Individual) **TEACHER**
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **12 / 31 / 2020**
Transaction ID : SA11AI.69495
 Amount of Each Receipt this Period **10.00**
 Memo Item

C. Laurence, Donald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address **2016 SW DANFORTH CIR**
 City **PALM CITY** State **FL** Zip Code **34990**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **Newburgh T A** Occupation (for Individual) **TEACHER**
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **440.00**

Date of Receipt **11 / 30 / 2020**
Transaction ID : SA11AI.69419
 Amount of Each Receipt this Period **40.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **60.00**
TOTAL This Period (last page this line number only).....

**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 562 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Laurence, Donald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2016 SW DANFORTH CIR
 City PALM CITY State FL Zip Code 34990
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Newburgh T A TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69420
 Amount of Each Receipt this Period
 40.00
 Memo Item

B. LAUZON, DEANNA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 47 CUSHMAN RD
 City FT COVINGTON State NY Zip Code 12937
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Salmon River TA TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.69496
 Amount of Each Receipt this Period
 5.00
 Memo Item

C. LAUZON, DEANNA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 47 CUSHMAN RD
 City FT COVINGTON State NY Zip Code 12937
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Salmon River TA TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69497
 Amount of Each Receipt this Period
 5.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	50.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 563 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. LAUZON, DEANNA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 47 CUSHMAN RD
 City FT COVINGTON State NY Zip Code 12937
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Salmon River TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69498
 Amount of Each Receipt this Period 5.00
 Memo Item

B. LAUZON, DEANNA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 47 CUSHMAN RD
 City FT COVINGTON State NY Zip Code 12937
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Salmon River TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69499
 Amount of Each Receipt this Period 5.00
 Memo Item

C. LEACH, JOANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 239 NORTHRIDGE DR
 City CENTRAL SQUARE State NY Zip Code 13036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N Syracuse Educ Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69507
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	20.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 564 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. LEADER, BRUCE R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 650 AUBURN AVE
 City BUFFALO State NY Zip Code 14222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Starpoint T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69509
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. LEARY, KATHARINE A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 259 STORER AVE
 City NEW ROCHELLE State NY Zip Code 10801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Scarsdale T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.69510
 Amount of Each Receipt this Period
 15.00
 Memo Item

C. LEARY, KATHARINE A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 259 STORER AVE
 City NEW ROCHELLE State NY Zip Code 10801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Scarsdale T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69511
 Amount of Each Receipt this Period
 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	50.00
TOTAL This Period (last page this line number only).....	

**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 565 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. LEBENNS, CHRISTINE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 771 S COUNTRY RD
 City PATCHOGUE State NY Zip Code 11772
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Garden City T A TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 208.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2020
Transaction ID : SA11AI.69513
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Leblang, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1724 HUNTLEY PL
 City HEWLETT State NY Zip Code 11557
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Yonkers Fed Of Tchrs TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.69421
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Leblang, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1724 HUNTLEY PL
 City HEWLETT State NY Zip Code 11557
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Yonkers Fed Of Tchrs TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69422
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	258.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 566 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. LEE, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 MILFORD PL
 City FARMINGDALE State NY Zip Code 11735
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69516
 Amount of Each Receipt this Period 10.00
 Memo Item

B. LEIDEL, ELIZABETH C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 58 CORNCRIB LN
 City LEVITTOWN State NY Zip Code 11756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) W Babylon T A Inc Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69517
 Amount of Each Receipt this Period 100.00
 Memo Item

C. LEIDNER, KIMBERLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3837 MARION CT
 City SEAFORD State NY Zip Code 11783
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69520
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	120.00
TOTAL This Period (last page this line number only).....	

**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 567 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. LEIREY, JOHN P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 475 MILLER RD
 City CLIFTON PARK State NY Zip Code 12065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Albany Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2020
Transaction ID : SA11Al.69521
 Amount of Each Receipt this Period 10.00
 Memo Item

B. LEIREY, JOHN P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 475 MILLER RD
 City CLIFTON PARK State NY Zip Code 12065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Albany Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2020
Transaction ID : SA11Al.69522
 Amount of Each Receipt this Period 10.00
 Memo Item

C. LEIREY, JOHN P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 475 MILLER RD
 City CLIFTON PARK State NY Zip Code 12065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Albany Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2020
Transaction ID : SA11Al.69523
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 568 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. LEIREY, JOHN P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 475 MILLER RD
 City CLIFTON PARK State NY Zip Code 12065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Albany Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69524
 Amount of Each Receipt this Period 10.00
 Memo Item

B. LELAND, DORA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 116 DAVENPORT RD
 City BIG FLATS State NY Zip Code 14814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Horseheads T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 833.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.69525
 Amount of Each Receipt this Period 6.00
 Memo Item

C. LELAND, DORA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 116 DAVENPORT RD
 City BIG FLATS State NY Zip Code 14814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Horseheads T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 914.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2020
Transaction ID : SA11AI.69526
 Amount of Each Receipt this Period 80.60
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	96.60
TOTAL This Period (last page this line number only).....	

**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 569 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. LELAND, DORA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 116 DAVENPORT RD
 City BIG FLATS State NY Zip Code 14814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Horseheads T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 920.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.69527
 Amount of Each Receipt this Period 6.00
 Memo Item

B. LELAND, DORA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 116 DAVENPORT RD
 City BIG FLATS State NY Zip Code 14814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Horseheads T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 926.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69528
 Amount of Each Receipt this Period 6.00
 Memo Item

C. LELAND, DORA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 116 DAVENPORT RD
 City BIG FLATS State NY Zip Code 14814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Horseheads T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 932.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69529
 Amount of Each Receipt this Period 6.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	18.00
TOTAL This Period (last page this line number only).....	

**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 570 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. LENZI, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30 SCHOOLHOUSE LN

City HAUPPAUGE	State NY	Zip Code 11788
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.69532

Amount of Each Receipt this Period
 10.00

Memo Item

B. LEONARD-DONAL, JESSICA K, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 31 MARYLAND AVE

City ARMONK	State NY	Zip Code 10504
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Edgemont T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.69537

Amount of Each Receipt this Period
 240.00

Memo Item

C. LEONI, LYNN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2802 VILLAGE DR

City BREWSTER	State NY	Zip Code 10509
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 12 / 16 / 2020
Transaction ID : SA11AI.69538

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	270.00
TOTAL This Period (last page this line number only).....▶	

**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 571 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. LEONI, LYNN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2802 VILLAGE DR

City BREWSTER	State NY	Zip Code 10509
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020

Transaction ID : SA11AI.69539

Amount of Each Receipt this Period
 10.00

Memo Item

B. LEONI, LYNN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2802 VILLAGE DR

City BREWSTER	State NY	Zip Code 10509
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.69540

Amount of Each Receipt this Period
 20.00

Memo Item

C. LESSE, LEANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 ANN DR

City SYOSSET	State NY	Zip Code 11791
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.69546

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	40.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 572 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. LEWANDOWSKI, JEFFREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5526 FOREST HILL RD
 City LOCKPORT State NY Zip Code 14094
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lockport E A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 202.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69550
 Amount of Each Receipt this Period
 202.00
 Memo Item

B. Lewin, Edith, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 49 CARRIAGE HL E
 City BUFFALO State NY Zip Code 14221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retiree Council 44 Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.69423
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Lewin, Edith, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 49 CARRIAGE HL E
 City BUFFALO State NY Zip Code 14221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retiree Council 44 Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69424
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	252.00
TOTAL This Period (last page this line number only).....▶	

**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 573 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. LEWIS, SANDRA A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 CURTIS PL
 City FREDONIA State NY Zip Code 14063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Fredonia Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 606.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2020
Transaction ID : SA11AI.69551
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. LEWIS, SUZANNE L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1001 BARBERRY RD
 City YORKTOWN HEIGHTS State NY Zip Code 10598
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Croton Tchrs Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69552
 Amount of Each Receipt this Period
 15.00
 Memo Item

C. LEWIS, SUZANNE L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1001 BARBERRY RD
 City YORKTOWN HEIGHTS State NY Zip Code 10598
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Croton Tchrs Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69553
 Amount of Each Receipt this Period
 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	230.00
TOTAL This Period (last page this line number only).....▶	

**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 574 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. LEWIS, SUZANNE L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1001 BARBERRY RD
 City YORKTOWN HEIGHTS State NY Zip Code 10598
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Croton Tchrs Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69554
 Amount of Each Receipt this Period 15.00
 Memo Item

B. LEWIS, SUZANNE L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1001 BARBERRY RD
 City YORKTOWN HEIGHTS State NY Zip Code 10598
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Croton Tchrs Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69555
 Amount of Each Receipt this Period 15.00
 Memo Item

C. LIBERTUCCI, MICHAEL L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 544 SWAGGERTOWN RD
 City SCHENECTADY State NY Zip Code 12302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Schalmont T.A. Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69556
 Amount of Each Receipt this Period 209.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	239.00
TOTAL This Period (last page this line number only).....▶	

**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 575 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. LICHT, MICHELLE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3980 TONAWANDA CREEK RD
 City EAST AMHERST State NY Zip Code 14051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Williamsville TA,Inc Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 995.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2020
Transaction ID : SA11AI.69557
 Amount of Each Receipt this Period 25.00
 Memo Item

B. LICHT, MICHELLE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3980 TONAWANDA CREEK RD
 City EAST AMHERST State NY Zip Code 14051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Williamsville TA,Inc Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1056.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2020
Transaction ID : SA11AI.69558
 Amount of Each Receipt this Period 60.60
 Memo Item

C. LICHT, MICHELLE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3980 TONAWANDA CREEK RD
 City EAST AMHERST State NY Zip Code 14051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Williamsville TA,Inc Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1081.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2020
Transaction ID : SA11AI.69559
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	110.60
TOTAL This Period (last page this line number only).....	

**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 576 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. LICHT, MICHELLE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3980 TONAWANDA CREEK RD
 City EAST AMHERST State NY Zip Code 14051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Williamsville TA,Inc Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1106.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2020
Transaction ID : SA11AI.69560
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. LICHTENSTEIN, TRACI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 RUBY LN
 City PLAINVIEW State NY Zip Code 11803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69562
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. LIGUORI, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 54 ROWE AVE
 City LYNBROOK State NY Zip Code 11563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69567
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	45.00
TOTAL This Period (last page this line number only).....	

**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 577 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Lilley, Lorraine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3655 N MINERSVILLE HWY
 City CEDAR CITY State UT Zip Code 84721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N Rockland TA,Inc. Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.69425
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. Lilley, Lorraine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3655 N MINERSVILLE HWY
 City CEDAR CITY State UT Zip Code 84721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N Rockland TA,Inc. Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69426
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. LILLEY, TRICIA S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 702 RIDGE RD
 City VESTAL State NY Zip Code 13850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VESTAL TEACHERS ASSN Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69572
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	50.00
TOTAL This Period (last page this line number only).....	

**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 578 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. LINDBLUM, KENNETH J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address HC #335

City HAGAMAN	State NY	Zip Code 12086
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Stony Brook	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2020

Transaction ID : SA11AI.69573

Amount of Each Receipt this Period
20.00

Memo Item

B. LINDBLUM, KENNETH J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address HC #335

City HAGAMAN	State NY	Zip Code 12086
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Stony Brook	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2020

Transaction ID : SA11AI.69574

Amount of Each Receipt this Period
20.00

Memo Item

C. LINDBLUM, KENNETH J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address HC #335

City HAGAMAN	State NY	Zip Code 12086
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Stony Brook	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 23 / 2020

Transaction ID : SA11AI.69575

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).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 579 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. LINDBLUM, KENNETH J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address HC #335
 City HAGAMAN State NY Zip Code 12086
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Stony Brook Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69576
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. LINDELL, BRAD J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 127 ECHO AVE
 City MILLER PLACE State NY Zip Code 11764
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Connetquot T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.69577
 Amount of Each Receipt this Period
 12.00
 Memo Item

C. LINDELL, BRAD J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 127 ECHO AVE
 City MILLER PLACE State NY Zip Code 11764
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Connetquot T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69578
 Amount of Each Receipt this Period
 12.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	44.00
TOTAL This Period (last page this line number only).....	

**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 580 OF 1094
	<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	

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. LINDELL, BRAD J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 127 ECHO AVE
 City MILLER PLACE State NY Zip Code 11764
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Connetquot T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69579
 Amount of Each Receipt this Period 12.00
 Memo Item

B. LINDELL, BRAD J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 127 ECHO AVE
 City MILLER PLACE State NY Zip Code 11764
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Connetquot T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69580
 Amount of Each Receipt this Period 12.00
 Memo Item

C. LINKER, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 ELM ST
 City SAYVILLE State NY Zip Code 11782
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) F A Of Suffolk CC Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69582
 Amount of Each Receipt this Period 8.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	32.00
TOTAL This Period (last page this line number only).....	

**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 581 OF 1094
	<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	

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. LINKER, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 ELM ST
 City SAYVILLE State NY Zip Code 11782
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 F A Of Suffolk CC TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69583
 Amount of Each Receipt this Period
 8.00
 Memo Item

B. LINKINHOKER, KIM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 318 ALBERT RD
 City SYRACUSE State NY Zip Code 13214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 N Syracuse Educ Assn TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69585
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. LINN, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5448 OAKRIDGE DR
 City HAMBURG State NY Zip Code 14075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Lake Shore Cent T A TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 204.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2020
Transaction ID : SA11AI.69587
 Amount of Each Receipt this Period
 204.25
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	222.25
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 582 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. LINN, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5448 OAKRIDGE DR
 City HAMBURG State NY Zip Code 14075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lake Shore Cent T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69588
 Amount of Each Receipt this Period
 10.75
 Memo Item

B. LIS, BRANDON N, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 46 BRACKETT LN
 City WILTON State NY Zip Code 12831
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Glens Falls T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69589
 Amount of Each Receipt this Period
 210.00
 Memo Item

C. LISKOW, KELLEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10701 JAMESTOWN RD
 City RANDOLPH State NY Zip Code 14772
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Boces T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.69591
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	245.75
TOTAL This Period (last page this line number only).....	

**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 583 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. LISKOW, KELLEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10701 JAMESTOWN RD

City RANDOLPH	State NY	Zip Code 14772
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) United Boces T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020

Transaction ID : SA11AI.69592

Amount of Each Receipt this Period
 25.00

Memo Item

B. LISKOW, KELLEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10701 JAMESTOWN RD

City RANDOLPH	State NY	Zip Code 14772
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) United Boces T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.69593

Amount of Each Receipt this Period
 25.00

Memo Item

C. Litt, Barbara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 215 W 91ST ST APT 21

City NEW YORK	State NY	Zip Code 10024
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 253.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020

Transaction ID : SA11AI.69427

Amount of Each Receipt this Period
 23.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	73.00
TOTAL This Period (last page this line number only).....	

**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 584 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Litt, Barbara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 215 W 91ST ST APT 21
 City NEW YORK State NY Zip Code 10024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 278.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69428
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. LITTLE, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 145 KUHL AVE
 City SYRACUSE State NY Zip Code 13208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syracuse T A Inc Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.69594
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. LITTLE, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 145 KUHL AVE
 City SYRACUSE State NY Zip Code 13208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syracuse T A Inc Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2020
Transaction ID : SA11AI.69595
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

**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 585 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. LITTLE, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 145 KUHL AVE
 City SYRACUSE State NY Zip Code 13208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syracuse T A Inc Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69596
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. LLOYD, KATHLEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 153 FIELDS LN
 City PEEKSKILL State NY Zip Code 10566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Edgemont T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69601
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. LOCKWOOD, JEFFREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 38 WINCREST DR
 City QUEENSBURY State NY Zip Code 12804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYSUT Occupation (for Individual) MANAGER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 27 / 2020
Transaction ID : SA11AI.69602
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	335.00
TOTAL This Period (last page this line number only).....	

**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 586 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. LOCKWOOD, JEFFREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 38 WINCREST DR

City QUEENSBURY	State NY	Zip Code 12804
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NYSUT	Occupation (for Individual) MANAGER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2020

Transaction ID : SA11AI.69603

Amount of Each Receipt this Period
 10.00

Memo Item

B. LOCKWOOD, JEFFREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 38 WINCREST DR

City QUEENSBURY	State NY	Zip Code 12804
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NYSUT	Occupation (for Individual) MANAGER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020

Transaction ID : SA11AI.69604

Amount of Each Receipt this Period
 10.00

Memo Item

C. LOCKWOOD, JEFFREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 38 WINCREST DR

City QUEENSBURY	State NY	Zip Code 12804
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NYSUT	Occupation (for Individual) MANAGER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.69605

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**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 587 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. LOEB, NATHAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 167 MAIN ST
 City SOUTH SALEM State NY Zip Code 10590
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Chappaqua Cong Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69607
 Amount of Each Receipt this Period 10.00
 Memo Item

B. LOEB, NATHAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 167 MAIN ST
 City SOUTH SALEM State NY Zip Code 10590
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Chappaqua Cong Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69608
 Amount of Each Receipt this Period 10.00
 Memo Item

C. LOFRESE, DEANNA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55 UNION ST
 City MONTGOMERY State NY Zip Code 12549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orange Co BOCES T.A. Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69610
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 588 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. LOFRESE, DEANNA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55 UNION ST
 City MONTGOMERY State NY Zip Code 12549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orange Co BOCES T.A. Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69611
 Amount of Each Receipt this Period 10.00
 Memo Item

B. LOFRESE, DEANNA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55 UNION ST
 City MONTGOMERY State NY Zip Code 12549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orange Co BOCES T.A. Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69612
 Amount of Each Receipt this Period 10.00
 Memo Item

C. LOGUE-BOYD, CRYSTAL L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 47 WASHINGTON ST
 City BABYLON State NY Zip Code 11702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Garden City T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2020
Transaction ID : SA11AI.69613
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	35.00
TOTAL This Period (last page this line number only).....	

**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 589 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. LOURENSO, DIANA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 CANTERBURY RD APT B2
 City GREAT NECK State NY Zip Code 11021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69618
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. LUBIN, ALAN B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 81 PICO RD
 City CLIFTON PARK State NY Zip Code 12065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Fed. Tchrs. Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.69620
 Amount of Each Receipt this Period
 60.00
 Memo Item

C. LUBIN, ALAN B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 81 PICO RD
 City CLIFTON PARK State NY Zip Code 12065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Fed. Tchrs. Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69621
 Amount of Each Receipt this Period
 60.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	130.00
TOTAL This Period (last page this line number only).....▶	

**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 590 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. LUCANO, LUCA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13 7TH AVE E

City EAST NORTHPORT	State NY	Zip Code 11731
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.69623

Amount of Each Receipt this Period
 10.00

Memo Item

B. LUCCA, CHRISTINA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 154 UNDERHILL AVE APT 2A

City WEST HARRISON	State NY	Zip Code 10604
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 290.00

Date of Receipt
 12 / 01 / 2020
Transaction ID : SA11AI.69624

Amount of Each Receipt this Period
 10.00

Memo Item

C. LUCCA, CHRISTINA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 154 UNDERHILL AVE APT 2A

City WEST HARRISON	State NY	Zip Code 10604
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 12 / 16 / 2020
Transaction ID : SA11AI.69625

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 591 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. LUCCA, CHRISTINA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 154 UNDERHILL AVE APT 2A

City WEST HARRISON	State NY	Zip Code 10604
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 310.00

Date of Receipt
 12 / 24 / 2020
Transaction ID : SA11AI.69626

Amount of Each Receipt this Period
 10.00

Memo Item

B. LUCCA, CHRISTINA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 154 UNDERHILL AVE APT 2A

City WEST HARRISON	State NY	Zip Code 10604
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.69627

Amount of Each Receipt this Period
 10.00

Memo Item

C. LUI, LISA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1750 LENOX AVE

City EAST MEADOW	State NY	Zip Code 11554
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.69632

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 592 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. LUKACIK, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 SYCAMORE DR
 City WALLKILL State NY Zip Code 12589
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Town of Highlands TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.69633
 Amount of Each Receipt this Period 20.00
 Memo Item

B. LUKACIK, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 SYCAMORE DR
 City WALLKILL State NY Zip Code 12589
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Town of Highlands TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.69634
 Amount of Each Receipt this Period 20.00
 Memo Item

C. LUKACIK, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 SYCAMORE DR
 City WALLKILL State NY Zip Code 12589
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Town of Highlands TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69635
 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).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 593 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. LUKACIK, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 SYCAMORE DR
 City WALLKILL State NY Zip Code 12589
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Town of Highlands TA TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 430.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69636
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. LUKACIK, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 SYCAMORE DR
 City WALLKILL State NY Zip Code 12589
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Town of Highlands TA TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69637
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. LUSBY, DANA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 69 SALEM RIDGE DR
 City HUNTINGTON State NY Zip Code 11743
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Syosset T A TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69641
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	

**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 594 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. LYNCH, ELLEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 TOMS POINT LN APT 9A

City PORT WASHINGTON	State NY	Zip Code 11050
-------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Un Coll Emp Fit	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 285.00

Date of Receipt
 12 / 02 / 2020
Transaction ID : SA11AI.69642

Amount of Each Receipt this Period
 15.00

Memo Item

B. LYNCH, ELLEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 TOMS POINT LN APT 9A

City PORT WASHINGTON	State NY	Zip Code 11050
-------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Un Coll Emp Fit	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 12 / 02 / 2020
Transaction ID : SA11AI.69643

Amount of Each Receipt this Period
 15.00

Memo Item

C. LYNCH, ELLEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 TOMS POINT LN APT 9A

City PORT WASHINGTON	State NY	Zip Code 11050
-------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Un Coll Emp Fit	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 315.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.69644

Amount of Each Receipt this Period
 15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

**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 595 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. LYNCH, ELLEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 TOMS POINT LN APT 9A

City PORT WASHINGTON	State NY	Zip Code 11050
-------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Un Coll Emp Fit	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 330.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.69645

Amount of Each Receipt this Period
 15.00

Memo Item

B. LYNCH, ELLEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 TOMS POINT LN APT 9A

City PORT WASHINGTON	State NY	Zip Code 11050
-------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Un Coll Emp Fit	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 345.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.69646

Amount of Each Receipt this Period
 15.00

Memo Item

C. LYNCH, ELLEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 TOMS POINT LN APT 9A

City PORT WASHINGTON	State NY	Zip Code 11050
-------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Un Coll Emp Fit	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.69647

Amount of Each Receipt this Period
 15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	45.00
TOTAL This Period (last page this line number only).....	

**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 596 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Lysaght, Margaret, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10061 SWEETWATER PKWY # 303

City JACKSONVILLE	State FL	Zip Code 32256
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Central Islip T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 11 / 30 / 2020
Transaction ID : SA11AI.69429

Amount of Each Receipt this Period
 20.00

Memo Item

B. Lysaght, Margaret, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10061 SWEETWATER PKWY # 303

City JACKSONVILLE	State FL	Zip Code 32256
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Central Islip T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.69430

Amount of Each Receipt this Period
 20.00

Memo Item

C. MABEY, NICOLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 HONEY HOLLOW RD

City QUEENSBURY	State NY	Zip Code 12804
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SABEA Sar Ad BOC EA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 357.00

Date of Receipt
 12 / 04 / 2020
Transaction ID : SA11AI.69691

Amount of Each Receipt this Period
 21.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	61.00
TOTAL This Period (last page this line number only).....	

**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 597 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MABEY, NICOLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 HONEY HOLLOW RD
 City QUEENSBURY State NY Zip Code 12804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SABEA Sar Ad BOC EA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 12 / 18 / 2020
Transaction ID : SA11AI.69692
 Amount of Each Receipt this Period 21.00
 Memo Item

B. MABEY, NICOLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 HONEY HOLLOW RD
 City QUEENSBURY State NY Zip Code 12804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SABEA Sar Ad BOC EA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 12 / 30 / 2020
Transaction ID : SA11AI.69693
 Amount of Each Receipt this Period 21.00
 Memo Item

C. MacDonald, Alexandra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 ALDEN ST APT 101
 City PROVINCETOWN State MA Zip Code 02657
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mt Vernon Fed Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 30 / 2020
Transaction ID : SA11AI.69653
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 62.00
TOTAL This Period (last page this line number only)..... ▶

**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 598 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MacDonal, Alexandra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 ALDEN ST APT 101

City PROVINCETOWN	State MA	Zip Code 02657
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Mt Vernon Fed Tchrs	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.69654

Amount of Each Receipt this Period
 20.00

Memo Item

B. MACDONALD, ANDREW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 133

City MEXICO	State NY	Zip Code 13114
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Mexico Academy CS FA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020

Transaction ID : SA11AI.69696

Amount of Each Receipt this Period
 20.00

Memo Item

C. MACDONALD, ANDREW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 133

City MEXICO	State NY	Zip Code 13114
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Mexico Academy CS FA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.69697

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).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 599 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MACDONALD, ANDREW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 133
 City MEXICO State NY Zip Code 13114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mexico Academy CS FA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69698
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. Macdougall, Clara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 817 E BASELINE RD UNIT 208
 City LAFAYETTE State CO Zip Code 80026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Three Village TA,Inc Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69650
 Amount of Each Receipt this Period
 204.00
 Memo Item

C. MACDOUGALL, ALEXANDRA D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 38 OLIPHANT AVE APT 6
 City DOBBS FERRY State NY Zip Code 10522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Edgemont T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69699
 Amount of Each Receipt this Period
 160.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	384.00
TOTAL This Period (last page this line number only).....	

**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 600 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MACE, SANDRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 132 PIERCE DR

City PLEASANTVILLE	State NY	Zip Code 10570
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020

Transaction ID : SA11AI.69651

Amount of Each Receipt this Period
 100.00

Memo Item

B. MACE, SANDRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 132 PIERCE DR

City PLEASANTVILLE	State NY	Zip Code 10570
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.69652

Amount of Each Receipt this Period
 100.00

Memo Item

C. MACGINITIE, LAURA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 59 W CORBETT RD

City MONTGOMERY	State NY	Zip Code 12549
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Goshen TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.69701

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	210.00
TOTAL This Period (last page this line number only).....	

**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 601 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MACKEY, JODI M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 428 COUNTY ROUTE 8
 City BRUSHTON State NY Zip Code 12916
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Salmon River TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 206.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69702
 Amount of Each Receipt this Period
 206.00
 Memo Item

B. MACKEY, JODI M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 428 COUNTY ROUTE 8
 City BRUSHTON State NY Zip Code 12916
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Salmon River TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 217.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69703
 Amount of Each Receipt this Period
 11.00
 Memo Item

C. MACNEILL, DEIRDRE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 34 ARGUS LN
 City TRUMBULL State CT Zip Code 06611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harrison Assn Of Tch Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.69704
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	237.00
TOTAL This Period (last page this line number only).....	

**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 602 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MACNEILL, DEIRDRE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 34 ARGUS LN

City TRUMBULL	State CT	Zip Code 06611
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Harrison Assn Of Tch	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020

Transaction ID : SA11AI.69705

Amount of Each Receipt this Period
 20.00

Memo Item

B. MACNEILL, DEIRDRE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 34 ARGUS LN

City TRUMBULL	State CT	Zip Code 06611
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Harrison Assn Of Tch	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.69706

Amount of Each Receipt this Period
 20.00

Memo Item

C. MACPHERSON, MELINDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 362 CADMAN DR

City WILLIAMSVILLE	State NY	Zip Code 14221
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BUFFALO TCHR FED INC	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020

Transaction ID : SA11AI.69707

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).....	

**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 603 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MACPHERSON, MELINDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 362 CADMAN DR
 City WILLIAMSVILLE State NY Zip Code 14221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BUFFALO TCHR FED INC Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.69708
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. MACPHERSON, MELINDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 362 CADMAN DR
 City WILLIAMSVILLE State NY Zip Code 14221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BUFFALO TCHR FED INC Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69709
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. MAEZONO, YANIRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 JACKSON AVE
 City SCARSDALE State NY Zip Code 10583
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harrison Assn Of Tch Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.69710
 Amount of Each Receipt this Period
 204.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	244.00
TOTAL This Period (last page this line number only).....▶	

**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 604 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MAEZONO, YANIRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 JACKSON AVE
 City SCARSDALE State NY Zip Code 10583
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harrison Assn Of Tch Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.69711
 Amount of Each Receipt this Period 12.00
 Memo Item

B. MAEZONO, YANIRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 JACKSON AVE
 City SCARSDALE State NY Zip Code 10583
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harrison Assn Of Tch Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69712
 Amount of Each Receipt this Period 12.00
 Memo Item

C. MAGANUCO, ANTONIETTA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1711 BUSHWICK AVE
 City MERRICK State NY Zip Code 11566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69714
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	34.00
TOTAL This Period (last page this line number only).....	

**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 605 OF 1094
	<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	

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MAGELOWITZ, PAMELA R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 OLD LYME RD
 City CHAPPAQUA State NY Zip Code 10514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eastchester T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69716
 Amount of Each Receipt this Period
 202.50
 Memo Item

B. MAGGIO, LAUREN E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33 FOX RD
 City FLORIDA State NY Zip Code 10921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orange Co BOCES T.A. Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69718
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. MAGGIO, LAUREN E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33 FOX RD
 City FLORIDA State NY Zip Code 10921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orange Co BOCES T.A. Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69719
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	222.50
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 606 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MAGGIO, LAUREN E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 33 FOX RD

City FLORIDA	State NY	Zip Code 10921
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Orange Co BOCES T.A.	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.69720

Amount of Each Receipt this Period
 10.00

Memo Item

B. MAGHRAK, CRISTA A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7378 GRAYDON DR

City NORTH TONAWANDA	State NY	Zip Code 14120
-------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Kenmore Tchrs Assn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.69722

Amount of Each Receipt this Period
 10.00

Memo Item

C. MAGILL, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7050 LAKESHORE RD

City CICERO	State NY	Zip Code 13039
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) N Syracuse Educ Assn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.69725

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 607 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MAHONEY, JOANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 95 VAN SCOY RD
 City POUGHQUAG State NY Zip Code 12570
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Putnam Vly Fed Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69730
 Amount of Each Receipt this Period 10.00
 Memo Item

B. MAHONEY, JOANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 95 VAN SCOY RD
 City POUGHQUAG State NY Zip Code 12570
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Putnam Vly Fed Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69731
 Amount of Each Receipt this Period 10.00
 Memo Item

C. MAIORANO, DOMINICK J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 162 INGOMAR DR
 City ROCHESTER State NY Zip Code 14612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hilton C S T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.69732
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 608 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MAIORANO, DOMINICK J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 162 INGOMAR DR
 City ROCHESTER State NY Zip Code 14612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hilton C S T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69733
 Amount of Each Receipt this Period 30.00
 Memo Item

B. MAJOR, AARON W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 168 HILLSIDE RD
 City PATTERSONVILLE State NY Zip Code 12137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Albany Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 251.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2020
Transaction ID : SA11AI.69734
 Amount of Each Receipt this Period 11.00
 Memo Item

C. MAJOR, AARON W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 168 HILLSIDE RD
 City PATTERSONVILLE State NY Zip Code 12137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Albany Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 262.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2020
Transaction ID : SA11AI.69735
 Amount of Each Receipt this Period 11.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	52.00
TOTAL This Period (last page this line number only).....	

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 609 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MAJOR, AARON W, , ,			Date of Receipt <table border="1"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>12</td><td></td><td></td><td>23</td><td></td><td></td><td>2020</td><td></td><td></td><td></td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	12			23			2020			
M	M	/	D	D	/	Y	Y	Y	Y														
12			23			2020																	
Mailing Address 168 HILLSIDE RD			Transaction ID : SA11AI.69736																				
City PATTERSONVILLE	State NY	Zip Code 12137	Amount of Each Receipt this Period <table border="1"> <tr><td>11.00</td></tr> </table>	11.00																			
11.00																							
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item																				
Name of Employer (for Individual) UUP-Albany		Occupation (for Individual) TEACHER																					
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr><td>273.00</td></tr> </table>		273.00																				
273.00																							

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MAJOR, AARON W, , ,			Date of Receipt <table border="1"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>12</td><td></td><td></td><td>31</td><td></td><td></td><td>2020</td><td></td><td></td><td></td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	12			31			2020			
M	M	/	D	D	/	Y	Y	Y	Y														
12			31			2020																	
Mailing Address 168 HILLSIDE RD			Transaction ID : SA11AI.69737																				
City PATTERSONVILLE	State NY	Zip Code 12137	Amount of Each Receipt this Period <table border="1"> <tr><td>11.00</td></tr> </table>	11.00																			
11.00																							
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item																				
Name of Employer (for Individual) UUP-Albany		Occupation (for Individual) TEACHER																					
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr><td>284.00</td></tr> </table>		284.00																				
284.00																							

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MALL, JESSICA F, , ,			Date of Receipt <table border="1"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>12</td><td></td><td></td><td>08</td><td></td><td></td><td>2020</td><td></td><td></td><td></td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	12			08			2020			
M	M	/	D	D	/	Y	Y	Y	Y														
12			08			2020																	
Mailing Address 135 MALL RD			Transaction ID : SA11AI.69738																				
City JEFFERSONVILLE	State NY	Zip Code 12748	Amount of Each Receipt this Period <table border="1"> <tr><td>10.00</td></tr> </table>	10.00																			
10.00																							
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item																				
Name of Employer (for Individual) Livingston Manor TA		Occupation (for Individual) TEACHER																					
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <table border="1"> <tr><td>210.00</td></tr> </table>		210.00																				
210.00																							

SUBTOTAL of Receipts This Page (optional).....	<table border="1"><tr><td>32.00</td></tr></table>	32.00
32.00		
TOTAL This Period (last page this line number only).....	<table border="1"><tr><td></td></tr></table>	

**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 610 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MALL, JESSICA F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 135 MALL RD

City JEFFERSONVILLE	State NY	Zip Code 12748
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Livingston Manor TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.69739

Amount of Each Receipt this Period
 10.00

Memo Item

B. MALL, JESSICA F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 135 MALL RD

City JEFFERSONVILLE	State NY	Zip Code 12748
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Livingston Manor TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.69740

Amount of Each Receipt this Period
 10.00

Memo Item

C. MALONE, NATALIE N, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9115 85TH ST

City WOODHAVEN	State NY	Zip Code 11421
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eastchester T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.69749

Amount of Each Receipt this Period
 210.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	230.00
TOTAL This Period (last page this line number only).....	

**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 611 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MALONE, NATALIE N, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9115 85TH ST

City WOODHAVEN	State NY	Zip Code 11421
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eastchester T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.69750

Amount of Each Receipt this Period
 10.50

Memo Item

B. MALONE, PAMELA J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 274 NORTHERN PINES RD

City WILTON	State NY	Zip Code 12831
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Empire State	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 910.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2020

Transaction ID : SA11AI.69751

Amount of Each Receipt this Period
 20.00

Memo Item

C. MALONE, PAMELA J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 274 NORTHERN PINES RD

City WILTON	State NY	Zip Code 12831
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Empire State	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 930.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2020

Transaction ID : SA11AI.69752

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	50.50
TOTAL This Period (last page this line number only).....▶	

**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 612 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MALONE, PAMELA J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 274 NORTHERN PINES RD
 City WILTON State NY Zip Code 12831
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 UUP-Empire State TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 980.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2020
Transaction ID : SA11AI.69753
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. MALONE, PAMELA J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 274 NORTHERN PINES RD
 City WILTON State NY Zip Code 12831
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 UUP-Empire State TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2020
Transaction ID : SA11AI.69754
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. MALONE, PAMELA J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 274 NORTHERN PINES RD
 City WILTON State NY Zip Code 12831
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 UUP-Empire State TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1020.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69755
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶
TOTAL This Period (last page this line number only)..... ▶

90.00

**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 613 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MALONEY, LAURA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5383 MURPHY RD

City LOCKPORT	State NY	Zip Code 14094
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Starpoint T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 216.00

Date of Receipt
 12 / 02 / 2020
Transaction ID : SA11AI.69758

Amount of Each Receipt this Period
 216.00

Memo Item

B. MALONEY, LAURA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5383 MURPHY RD

City LOCKPORT	State NY	Zip Code 14094
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Starpoint T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 12 / 16 / 2020
Transaction ID : SA11AI.69759

Amount of Each Receipt this Period
 24.00

Memo Item

C. MALONEY, LAURA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5383 MURPHY RD

City LOCKPORT	State NY	Zip Code 14094
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Starpoint T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 264.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.69760

Amount of Each Receipt this Period
 24.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	264.00
TOTAL This Period (last page this line number only).....	

**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 614 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MAMO, ROSANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 972 BRENT DR

City WANTAGH	State NY	Zip Code 11793
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SEWANHAKA FT	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020

Transaction ID : SA11AI.69761

Amount of Each Receipt this Period
 20.00

Memo Item

B. MAMO, ROSANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 972 BRENT DR

City WANTAGH	State NY	Zip Code 11793
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SEWANHAKA FT	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.69762

Amount of Each Receipt this Period
 20.00

Memo Item

C. MAMO, ROSANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 972 BRENT DR

City WANTAGH	State NY	Zip Code 11793
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SEWANHAKA FT	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.69763

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).....	

**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 615 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MANCUSO, CHRISTINA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 CHAPIN RD
 City FARMINGDALE State NY Zip Code 11735
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69765
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Mancuso-Adair, Joan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1300 SKYCREST DR APT 2
 City WALNUT CREEK State CA Zip Code 94595
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mt Vernon Fed Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.69658
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Mancuso-Adair, Joan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1300 SKYCREST DR APT 2
 City WALNUT CREEK State CA Zip Code 94595
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mt Vernon Fed Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69659
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

**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 616 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MANGINO, KIMBERLY A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45 GREEN LAKE DR
 City ORCHARD PARK State NY Zip Code 14127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eden Tchrs Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.69766
 Amount of Each Receipt this Period 220.00
 Memo Item

B. MANKOWSKI, KELLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 ICE ROSE LN
 City ROCHESTER State NY Zip Code 14623
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) W Irondequoit T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 12 / 02 / 2020
Transaction ID : SA11AI.69767
 Amount of Each Receipt this Period 12.00
 Memo Item

C. MANKOWSKI, KELLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 ICE ROSE LN
 City ROCHESTER State NY Zip Code 14623
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) W Irondequoit T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 10 / 2020
Transaction ID : SA11AI.69768
 Amount of Each Receipt this Period 12.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	244.00
TOTAL This Period (last page this line number only).....	

**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 617 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MANKOWSKI, KELLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 40 ICE ROSE LN

City ROCHESTER	State NY	Zip Code 14623
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) W Irondequoit T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 252.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.69769

Amount of Each Receipt this Period
 12.00

Memo Item

B. MANKOWSKI, KELLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 40 ICE ROSE LN

City ROCHESTER	State NY	Zip Code 14623
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) W Irondequoit T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 264.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.69770

Amount of Each Receipt this Period
 12.00

Memo Item

C. MANNION, LISA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 54 S MEISIER AVENUE

City WAPPINGERS FALLS	State NY	Zip Code 12590
--------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Peekskill Fac Assn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.69772

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	34.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 618 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MANSFIELD, JOHN P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 246 FOSTER AVE
 City SAYVILLE State NY Zip Code 11782
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) T A Lindenhurst Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 513.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2020
Transaction ID : SA11AI.69773
 Amount of Each Receipt this Period
 46.30
 Memo Item

B. MANSOUR, CARA E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2488 SYLVAN PL
 City NIAGARA FALLS State NY Zip Code 14304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Starpoint T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.69774
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. MANSOUR, CARA E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2488 SYLVAN PL
 City NIAGARA FALLS State NY Zip Code 14304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Starpoint T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.69775
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	96.30
TOTAL This Period (last page this line number only).....	

**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 619 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MANSOUR, CARA E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2488 SYLVAN PL
 City NIAGARA FALLS State NY Zip Code 14304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Starpoint T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69776
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. MANZO, ANDREW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 275 BROADWAY
 City WEST BABYLON State NY Zip Code 11704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69780
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. MANZO, CAMILLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 MANGER CIR
 City PELHAM State NY Zip Code 10803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 298.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020
Transaction ID : SA11AI.69781
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	45.00
TOTAL This Period (last page this line number only).....	

**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 620 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MANZO, CAMILLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 MANGER CIR
 City PELHAM State NY Zip Code 10803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.69782
 Amount of Each Receipt this Period 10.00
 Memo Item

B. MANZO, CAMILLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 MANGER CIR
 City PELHAM State NY Zip Code 10803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 318.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020
Transaction ID : SA11AI.69783
 Amount of Each Receipt this Period 10.00
 Memo Item

C. MANZO, CAMILLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 MANGER CIR
 City PELHAM State NY Zip Code 10803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 328.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69784
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 621 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MARALLO, JOHN W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29 CROSSWAY RD
 City BEACON State NY Zip Code 12508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Marlboro Fac Asn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69786
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Marchiony, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 STONINGTON DR
 City PITTSFORD State NY Zip Code 14534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bronxville T.A. Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69661
 Amount of Each Receipt this Period 204.00
 Memo Item

C. MARENSTEIN, HARRY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 730 LORIMER ST # 2
 City BROOKLYN State NY Zip Code 11211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nassau CC Fed Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.69789
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	224.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 622 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MARENSTEIN, HARRY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 730 LORIMER ST # 2

City BROOKLYN	State NY	Zip Code 11211
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Nassau CC Fed Tchrs	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.69790

Amount of Each Receipt this Period
 10.00

Memo Item

B. MARENSTEIN, HARRY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 730 LORIMER ST # 2

City BROOKLYN	State NY	Zip Code 11211
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Nassau CC Fed Tchrs	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.69791

Amount of Each Receipt this Period
 10.00

Memo Item

C. MARGOLUS, LYDIA G, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 DRIFTWAY POINT RD

City DANBURY	State CT	Zip Code 06811
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eastchester T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 205.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.69793

Amount of Each Receipt this Period
 205.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	225.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 623 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MARGOLUS, LYDIA G, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 DRIFTWAY POINT RD
 City DANBURY State CT Zip Code 06811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eastchester T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69794
 Amount of Each Receipt this Period
 11.00
 Memo Item

B. MARIGLIA, MATTHEW C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1036 JAMES DR
 City LEWISTON State NY Zip Code 14092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Starpoint T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69797
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. MARINELLO, CATHERINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 PLEASANT RIDGE RD
 City VALHALLA State NY Zip Code 10595
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 203.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69800
 Amount of Each Receipt this Period
 203.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	234.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 624 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MARINELLO, MELANIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 58 STEVENS AVE

City MERRICK	State NY	Zip Code 11566
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.69803

Amount of Each Receipt this Period
 10.00

Memo Item

B. MARINO, BRIAN J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8 JENKINS ST

City PERU	State NY	Zip Code 12972
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PERU ASN OF TCHRS	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 256.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020

Transaction ID : SA11AI.69804

Amount of Each Receipt this Period
 10.00

Memo Item

C. MARINO, BRIAN J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8 JENKINS ST

City PERU	State NY	Zip Code 12972
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PERU ASN OF TCHRS	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 266.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020

Transaction ID : SA11AI.69805

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 625 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MARINO, BRIAN J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8 JENKINS ST

City PERU	State NY	Zip Code 12972
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PERU ASN OF TCHRS	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 276.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.69806

Amount of Each Receipt this Period
 10.00

Memo Item

B. MARINO, BRIAN J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8 JENKINS ST

City PERU	State NY	Zip Code 12972
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PERU ASN OF TCHRS	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 286.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.69807

Amount of Each Receipt this Period
 10.00

Memo Item

C. MARINO, DEBBIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9 NEEL CT

City SAYVILLE	State NY	Zip Code 11782
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.69809

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**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 626 OF 1094
	<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	

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MARKS, KATHLEEN P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 JACKSON AVE UNIT 22
 City SCARSDALE State NY Zip Code 10583
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yorktown Cong Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2020
Transaction ID : SA11AI.69812
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. MARSHALL, GAIL F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28 CARLTON DR
 City MOUNT KISCO State NY Zip Code 10549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Edgemont T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69816
 Amount of Each Receipt this Period
 160.00
 Memo Item

C. MARTE, DEREKA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 61 AVIS DR
 City EAST MEADOW State NY Zip Code 11554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SEWANHAKA FT Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69818
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	420.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 627 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MARTE, DEREEKA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 61 AVIS DR

City EAST MEADOW	State NY	Zip Code 11554
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SEWANHAKA FT	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.69819

Amount of Each Receipt this Period
 10.00

Memo Item

B. MARTIN, LAUREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15 CREST DR

City TARRYTOWN	State NY	Zip Code 10591
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 290.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020

Transaction ID : SA11AI.69820

Amount of Each Receipt this Period
 10.00

Memo Item

C. MARTIN, LAUREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15 CREST DR

City TARRYTOWN	State NY	Zip Code 10591
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020

Transaction ID : SA11AI.69821

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**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 628 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MARTIN, LAUREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 CREST DR
 City TARRYTOWN State NY Zip Code 10591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020
Transaction ID : SA11AI.69822
 Amount of Each Receipt this Period 10.00
 Memo Item

B. MARTIN, LAUREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 CREST DR
 City TARRYTOWN State NY Zip Code 10591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69823
 Amount of Each Receipt this Period 10.00
 Memo Item

C. MARTIN, ROSE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 CAMPUS PL APT 1D
 City SCARSDALE State NY Zip Code 10583
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 725.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020
Transaction ID : SA11AI.69824
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	45.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 629 OF 1094
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MARTIN, ROSE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 CAMPUS PL APT 1D
 City SCARSDALE State NY Zip Code 10583
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.69825
 Amount of Each Receipt this Period 25.00
 Memo Item

B. MARTIN, ROSE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 CAMPUS PL APT 1D
 City SCARSDALE State NY Zip Code 10583
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 775.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020
Transaction ID : SA11AI.69826
 Amount of Each Receipt this Period 25.00
 Memo Item

C. MARTIN, ROSE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 CAMPUS PL APT 1D
 City SCARSDALE State NY Zip Code 10583
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69827
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 630 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Martin, Tania, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 44 LEE AVE

City OSSINING	State NY	Zip Code 10562
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Chappaqua Cong Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020

Transaction ID : SA11AI.69662

Amount of Each Receipt this Period
 20.00

Memo Item

B. Martin, Tania, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 44 LEE AVE

City OSSINING	State NY	Zip Code 10562
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Chappaqua Cong Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.69663

Amount of Each Receipt this Period
 20.00

Memo Item

C. MARTINEZ, DENISE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 43 CRANDALL DR

City MINEOLA	State NY	Zip Code 11501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.69829

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	

**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 631 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MARTINO, GWENDOLYN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 FREEMAN CT

City COMMACK	State NY	Zip Code 11725
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.69831

Amount of Each Receipt this Period
 10.00

Memo Item

B. MARTINOVIC, GORDANA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 HENHAWK LN

City HUNTINGTON	State NY	Zip Code 11743
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.69833

Amount of Each Receipt this Period
 10.00

Memo Item

C. MASON, ANNAMARIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 56 CEDAR AVE

City BETHPAGE	State NY	Zip Code 11714
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.69835

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**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 632 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MASON, CRYSTAL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 484 WILTSIEVILLE RD
 City HANNIBAL State NY Zip Code 13074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oswego Classrm T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.69836
 Amount of Each Receipt this Period 15.00
 Memo Item

B. MASON, CRYSTAL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 484 WILTSIEVILLE RD
 City HANNIBAL State NY Zip Code 13074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oswego Classrm T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.69837
 Amount of Each Receipt this Period 15.00
 Memo Item

C. MASON, CRYSTAL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 484 WILTSIEVILLE RD
 City HANNIBAL State NY Zip Code 13074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oswego Classrm T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69838
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶
TOTAL This Period (last page this line number only)..... ▶

45.00

**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 633 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MASON, CRYSTAL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 484 WILTSIEVILLE RD
 City HANNIBAL State NY Zip Code 13074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oswego Classrm T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69839
 Amount of Each Receipt this Period 15.00
 Memo Item

B. MASON, CRYSTAL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 484 WILTSIEVILLE RD
 City HANNIBAL State NY Zip Code 13074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oswego Classrm T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69840
 Amount of Each Receipt this Period 15.00
 Memo Item

C. MASTERS, MARGERY O, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 BELLOWS LN
 City SOUTHAMPTON State NY Zip Code 11968
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) T A Of Sag Harbor Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.69841
 Amount of Each Receipt this Period 24.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	54.00
TOTAL This Period (last page this line number only).....	

**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 634 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MASTERS, MARGERY O, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30 BELLOWS LN

City SOUTHAMPTON	State NY	Zip Code 11968
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) T A Of Sag Harbor	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.69842

Amount of Each Receipt this Period
 24.00

Memo Item

B. MASTROGIOVANN, JEAN H, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 26 EARLE DR

City BINGHAMTON	State NY	Zip Code 13903
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) VESTAL TEACHERS ASSN	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.69844

Amount of Each Receipt this Period
 10.00

Memo Item

C. MAULTASCH, ERICA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 29 POUND RIDGE RD

City PLAINVIEW	State NY	Zip Code 11803
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.69846

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	44.00
TOTAL This Period (last page this line number only).....▶	

**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 635 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MAUS, MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 DEBRON CT
 City CENTEREACH State NY Zip Code 11720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69848
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. MAUS, STACEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 DEBRON CT
 City CENTEREACH State NY Zip Code 11720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69850
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. MAYERS, DARLEYNE E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 78 WOODSIDE AVE
 City FREEPORT State NY Zip Code 11520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Farmingdale Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 276.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2020
Transaction ID : SA11AI.69856
 Amount of Each Receipt this Period
 12.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	32.00
TOTAL This Period (last page this line number only).....	

**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 636 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MAYERS, DARLEYNE E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **78 WOODSIDE AVE**

City FREEPORT	State NY	Zip Code 11520
-------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Farmingdale	Occupation (for Individual) TEACHER
---	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **288.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2020

Transaction ID : SA11AI.69857

Amount of Each Receipt this Period

12.00

 Memo Item

B. MAYERS, DARLEYNE E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **78 WOODSIDE AVE**

City FREEPORT	State NY	Zip Code 11520
-------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Farmingdale	Occupation (for Individual) TEACHER
---	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2020

Transaction ID : SA11AI.69858

Amount of Each Receipt this Period

12.00

 Memo Item

C. MAYERS, DARLEYNE E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **78 WOODSIDE AVE**

City FREEPORT	State NY	Zip Code 11520
-------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Farmingdale	Occupation (for Individual) TEACHER
---	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **312.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2020

Transaction ID : SA11AI.69859

Amount of Each Receipt this Period

12.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	36.00
TOTAL This Period (last page this line number only).....▶	

**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 637 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MCANDREWS-PIP, DONNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2051 COOLIDGE PL
 City NISKAYUNA State NY Zip Code 12309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Niskayuna T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69874
 Amount of Each Receipt this Period
 220.00
 Memo Item

B. MCAULEY, LAUREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 140 VON HUENFELD ST
 City MASSAPEQUA PARK State NY Zip Code 11762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69876
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. MC CABE, ELLEN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 204 KUYPER DR
 City NYACK State NY Zip Code 10960
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pearl River Tchr Asn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.69860
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	240.00
TOTAL This Period (last page this line number only).....	

**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 638 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MC CABE, ELLEN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 204 KUYPER DR
 City NYACK State NY Zip Code 10960
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Pearl River Tchr Asn TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.69861
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. MC CABE, ELLEN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 204 KUYPER DR
 City NYACK State NY Zip Code 10960
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Pearl River Tchr Asn TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69862
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. MCCAFFREY, DENISE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 412 W 260TH ST
 City BRONX State NY Zip Code 10471
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Yonkers Fed Of Tchrs TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 290.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020
Transaction ID : SA11AI.69879
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**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 639 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MCCAFFREY, DENISE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 412 W 260TH ST

City BRONX	State NY	Zip Code 10471
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020

Transaction ID : SA11AI.69880

Amount of Each Receipt this Period
 10.00

Memo Item

B. MCCAFFREY, DENISE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 412 W 260TH ST

City BRONX	State NY	Zip Code 10471
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020

Transaction ID : SA11AI.69881

Amount of Each Receipt this Period
 10.00

Memo Item

C. MCCAFFREY, DENISE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 412 W 260TH ST

City BRONX	State NY	Zip Code 10471
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.69882

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 640 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Mc Cann, Anthony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10 GUADALUPE PASS

City CLIFTON PARK	State NY	Zip Code 12065
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retiree Council 10	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020

Transaction ID : SA11AI.69664

Amount of Each Receipt this Period
 20.00

Memo Item

B. Mc Cann, Anthony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10 GUADALUPE PASS

City CLIFTON PARK	State NY	Zip Code 12065
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retiree Council 10	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.69665

Amount of Each Receipt this Period
 20.00

Memo Item

C. MCCARTHY, JANETTE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 183 COUNTY ROUTE 43

City MEXICO	State NY	Zip Code 13114
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Mexico Academy CS FA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020

Transaction ID : SA11AI.69883

Amount of Each Receipt this Period
 12.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	52.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 641 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MCCARTHY, JANETTE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 183 COUNTY ROUTE 43

City MEXICO	State NY	Zip Code 13114
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Mexico Academy CS FA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 228.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.69884

Amount of Each Receipt this Period
 12.00

Memo Item

B. MCCARTHY, JANETTE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 183 COUNTY ROUTE 43

City MEXICO	State NY	Zip Code 13114
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Mexico Academy CS FA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.69885

Amount of Each Receipt this Period
 12.00

Memo Item

C. MC CARTHY, MEGGAN L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3034 BALDWIN RD

City PENN YAN	State NY	Zip Code 14527
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PYEA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.69864

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	34.00
TOTAL This Period (last page this line number only).....	

**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 642 OF 1094
	<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"/>	<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MC CARTHY, MEGGAN L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3034 BALDWIN RD

City PENN YAN	State NY	Zip Code 14527
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PYEA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69865

Amount of Each Receipt this Period
 10.00

Memo Item

B. Mc Carthy, Patrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 415

City SMALLWOOD	State NY	Zip Code 12778
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Sullivan Co Boces TA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.69666

Amount of Each Receipt this Period
 25.00

Memo Item

C. Mc Carthy, Patrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 415

City SMALLWOOD	State NY	Zip Code 12778
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Sullivan Co Boces TA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69667

Amount of Each Receipt this Period
 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 643 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MCCARTIN-AUGE, PATRICIA E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 SLABEY AVE

City MALVERNE	State NY	Zip Code 11565
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Garden City T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 11 / 25 / 2020
Transaction ID : SA11AI.69886

Amount of Each Receipt this Period
 15.00

Memo Item

B. MCCARTY, KRISTAN C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 39 SPRUCE KNLS

City PUTNAM VALLEY	State NY	Zip Code 10579
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Putnam Vly Fed Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.69889

Amount of Each Receipt this Period
 10.00

Memo Item

C. MCCARTY, KRISTAN C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 39 SPRUCE KNLS

City PUTNAM VALLEY	State NY	Zip Code 10579
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Putnam Vly Fed Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.69890

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	35.00
TOTAL This Period (last page this line number only).....	

**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 644 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MCCHEYNE, ELIZABETH L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8377 SENECA ST
 City INTERLAKEN State NY Zip Code 14847
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) S Seneca Tchrs Asn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2020
Transaction ID : SA11AI.69892
 Amount of Each Receipt this Period 30.00
 Memo Item

B. MCCORMACK-DRO, NOREEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4726 COTTAGE RD
 City GASPORT State NY Zip Code 14067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lockport E A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 263.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2020
Transaction ID : SA11AI.69893
 Amount of Each Receipt this Period 19.00
 Memo Item

C. MCCORMACK-DRO, NOREEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4726 COTTAGE RD
 City GASPORT State NY Zip Code 14067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lockport E A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 282.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69894
 Amount of Each Receipt this Period 19.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	68.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 645 OF 1094
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MCCORMACK-DRO, NOREEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4726 COTTAGE RD
 City GASPORT State NY Zip Code 14067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lockport E A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 301.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69895
 Amount of Each Receipt this Period 19.00
 Memo Item

B. MCCOY, BETH A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 108 BROOKFIELD RD
 City ROCHESTER State NY Zip Code 14610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Geneseo Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 690.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2020
Transaction ID : SA11AI.69899
 Amount of Each Receipt this Period 30.00
 Memo Item

C. MCCOY, BETH A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 108 BROOKFIELD RD
 City ROCHESTER State NY Zip Code 14610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Geneseo Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2020
Transaction ID : SA11AI.69900
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶
TOTAL This Period (last page this line number only)..... ▶

79.00

**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 646 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MCCOY, BETH A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 108 BROOKFIELD RD
 City ROCHESTER State NY Zip Code 14610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Geneseo Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2020
Transaction ID : SA11AI.69901
 Amount of Each Receipt this Period
 30.00
 Memo Item

B. MCCOY, BETH A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 108 BROOKFIELD RD
 City ROCHESTER State NY Zip Code 14610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Geneseo Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69902
 Amount of Each Receipt this Period
 30.00
 Memo Item

C. Mccoy, Joyce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1422 HAYES DR
 City YORKTOWN HEIGHTS State NY Zip Code 10598
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yorktown Cong Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 203.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69675
 Amount of Each Receipt this Period
 203.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	263.00
TOTAL This Period (last page this line number only).....	

**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 647 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MCCOY, KEVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 115 BAY AVE

City EAST MORICHES	State NY	Zip Code 11940
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 12 / 08 / 2020
Transaction ID : SA11AI.69903

Amount of Each Receipt this Period
 25.00

Memo Item

B. MCCOY, KEVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 115 BAY AVE

City EAST MORICHES	State NY	Zip Code 11940
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 625.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.69904

Amount of Each Receipt this Period
 25.00

Memo Item

C. MCCOY, KEVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 115 BAY AVE

City EAST MORICHES	State NY	Zip Code 11940
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 650.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.69905

Amount of Each Receipt this Period
 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

**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 648 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MCCOY, KEVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 BAY AVE
 City EAST MORICHES State NY Zip Code 11940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 F A Of Suffolk CC TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 675.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69906
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. Mc Cue, Florence, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1404 OLD COUNTRY RD
 City ELMSFORD State NY Zip Code 10523
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Yonkers Fed Of Tchrs TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 660.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.69668
 Amount of Each Receipt this Period
 60.00
 Memo Item

C. Mc Cue, Florence, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1404 OLD COUNTRY RD
 City ELMSFORD State NY Zip Code 10523
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Yonkers Fed Of Tchrs TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69669
 Amount of Each Receipt this Period
 60.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	145.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 649 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MCCUTCHAN, KELLI L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 IVY ST APT 3A
 City FARMINGDALE State NY Zip Code 11735
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hicksville Cong Tchr Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.69913
 Amount of Each Receipt this Period
 220.00
 Memo Item

B. MC ELROY, DARRELL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 HOUSTON AVENUE EXT
 City MIDDLETOWN State NY Zip Code 10940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Monroe Woodbury TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.69868
 Amount of Each Receipt this Period
 15.00
 Memo Item

C. MC ELROY, DARRELL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 HOUSTON AVENUE EXT
 City MIDDLETOWN State NY Zip Code 10940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Monroe Woodbury TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69869
 Amount of Each Receipt this Period
 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

**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 650 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MC ELROY, DARRELL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14 HOUSTON AVENUE EXT

City MIDDLETOWN	State NY	Zip Code 10940
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Monroe Woodbury TA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.69870

Amount of Each Receipt this Period
 15.00

Memo Item

B. McElroy, Dorothy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 281 GARTH RD APT C3H

City SCARSDALE	State NY	Zip Code 10583
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Scarsdale T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020

Transaction ID : SA11AI.69676

Amount of Each Receipt this Period
 25.00

Memo Item

C. McElroy, Dorothy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 281 GARTH RD APT C3H

City SCARSDALE	State NY	Zip Code 10583
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Scarsdale T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.69677

Amount of Each Receipt this Period
 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	65.00
TOTAL This Period (last page this line number only).....▶	

**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 651 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MCELROY, MEG E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11048 72ND AVE APT 3D
 City FOREST HILLS State NY Zip Code 11375
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hicksville Cong Tchr Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.69916
 Amount of Each Receipt this Period
 24.00
 Memo Item

B. MCELWAIN, MARGARET M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 229 FOY ELDRED RD
 City BOMBAY State NY Zip Code 12914
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Salmon River TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.69917
 Amount of Each Receipt this Period
 15.00
 Memo Item

C. MCELWAIN, MARGARET M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 229 FOY ELDRED RD
 City BOMBAY State NY Zip Code 12914
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Salmon River TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69918
 Amount of Each Receipt this Period
 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	54.00
TOTAL This Period (last page this line number only).....▶	

**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 652 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MCELWAIN, MARGARET M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 229 FOY ELDRED RD

City BOMBAY	State NY	Zip Code 12914
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Salmon River TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.69919

Amount of Each Receipt this Period
 15.00

Memo Item

B. MCELWAIN, MARGARET M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 229 FOY ELDRED RD

City BOMBAY	State NY	Zip Code 12914
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Salmon River TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.69920

Amount of Each Receipt this Period
 15.00

Memo Item

C. MC EVOY, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2350 WATERS EDGE DR APT 6I

City BAYSIDE	State NY	Zip Code 11360
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.69873

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	40.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 653 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MCGARRY, ELIZABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 23 HOMECREST CT

City OCEANSIDE	State NY	Zip Code 11572
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SEWANHAKA FT	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.69923

Amount of Each Receipt this Period
 10.00

Memo Item

B. MCGOVERN, LYNN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21 STONEHEDGE RD

City WARWICK	State NY	Zip Code 10990
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Florida Tchrs Assn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 215.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2020

Transaction ID : SA11AI.69928

Amount of Each Receipt this Period
 215.00

Memo Item

c. Mc Grath, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3060 BAKERSTAND RD

City FRANKLINVILLE	State NY	Zip Code 14737
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Franklinville T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020

Transaction ID : SA11AI.69670

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	245.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 654 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Mc Grath, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3060 BAKERSTAND RD

City FRANKLINVILLE	State NY	Zip Code 14737
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Franklinville T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.69671

Amount of Each Receipt this Period
 20.00

Memo Item

B. Mc Guinness-W, Mary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5 SEYMOUR LN

City HOPEWELL JUNCTION	State NY	Zip Code 12533
---------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Boces Tchs Assn WE2	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020

Transaction ID : SA11AI.69672

Amount of Each Receipt this Period
 20.00

Memo Item

C. Mc Guinness-W, Mary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5 SEYMOUR LN

City HOPEWELL JUNCTION	State NY	Zip Code 12533
---------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Boces Tchs Assn WE2	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.69673

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).....	

**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 655 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MCGUIRE, RANDALL H, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 74 NELSON RD

City VESTAL	State NY	Zip Code 13850
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Binghamton	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 208.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.69930

Amount of Each Receipt this Period
 8.00

Memo Item

B. MCHEFFEY, TIMOTHY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17 N OCEAN AVE

City CENTER MORICHES	State NY	Zip Code 11934
-------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2020

Transaction ID : SA11AI.69931

Amount of Each Receipt this Period
 20.00

Memo Item

C. MCHEFFEY, TIMOTHY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17 N OCEAN AVE

City CENTER MORICHES	State NY	Zip Code 11934
-------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.69932

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	48.00
TOTAL This Period (last page this line number only).....▶	

**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 656 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MCHEFFEY, TIMOTHY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 N OCEAN AVE

City CENTER MORICHES	State NY	Zip Code 11934
-------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69933

Amount of Each Receipt this Period
 20.00

Memo Item

B. MCHEFFEY, TIMOTHY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 N OCEAN AVE

City CENTER MORICHES	State NY	Zip Code 11934
-------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 540.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69934

Amount of Each Receipt this Period
 20.00

Memo Item

C. MCKEOWN, JOSHUA S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 313 HOURGLASS LN

City BALDWINSVILLE	State NY	Zip Code 13027
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Oswego	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2020
Transaction ID : SA11AI.69936

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	

**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 657 OF 1094
	<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	

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCKEOWN, JOSHUA S, , ,

Mailing Address **313 HOURGLASS LN**

City BALDWINVILLE	State NY	Zip Code 13027
-----------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Oswego	Occupation (for Individual) TEACHER
--	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2020

Transaction ID : SA11AI.69937

Amount of Each Receipt this Period

10.00

 Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCKEOWN, JOSHUA S, , ,

Mailing Address **313 HOURGLASS LN**

City BALDWINVILLE	State NY	Zip Code 13027
-----------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Oswego	Occupation (for Individual) TEACHER
--	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2020

Transaction ID : SA11AI.69938

Amount of Each Receipt this Period

10.00

 Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCKEOWN, JOSHUA S, , ,

Mailing Address **313 HOURGLASS LN**

City BALDWINVILLE	State NY	Zip Code 13027
-----------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Oswego	Occupation (for Individual) TEACHER
--	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2020

Transaction ID : SA11AI.69939

Amount of Each Receipt this Period

10.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**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 658 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MCKEOWN, ROBERT F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **68 ROOSEVELT ST**

City BABYLON	State NY	Zip Code 11702
------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) W Babylon T A Inc	Occupation (for Individual) TEACHER
---	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **209.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2020

Transaction ID : SA11AI.69940

Amount of Each Receipt this Period

209.00

 Memo Item

B. MCMAHON, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **163 DAHLIA DR**

City MAHOPAC	State NY	Zip Code 10541
------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Mahopac TA	Occupation (for Individual) TEACHER
--	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2020

Transaction ID : SA11AI.69942

Amount of Each Receipt this Period

15.00

 Memo Item

C. MCMAY, DANI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **61 E GREEN ST**

City DUNKIRK	State NY	Zip Code 14048
------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Fredonia	Occupation (for Individual) TEACHER
--	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2020

Transaction ID : SA11AI.69944

Amount of Each Receipt this Period

10.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	234.00
TOTAL This Period (last page this line number only).....	

**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 659 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MCMAY, DANI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 61 E GREEN ST
 City DUNKIRK State NY Zip Code 14048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Fredonia Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2020
Transaction ID : SA11AI.69945
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. MCMAY, DANI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 61 E GREEN ST
 City DUNKIRK State NY Zip Code 14048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Fredonia Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2020
Transaction ID : SA11AI.69946
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. MCMAY, DANI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 61 E GREEN ST
 City DUNKIRK State NY Zip Code 14048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Fredonia Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69947
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶
TOTAL This Period (last page this line number only)..... ▶

30.00

**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 660 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MCNAMARA, ERIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 315 LARK ST
 City SCOTIA State NY Zip Code 12302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Guilderland C T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2020
Transaction ID : SA11AI.69951
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. MCNAMARA, ERIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 315 LARK ST
 City SCOTIA State NY Zip Code 12302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Guilderland C T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2020
Transaction ID : SA11AI.69952
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. MCNAMARA, ERIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 315 LARK ST
 City SCOTIA State NY Zip Code 12302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Guilderland C T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2020
Transaction ID : SA11AI.69953
 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).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 661 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MCNAMARA, ERIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 315 LARK ST
 City SCOTIA State NY Zip Code 12302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Guilderland C T A TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69954
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. MCPARTLAND, VALERIE A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 255 TOLEMAN RD
 City WASHINGTONVILLE State NY Zip Code 10992
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Washingtonville TA TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69957
 Amount of Each Receipt this Period
 210.00
 Memo Item

C. MCPARTLAND, VALERIE A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 255 TOLEMAN RD
 City WASHINGTONVILLE State NY Zip Code 10992
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Washingtonville TA TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69958
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

**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 662 OF 1094
	<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

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MCQUEEN, JUDE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 312 5TH ST
 City SCOTIA State NY Zip Code 12302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Schenectady Fed Tchr Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69959
 Amount of Each Receipt this Period
 200.40
 Memo Item

B. MCWHIRTER, CHRISTINE C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 372 OAK ST
 City VESTAL State NY Zip Code 13850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VESTAL TEACHERS ASSN Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.69964
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. MEDIATE, ARTHUR J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29 QUEBEC DR
 City HUNTINGTON STATIO State NY Zip Code 11746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hicksville Cong Tchr Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.69966
 Amount of Each Receipt this Period
 24.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	234.40
TOTAL This Period (last page this line number only).....	

**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 663 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MEDLEY, SABRINA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 114 SMITH ST APT 4R
 City BROOKLYN State NY Zip Code 11201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020
Transaction ID : SA11AI.69967
 Amount of Each Receipt this Period 10.00
 Memo Item

B. MEDLEY, SABRINA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 114 SMITH ST APT 4R
 City BROOKLYN State NY Zip Code 11201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.69968
 Amount of Each Receipt this Period 10.00
 Memo Item

C. MEDLEY, SABRINA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 114 SMITH ST APT 4R
 City BROOKLYN State NY Zip Code 11201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020
Transaction ID : SA11AI.69969
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 664 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MEDLEY, SABRINA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 114 SMITH ST APT 4R
 City BROOKLYN State NY Zip Code 11201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Yonkers Fed Of Tchrs TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69970
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. MEIXNER, SARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 320 ALEXANDER AVE
 City SCOTIA State NY Zip Code 12302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Schenectady Fed Tchr TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69973
 Amount of Each Receipt this Period
 10.53
 Memo Item

C. MELANSON, BRIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3014 MORGAN CT
 City SCHENECTADY State NY Zip Code 12306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Schenectady Fed Tchr TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 357.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2020
Transaction ID : SA11AI.69974
 Amount of Each Receipt this Period
 21.05
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	41.58
TOTAL This Period (last page this line number only).....▶	

**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 665 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MELANSON, BRIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3014 MORGAN CT

City SCHENECTADY	State NY	Zip Code 12306
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Schenectady Fed Tchr	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 378.95

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11Al.69975

Amount of Each Receipt this Period
 21.05

Memo Item

B. MELANSON, BRIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3014 MORGAN CT

City SCHENECTADY	State NY	Zip Code 12306
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Schenectady Fed Tchr	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11Al.69976

Amount of Each Receipt this Period
 21.05

Memo Item

C. MELENDEZ, LISA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 32 LAUREL AVE

City PORT JEFFERSON	State NY	Zip Code 11777
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 408.00

Date of Receipt
 12 / 08 / 2020
Transaction ID : SA11Al.69978

Amount of Each Receipt this Period
 17.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	59.10
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 666 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MELENDEZ, LISA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 32 LAUREL AVE

City PORT JEFFERSON	State NY	Zip Code 11777
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.69979

Amount of Each Receipt this Period
 17.00

Memo Item

B. MELENDEZ, LISA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 32 LAUREL AVE

City PORT JEFFERSON	State NY	Zip Code 11777
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 442.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.69980

Amount of Each Receipt this Period
 17.00

Memo Item

C. MELENDEZ, LISA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 32 LAUREL AVE

City PORT JEFFERSON	State NY	Zip Code 11777
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 459.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.69981

Amount of Each Receipt this Period
 17.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	51.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 667 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MENCHEL, JOEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 270 CLOVER ST
 City ROCHESTER State NY Zip Code 14610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pittsford Dist T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69984
 Amount of Each Receipt this Period
 209.00
 Memo Item

B. MENGES, TIMOTHY S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5497 HALLMARK LN
 City LOCKPORT State NY Zip Code 14094
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Starpoint T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69988
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. MENTER, ELIZABETH A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 831 OLD VESTAL LN
 City VESTAL State NY Zip Code 13850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Br-Del-Ti-Boces T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69991
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	239.00
TOTAL This Period (last page this line number only).....▶	

**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 668 OF 1094
	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MESSINA, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 29 TINDER LN

City LEVITTOWN	State NY	Zip Code 11756
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.69997

Amount of Each Receipt this Period
 10.00

Memo Item

B. MESSINA, SUZANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 121 HORAN RD

City VESTAL	State NY	Zip Code 13850
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Br-Del-Ti-Boces T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.70000

Amount of Each Receipt this Period
 10.00

Memo Item

C. MESSORE, CRISTINA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 171 BELMONT RD

City ROCHESTER	State NY	Zip Code 14612
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Rochester T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.70004

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 669 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. METZGER, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 524 APPLE ORCHARD LN

City WEBSTER	State NY	Zip Code 14580
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Greece Teachers Assn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2020

Transaction ID : SA11AI.70005

Amount of Each Receipt this Period
 20.00

Memo Item

B. METZGER, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 524 APPLE ORCHARD LN

City WEBSTER	State NY	Zip Code 14580
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Greece Teachers Assn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.70006

Amount of Each Receipt this Period
 20.00

Memo Item

C. METZGER, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 524 APPLE ORCHARD LN

City WEBSTER	State NY	Zip Code 14580
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Greece Teachers Assn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.70007

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).....	

**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 670 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MEYERS, CHRISTOPHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1308 LAKESIDE DR
 City WANTAGH State NY Zip Code 11793
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.70009
 Amount of Each Receipt this Period 10.00
 Memo Item

B. MIANO, NICOLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 56 SUZANNE LN
 City PLEASANTVILLE State NY Zip Code 10570
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt 12 / 01 / 2020
Transaction ID : SA11AI.70010
 Amount of Each Receipt this Period 10.00
 Memo Item

C. MIANO, NICOLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 56 SUZANNE LN
 City PLEASANTVILLE State NY Zip Code 10570
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 16 / 2020
Transaction ID : SA11AI.70011
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 671 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MIANO, NICOLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 56 SUZANNE LN
 City PLEASANTVILLE State NY Zip Code 10570
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020
Transaction ID : SA11AI.70012
 Amount of Each Receipt this Period 10.00
 Memo Item

B. MIANO, NICOLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 56 SUZANNE LN
 City PLEASANTVILLE State NY Zip Code 10570
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70013
 Amount of Each Receipt this Period 10.00
 Memo Item

C. MICERA, GERARD P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 141 STOWE DR
 City POUGHQUAG State NY Zip Code 12570
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Putnam Vly Fed Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.70016
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 672 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MICERA, GERARD P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 141 STOWE DR
 City POUGHQUAG State NY Zip Code 12570
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Putnam Vly Fed Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70017
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Michael Donne, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3764 MEADOW LN
 City SHRUB OAK State NY Zip Code 10588
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.69678
 Amount of Each Receipt this Period 24.00
 Memo Item

C. MICHAUD, MARIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 DAVID RD
 City SOMERS State NY Zip Code 10589
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Town of Highlands TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 203.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.70018
 Amount of Each Receipt this Period 203.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	237.50
TOTAL This Period (last page this line number only).....	

**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 673 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MICHAUD, MARIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21 DAVID RD

City SOMERS	State NY	Zip Code 10589
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Town of Highlands TA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 214.50

Date of Receipt
 12 / 02 / 2020
Transaction ID : SA11AI.70019

Amount of Each Receipt this Period
 11.00

Memo Item

B. MICHAUD, MARIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21 DAVID RD

City SOMERS	State NY	Zip Code 10589
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Town of Highlands TA	Occupation (for Individual) TEACHER
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Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 225.50

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.70020

Amount of Each Receipt this Period
 11.00

Memo Item

C. MICHAUD, MARIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21 DAVID RD

City SOMERS	State NY	Zip Code 10589
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Town of Highlands TA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 236.50

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.70021

Amount of Each Receipt this Period
 11.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	33.00
TOTAL This Period (last page this line number only).....	

**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 674 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MICHAUD, MARIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21 DAVID RD

City SOMERS	State NY	Zip Code 10589
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Town of Highlands TA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 247.50

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.70022

Amount of Each Receipt this Period
 11.00

Memo Item

B. MICHILLI, CHIARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 511 HARRISON AVE

City HARRISON	State NY	Zip Code 10528
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Harrison Assn Of Tch	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 425.00

Date of Receipt
 12 / 02 / 2020
Transaction ID : SA11AI.70023

Amount of Each Receipt this Period
 25.00

Memo Item

C. MICHILLI, CHIARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 511 HARRISON AVE

City HARRISON	State NY	Zip Code 10528
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Harrison Assn Of Tch	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 12 / 02 / 2020
Transaction ID : SA11AI.70024

Amount of Each Receipt this Period
 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	61.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 675 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MICHILLI, CHIARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 511 HARRISON AVE

City HARRISON	State NY	Zip Code 10528
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Harrison Assn Of Tch	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.70025

Amount of Each Receipt this Period
 25.00

Memo Item

B. MICIC, BRITTA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3948 BEACON RD

City SEAFORD	State NY	Zip Code 11783
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70027

Amount of Each Receipt this Period
 10.00

Memo Item

C. MIELE, LOSHANI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 WALLACE PKWY

City YONKERS	State NY	Zip Code 10705
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 203.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020
Transaction ID : SA11AI.70029

Amount of Each Receipt this Period
 203.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	238.00
TOTAL This Period (last page this line number only).....▶	

**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 676 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MIELE, LOSHANI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 WALLACE PKWY
 City YONKERS State NY Zip Code 10705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.70030
 Amount of Each Receipt this Period 7.00
 Memo Item

B. MIELE, LOSHANI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 WALLACE PKWY
 City YONKERS State NY Zip Code 10705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 217.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020
Transaction ID : SA11AI.70031
 Amount of Each Receipt this Period 7.00
 Memo Item

C. MIELE, LOSHANI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 WALLACE PKWY
 City YONKERS State NY Zip Code 10705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 224.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70032
 Amount of Each Receipt this Period 7.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	21.00
TOTAL This Period (last page this line number only).....	

**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 677 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MIGNAULT, LESLIE S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 135 LAWRENCE PL
 City NEW ROCHELLE State NY Zip Code 10801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Edgemont T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 341.00

Date of Receipt 12 / 29 / 2020
Transaction ID : SA11AI.70035
 Amount of Each Receipt this Period 137.00
 Memo Item

B. MILAZZO, DONNA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 OAK DR
 City SAG HARBOR State NY Zip Code 11963
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) T A Of Sag Harbor Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.70037
 Amount of Each Receipt this Period 210.00
 Memo Item

C. MILLER, ALISON L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 351 OLD MOUNTAIN RD
 City OTISVILLE State NY Zip Code 10963
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orange Co BOCES T.A. Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 12 / 29 / 2020
Transaction ID : SA11AI.70039
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	357.00
TOTAL This Period (last page this line number only).....▶	

**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 678 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MILLER, ALISON L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 351 OLD MOUNTAIN RD

City OTISVILLE	State NY	Zip Code 10963
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Orange Co BOCES T.A.	Occupation (for Individual) TEACHER
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Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.70040

Amount of Each Receipt this Period
 10.00

Memo Item

B. MILLER, ALISON L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 351 OLD MOUNTAIN RD

City OTISVILLE	State NY	Zip Code 10963
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Orange Co BOCES T.A.	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.70041

Amount of Each Receipt this Period
 10.00

Memo Item

C. MILLER, JOHN A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 43 KEATS RD

City THORNWOOD	State NY	Zip Code 10594
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yorktown Cong Tchrs	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.70042

Amount of Each Receipt this Period
 210.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	230.00
TOTAL This Period (last page this line number only).....	

**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 679 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MILLER, MATTHEW J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 TRINITY PL
 City SELKIRK State NY Zip Code 12158
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ravena Coey Selk TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.70043
 Amount of Each Receipt this Period
 210.00
 Memo Item

B. MILLER, MATTHEW J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 TRINITY PL
 City SELKIRK State NY Zip Code 12158
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ravena Coey Selk TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.70044
 Amount of Each Receipt this Period
 70.00
 Memo Item

C. MILLIGAN, MAUREEN A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 59 WINSPEAR AVE
 City BUFFALO State NY Zip Code 14214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Buffalo HSC Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2020
Transaction ID : SA11AI.70045
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	290.00
TOTAL This Period (last page this line number only).....▶	

**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 680 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MILLIGAN, MAUREEN A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 59 WINSPEAR AVE

City BUFFALO	State NY	Zip Code 14214
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Buffalo HSC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 12 / 09 / 2020
Transaction ID : SA11AI.70046

Amount of Each Receipt this Period
 10.00

Memo Item

B. MILLIGAN, MAUREEN A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 59 WINSPEAR AVE

City BUFFALO	State NY	Zip Code 14214
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Buffalo HSC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 12 / 23 / 2020
Transaction ID : SA11AI.70047

Amount of Each Receipt this Period
 10.00

Memo Item

C. MILLIGAN, MAUREEN A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 59 WINSPEAR AVE

City BUFFALO	State NY	Zip Code 14214
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Buffalo HSC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.70048

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 681 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MILLMAN, JACOB L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 93
 35 LONGYCAR RD

City SHOKAN State NY Zip Code 12481

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
 Onteora TA TEACHER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.70050

Amount of Each Receipt this Period
 240.00

Memo Item

B. MILLMAN, JACOB L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 93
 35 LONGYCAR RD

City SHOKAN State NY Zip Code 12481

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
 Onteora TA TEACHER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.70051

Amount of Each Receipt this Period
 60.00

Memo Item

C. MILLS, RHONDA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4701 SWSTRN BLVD APT G3

City HAMBURG State NY Zip Code 14075

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
 Hamburg Tchrs Assn TEACHER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 211.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.70052

Amount of Each Receipt this Period
 211.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	511.00
TOTAL This Period (last page this line number only).....▶	

**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 682 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MILLS, RHONDA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4701 SWSTRN BLVD APT G3
 City HAMBURG State NY Zip Code 14075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hamburg Tchrs Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 226.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.70053
 Amount of Each Receipt this Period
 15.00
 Memo Item

B. MILLS, RHONDA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4701 SWSTRN BLVD APT G3
 City HAMBURG State NY Zip Code 14075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hamburg Tchrs Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 241.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70054
 Amount of Each Receipt this Period
 15.00
 Memo Item

C. MILLS, RHONDA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4701 SWSTRN BLVD APT G3
 City HAMBURG State NY Zip Code 14075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hamburg Tchrs Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 256.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70055
 Amount of Each Receipt this Period
 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

45.00

**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 683 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MILLSON, LARRY R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3445 SCHOOL ST
 City EDEN State NY Zip Code 14057
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eden Tchrs Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 304.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2020
Transaction ID : SA11AI.70056
 Amount of Each Receipt this Period
 32.00
 Memo Item

B. MILLSON, LARRY R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3445 SCHOOL ST
 City EDEN State NY Zip Code 14057
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eden Tchrs Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 352.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70057
 Amount of Each Receipt this Period
 48.00
 Memo Item

C. Miori-Merola, Doreen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 N ORCHARD RD APT 1
 City SYRACUSE State NY Zip Code 13209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Solvay T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.69679
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	

**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 684 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Miori-Merola, Doreen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 160 N ORCHARD RD APT 1

City SYRACUSE	State NY	Zip Code 13209
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Solvay T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.69680

Amount of Each Receipt this Period
 20.00

Memo Item

B. Miozzi, Sarah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18 RAVENNA DR

City POMONA	State NY	Zip Code 10970
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Bronxville T.A.	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 312.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020

Transaction ID : SA11AI.69681

Amount of Each Receipt this Period
 50.00

Memo Item

C. Miozzi, Sarah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18 RAVENNA DR

City POMONA	State NY	Zip Code 10970
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Bronxville T.A.	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 362.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.69682

Amount of Each Receipt this Period
 50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	120.00
TOTAL This Period (last page this line number only).....	

**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 685 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MIRANDA, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 166 SIEGFRIED DR

City WILLIAMSVILLE	State NY	Zip Code 14221
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Tonawanda Educ Assn	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.70060

Amount of Each Receipt this Period
 10.00

Memo Item

B. MIRANDA, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 166 SIEGFRIED DR

City WILLIAMSVILLE	State NY	Zip Code 14221
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Tonawanda Educ Assn	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.70061

Amount of Each Receipt this Period
 10.00

Memo Item

C. MODAMI, BABAK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17 LYON ST APT 3

City NEW HAVEN	State CT	Zip Code 06511
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Stony Brook	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.70065

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

30.00

**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 686 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MOLE, KEVIN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 231
 City PORTVILLE State NY Zip Code 14770
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SCIO TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2020
Transaction ID : SA11AI.70066
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. MOLINARO, MEREDITH L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45 ORCHARD ST
 City NANUET State NY Zip Code 10954
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Goshen TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.70068
 Amount of Each Receipt this Period
 8.00
 Memo Item

C. MOLLOY-GROCKI, TARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33 NORTHGATE DR
 City ALBANY State NY Zip Code 12203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Guilderland C T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 535.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2020
Transaction ID : SA11AI.70070
 Amount of Each Receipt this Period
 35.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	143.00
TOTAL This Period (last page this line number only).....	

**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 687 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MOLLOY-GROCKI, TARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 33 NORTHGATE DR

City ALBANY	State NY	Zip Code 12203
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Guilderland C T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 570.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2020

Transaction ID : SA11AI.70071

Amount of Each Receipt this Period
 35.00

Memo Item

B. MOLLOY-GROCKI, TARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 33 NORTHGATE DR

City ALBANY	State NY	Zip Code 12203
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Guilderland C T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 605.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2020

Transaction ID : SA11AI.70072

Amount of Each Receipt this Period
 35.00

Memo Item

C. MOLLOY-GROCKI, TARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 33 NORTHGATE DR

City ALBANY	State NY	Zip Code 12203
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Guilderland C T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 640.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.70073

Amount of Each Receipt this Period
 35.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	105.00
TOTAL This Period (last page this line number only).....▶	

**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 688 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MONASTERO, KAREN A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 GREENWAY RD
 City SOUTH GLENS FALLS State NY Zip Code 12803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SABEA Sar Ad BOC EA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2020
Transaction ID : SA11AI.70074
 Amount of Each Receipt this Period 15.00
 Memo Item

B. MONASTERO, KAREN A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 GREENWAY RD
 City SOUTH GLENS FALLS State NY Zip Code 12803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SABEA Sar Ad BOC EA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2020
Transaction ID : SA11AI.70075
 Amount of Each Receipt this Period 15.00
 Memo Item

C. MONASTERO, KAREN A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 GREENWAY RD
 City SOUTH GLENS FALLS State NY Zip Code 12803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SABEA Sar Ad BOC EA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2020
Transaction ID : SA11AI.70076
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 689 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MONTALVO, YOLANDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 25 QUINCY ST

City ROCHESTER	State NY	Zip Code 14609
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Rochester T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.70079

Amount of Each Receipt this Period
 10.00

Memo Item

B. MONTERA, RALPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 516 3RD ST

City EAST NORTHPORT	State NY	Zip Code 11731
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Oceanside Fed Tchrs	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.70081

Amount of Each Receipt this Period
 210.00

Memo Item

C. MONTGOMERY, SHANAUZELDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 140 DE KRUIF PL APT 16B

City BRONX	State NY	Zip Code 10475
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020

Transaction ID : SA11AI.70082

Amount of Each Receipt this Period
 8.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	228.00
TOTAL This Period (last page this line number only).....▶	

**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 690 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MONTGOMERY, SHANAUZELDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 140 DE KRUIF PL APT 16B
 City BRONX State NY Zip Code 10475
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 248.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.70083
 Amount of Each Receipt this Period 8.00
 Memo Item

B. MONTGOMERY, SHANAUZELDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 140 DE KRUIF PL APT 16B
 City BRONX State NY Zip Code 10475
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 256.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020
Transaction ID : SA11AI.70084
 Amount of Each Receipt this Period 8.00
 Memo Item

C. MONTGOMERY, SHANAUZELDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 140 DE KRUIF PL APT 16B
 City BRONX State NY Zip Code 10475
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70085
 Amount of Each Receipt this Period 8.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	24.00
TOTAL This Period (last page this line number only).....	

**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 691 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MOORE, BRETT A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1269 RAMSOM ROAD

City GRAND ISLAND	State NY	Zip Code 14072
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Kenmore Tchrs Assn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020

Transaction ID : SA11AI.70087

Amount of Each Receipt this Period
 20.00

Memo Item

B. MOORE, BRETT A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1269 RAMSOM ROAD

City GRAND ISLAND	State NY	Zip Code 14072
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Kenmore Tchrs Assn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.70088

Amount of Each Receipt this Period
 20.00

Memo Item

C. MOORE, BRETT A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1269 RAMSOM ROAD

City GRAND ISLAND	State NY	Zip Code 14072
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Kenmore Tchrs Assn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.70089

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).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 692 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MOORE, BRETT A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1269 RAMSOM ROAD

City GRAND ISLAND	State NY	Zip Code 14072
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Kenmore Tchrs Assn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.70090

Amount of Each Receipt this Period
 20.00

Memo Item

B. MOORE, ELIZABETH A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12 FLOWER CT

City ROME	State NY	Zip Code 13440
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Rome T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.70094

Amount of Each Receipt this Period
 10.00

Memo Item

C. MOORE, JENNIFER L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 269

City BEACON	State NY	Zip Code 12508
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Croton Tchrs Assn	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.70095

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	

**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 693 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MOORE, JENNIFER L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **PO BOX 269**

City BEACON	State NY	Zip Code 12508
-----------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Croton Tchrs Assn	Occupation (for Individual) TEACHER
---	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2020

Transaction ID : SA11AI.70096

Amount of Each Receipt this Period

20.00

 Memo Item

B. MOORE, JENNIFER L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **PO BOX 269**

City BEACON	State NY	Zip Code 12508
-----------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Croton Tchrs Assn	Occupation (for Individual) TEACHER
---	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2020

Transaction ID : SA11AI.70097

Amount of Each Receipt this Period

20.00

 Memo Item

C. MOORE, JENNIFER L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **PO BOX 269**

City BEACON	State NY	Zip Code 12508
-----------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Croton Tchrs Assn	Occupation (for Individual) TEACHER
---	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2020

Transaction ID : SA11AI.70098

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).....▶	

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 694 OF 1094
	<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	

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MOORE, OLIVIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 302 13TH AVE NW
 City DECATUR State AL Zip Code 35601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 United Fed. Tchrs. TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.70100
 Amount of Each Receipt this Period
 220.00
 Memo Item

B. MORDECAI-MOOR, CHELLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 247 CLEARVIEW DR
 City WALLKILL State NY Zip Code 12589
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Newburgh T A TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.70102
 Amount of Each Receipt this Period
 200.00
 Memo Item

C. MORELLI, DANTE E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1498
 City MILLER PLACE State NY Zip Code 11764
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 F A Of Suffolk CC TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 432.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2020
Transaction ID : SA11AI.70103
 Amount of Each Receipt this Period
 18.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	438.00
TOTAL This Period (last page this line number only).....	

**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 695 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MORELLI, DANTE E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1498

City MILLER PLACE	State NY	Zip Code 11764
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.70104

Amount of Each Receipt this Period
 18.00

Memo Item

B. MORELLI, DANTE E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1498

City MILLER PLACE	State NY	Zip Code 11764
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 468.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.70105

Amount of Each Receipt this Period
 18.00

Memo Item

C. MORELLI, DANTE E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1498

City MILLER PLACE	State NY	Zip Code 11764
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 486.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.70106

Amount of Each Receipt this Period
 18.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

54.00

**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 696 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MORENO-SANDEZ, EDWIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 31 PIER ST APT 3F

City YONKERS	State NY	Zip Code 10705
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 435.00

Date of Receipt
 12 / 01 / 2020
Transaction ID : SA11AI.70107

Amount of Each Receipt this Period
 15.00

Memo Item

B. MORENO-SANDEZ, EDWIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 31 PIER ST APT 3F

City YONKERS	State NY	Zip Code 10705
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 12 / 16 / 2020
Transaction ID : SA11AI.70108

Amount of Each Receipt this Period
 15.00

Memo Item

C. MORENO-SANDEZ, EDWIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 31 PIER ST APT 3F

City YONKERS	State NY	Zip Code 10705
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 465.00

Date of Receipt
 12 / 24 / 2020
Transaction ID : SA11AI.70109

Amount of Each Receipt this Period
 15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	45.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 697 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MORENO-SANDEZ, EDWIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 31 PIER ST APT 3F

City YONKERS	State NY	Zip Code 10705
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.70110

Amount of Each Receipt this Period
 15.00

Memo Item

B. MORGAN, KELLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 38 CEDAR AVE

City ROCKVILLE CENTRE	State NY	Zip Code 11570
--------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.70112

Amount of Each Receipt this Period
 10.00

Memo Item

C. MORGAN, LYNN A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 104 HENNING DR

City ORCHARD PARK	State NY	Zip Code 14127
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eden Tchrs Assn	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 266.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2020

Transaction ID : SA11AI.70113

Amount of Each Receipt this Period
 28.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	53.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 698 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MORGAN, LYNN A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 104 HENNING DR

City ORCHARD PARK	State NY	Zip Code 14127
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eden Tchrs Assn	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 308.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.70114

Amount of Each Receipt this Period
 42.00

Memo Item

B. Morgan, Theresa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5507 W OLD FORT DR

City SPOKANE	State WA	Zip Code 99208
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hempstead Clsrm T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020

Transaction ID : SA11AI.69683

Amount of Each Receipt this Period
 20.00

Memo Item

C. Morgan, Theresa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5507 W OLD FORT DR

City SPOKANE	State WA	Zip Code 99208
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hempstead Clsrm T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.69684

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	82.00
TOTAL This Period (last page this line number only).....	

**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 699 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Moriarty, Rosemary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9 THEODORE DR

City CORAM	State NY	Zip Code 11727
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Brentwood T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020

Transaction ID : SA11AI.69685

Amount of Each Receipt this Period
 20.00

Memo Item

B. Moriarty, Rosemary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9 THEODORE DR

City CORAM	State NY	Zip Code 11727
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Brentwood T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.69686

Amount of Each Receipt this Period
 20.00

Memo Item

C. MORLEY, LEE A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 BROAD ST FRNT 1

City POTSDAM	State NY	Zip Code 13676
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Salmon River TA	Occupation (for Individual) TEACHER
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Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.70116

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	50.00
TOTAL This Period (last page this line number only).....	

**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 700 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MORRA, CHRISTINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 62 ORCHARD ST
 City EASTCHESTER State NY Zip Code 10709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020
Transaction ID : SA11AI.70117
 Amount of Each Receipt this Period 10.00
 Memo Item

B. MORRA, CHRISTINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 62 ORCHARD ST
 City EASTCHESTER State NY Zip Code 10709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.70118
 Amount of Each Receipt this Period 10.00
 Memo Item

C. MORRA, CHRISTINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 62 ORCHARD ST
 City EASTCHESTER State NY Zip Code 10709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020
Transaction ID : SA11AI.70119
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 701 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MORRA, CHRISTINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 62 ORCHARD ST

City EASTCHESTER	State NY	Zip Code 10709
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.70120

Amount of Each Receipt this Period
 10.00

Memo Item

B. MORRONE, MONICA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 601 RIDGETOP LN

City BREWSTER	State NY	Zip Code 10509
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 290.00

Date of Receipt
 12 / 01 / 2020
Transaction ID : SA11AI.70121

Amount of Each Receipt this Period
 10.00

Memo Item

C. MORRONE, MONICA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 601 RIDGETOP LN

City BREWSTER	State NY	Zip Code 10509
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 12 / 16 / 2020
Transaction ID : SA11AI.70122

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 702 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MORRONE, MONICA, , ,			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>24</td> <td></td> <td>2020</td> </tr> </table> Transaction ID : SA11AI.70123			M M M	/	D D D	/	Y Y Y Y Y Y	12		24		2020
M M M	/	D D D	/	Y Y Y Y Y Y											
12		24		2020											
Mailing Address 601 RIDGETOP LN			Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">10.00</td> </tr> </table> <input type="checkbox"/> Memo Item			10.00									
10.00															
City BREWSTER	State NY	Zip Code 10509													
FEC ID number of contributing federal political committee. C															
Name of Employer (for Individual) Yonkers Fed Of Tchrs		Occupation (for Individual) TEACHER													
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="5">310.00</td> </tr> </table>	310.00												
310.00															

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MORRONE, MONICA, , ,			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>31</td> <td></td> <td>2020</td> </tr> </table> Transaction ID : SA11AI.70124			M M M	/	D D D	/	Y Y Y Y Y Y	12		31		2020
M M M	/	D D D	/	Y Y Y Y Y Y											
12		31		2020											
Mailing Address 601 RIDGETOP LN			Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">10.00</td> </tr> </table> <input type="checkbox"/> Memo Item			10.00									
10.00															
City BREWSTER	State NY	Zip Code 10509													
FEC ID number of contributing federal political committee. C															
Name of Employer (for Individual) Yonkers Fed Of Tchrs		Occupation (for Individual) TEACHER													
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="5">320.00</td> </tr> </table>	320.00												
320.00															

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MOTEL, ADRIENNE M, , ,			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>02</td> <td></td> <td>2020</td> </tr> </table> Transaction ID : SA11AI.70125			M M M	/	D D D	/	Y Y Y Y Y Y	12		02		2020
M M M	/	D D D	/	Y Y Y Y Y Y											
12		02		2020											
Mailing Address 2318 CENTRAL AVE			Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">10.00</td> </tr> </table> <input type="checkbox"/> Memo Item			10.00									
10.00															
City BALDWIN	State NY	Zip Code 11510													
FEC ID number of contributing federal political committee. C															
Name of Employer (for Individual) Nassau CC Fed Tchrs		Occupation (for Individual) TEACHER													
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="5">240.00</td> </tr> </table>	240.00												
240.00															

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1"> <tr> <td colspan="5">30.00</td> </tr> </table>	30.00				
30.00						
TOTAL This Period (last page this line number only).....▶	<table border="1"> <tr> <td colspan="5"></td> </tr> </table>					

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 703 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MOTEL, ADRIENNE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2318 CENTRAL AVE
 City BALDWIN State NY Zip Code 11510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nassau CC Fed Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.70126
 Amount of Each Receipt this Period 10.00
 Memo Item

B. MOTEL, ADRIENNE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2318 CENTRAL AVE
 City BALDWIN State NY Zip Code 11510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nassau CC Fed Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.70127
 Amount of Each Receipt this Period 10.00
 Memo Item

C. MOUNDRÓS, MARGARET, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 169 GERARD AVE
 City NEW HYDE PARK State NY Zip Code 11040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70129
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**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 704 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MUKHERJEE, AVANTI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 165 MAIN ST APT 213

City CORTLAND	State NY	Zip Code 13045
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Cortland	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 11 / 24 / 2020
Transaction ID : SA11AI.70130

Amount of Each Receipt this Period
 10.00

Memo Item

B. MUKHERJEE, AVANTI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 165 MAIN ST APT 213

City CORTLAND	State NY	Zip Code 13045
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Cortland	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 12 / 09 / 2020
Transaction ID : SA11AI.70131

Amount of Each Receipt this Period
 10.00

Memo Item

C. MUKHERJEE, AVANTI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 165 MAIN ST APT 213

City CORTLAND	State NY	Zip Code 13045
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Cortland	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 12 / 23 / 2020
Transaction ID : SA11AI.70132

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 705 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MUKHERJEE, AVANTI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 165 MAIN ST APT 213
 City CORTLAND State NY Zip Code 13045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Cortland Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70133
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. MULGREW, MICHAEL N, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 52 TARLTON ST
 City STATEN ISLAND State NY Zip Code 10306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Fed. Tchrs. Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2020
Transaction ID : SA11AI.70136
 Amount of Each Receipt this Period
 58.00
 Memo Item

C. MULHERIN, JILL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 95 FAIRFIELD WAY APT 5
 City COMMACK State NY Zip Code 11725
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70139
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	78.00
TOTAL This Period (last page this line number only).....	

**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 706 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MULLADY, JACLYN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 139 BELMILL RD
 City BELLMORE State NY Zip Code 11710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70141
 Amount of Each Receipt this Period 10.00
 Memo Item

B. MULLANE, LAURA A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 CARALEX LN
 City GOSHEN State NY Zip Code 10924
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Goshen TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.70142
 Amount of Each Receipt this Period 10.00
 Memo Item

C. MULLANE, LAURA A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 CARALEX LN
 City GOSHEN State NY Zip Code 10924
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Goshen TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.70143
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**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 707 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MULLANE, LAURA A, , ,

Mailing Address **3 CARALEX LN**

City GOSHEN	State NY	Zip Code 10924
-----------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Goshen TA	Occupation (for Individual) TEACHER
---	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2020

Transaction ID : SA11AI.70144

Amount of Each Receipt this Period

10.00

 Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MULLANE, LAURA A, , ,

Mailing Address **3 CARALEX LN**

City GOSHEN	State NY	Zip Code 10924
-----------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Goshen TA	Occupation (for Individual) TEACHER
---	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2020

Transaction ID : SA11AI.70145

Amount of Each Receipt this Period

10.00

 Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MULLANE, LAURA A, , ,

Mailing Address **3 CARALEX LN**

City GOSHEN	State NY	Zip Code 10924
-----------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Goshen TA	Occupation (for Individual) TEACHER
---	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2020

Transaction ID : SA11AI.70146

Amount of Each Receipt this Period

10.00

 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

30.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 708 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MULLANE, LAURA A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 CARALEX LN
 City GOSHEN State NY Zip Code 10924
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Goshen TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.70147
 Amount of Each Receipt this Period 10.00
 Memo Item

B. MULLEN, MELISSA E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 ROYAL WAY
 City SHOREHAM State NY Zip Code 11786
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mt Sinai Tchrs Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.70149
 Amount of Each Receipt this Period 10.00
 Memo Item

C. MULLHAUPT, ANDREW P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 OLD ROUTE 100
 City KATONAH State NY Zip Code 10536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Stony Brook Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70151
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**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 709 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MUMAU, DIANE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2807 DEARBORN PL
 City UTICA State NY Zip Code 13501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 New Hartford T A TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70153
 Amount of Each Receipt this Period
 209.00
 Memo Item

B. MUNIZ, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 58 HEWITT ST
 City LAKE PEEKSKILL State NY Zip Code 10537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Yonkers Fed Of Tchrs TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020
Transaction ID : SA11AI.70154
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. MUNIZ, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 58 HEWITT ST
 City LAKE PEEKSKILL State NY Zip Code 10537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Yonkers Fed Of Tchrs TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.70155
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	229.00
TOTAL This Period (last page this line number only).....▶	

**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 710 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MUNIZ, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 58 HEWITT ST

City LAKE PEEKSKILL	State NY	Zip Code 10537
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020

Transaction ID : SA11AI.70156

Amount of Each Receipt this Period
 10.00

Memo Item

B. MUNIZ, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 58 HEWITT ST

City LAKE PEEKSKILL	State NY	Zip Code 10537
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.70157

Amount of Each Receipt this Period
 10.00

Memo Item

C. MUOLLO, JESSICA B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 506

City NEW HAMPTON	State NY	Zip Code 10958
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Orange Co BOCES T.A.	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020

Transaction ID : SA11AI.70158

Amount of Each Receipt this Period
 12.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	32.00
TOTAL This Period (last page this line number only).....	

**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 711 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MUOLLO, JESSICA B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 506

City NEW HAMPTON	State NY	Zip Code 10958
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Orange Co BOCES T.A.	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 252.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.70159

Amount of Each Receipt this Period
 12.00

Memo Item

B. MUOLLO, JESSICA B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 506

City NEW HAMPTON	State NY	Zip Code 10958
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Orange Co BOCES T.A.	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 264.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.70160

Amount of Each Receipt this Period
 12.00

Memo Item

C. MUOLLO, JESSICA B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 506

City NEW HAMPTON	State NY	Zip Code 10958
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Orange Co BOCES T.A.	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 276.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.70161

Amount of Each Receipt this Period
 12.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	36.00
TOTAL This Period (last page this line number only).....▶	

**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 712 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Murphy, Gerard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 221

City ANDES	State NY	Zip Code 13731
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Boces Tchs Assn WE2	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.69687

Amount of Each Receipt this Period
 20.00

Memo Item

B. Murphy, Gerard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 221

City ANDES	State NY	Zip Code 13731
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Boces Tchs Assn WE2	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69688

Amount of Each Receipt this Period
 20.00

Memo Item

C. Murphy, Mildred, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 301 W 110TH ST APT 5F

City NEW YORK	State NY	Zip Code 10026
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.69689

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).....▶	

**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 713 OF 1094
	<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	

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Murphy, Mildred, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 301 W 110TH ST APT 5F
 City NEW YORK State NY Zip Code 10026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 F A Of Suffolk CC TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.69690
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. MURPHY, SUSAN V, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6238 EUREKA RD
 City ROME State NY Zip Code 13440
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 UUP-Upstate Medical TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2020
Transaction ID : SA11AI.70164
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. MURPHY, SUSAN V, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6238 EUREKA RD
 City ROME State NY Zip Code 13440
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 UUP-Upstate Medical TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2020
Transaction ID : SA11AI.70165
 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).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 714 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MURPHY, SUSAN V, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6238 EUREKA RD

City ROME	State NY	Zip Code 13440
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Upstate Medical	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2020

Transaction ID : SA11AI.70166

Amount of Each Receipt this Period
 20.00

Memo Item

B. MURPHY, SUSAN V, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6238 EUREKA RD

City ROME	State NY	Zip Code 13440
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Upstate Medical	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.70167

Amount of Each Receipt this Period
 20.00

Memo Item

C. MURPHY, THOMAS V, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 92 NEWBERRY AVE

City STATEN ISLAND	State NY	Zip Code 10304
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) United Fed. Tchrs.	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 463.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2020

Transaction ID : SA11AI.70168

Amount of Each Receipt this Period
 46.30

Memo Item

SUBTOTAL of Receipts This Page (optional).....	86.30
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 715 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MURPHY, TIMOTHY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 527 LAKE SHORE RD

City PUTNAM VALLEY	State NY	Zip Code 10579
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Peekskill Fac Assn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.70170

Amount of Each Receipt this Period
 10.00

Memo Item

B. MURRAY, JOHN P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 84 FERNWOOD AVE

City OAKDALE	State NY	Zip Code 11769
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Mt Sinai Tchrs Assn	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.70172

Amount of Each Receipt this Period
 10.00

Memo Item

C. MURRAY, LAURA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 158 WINDHAM LN

City GRAND ISLAND	State NY	Zip Code 14072
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Grand Island TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.70175

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**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 716 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MURRAY-MCGOEY, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 57 BELLWOOD AVE PH

City DOBBS FERRY	State NY	Zip Code 10522
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 290.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020
Transaction ID : SA11AI.70176

Amount of Each Receipt this Period
 10.00

Memo Item

B. MURRAY-MCGOEY, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 57 BELLWOOD AVE PH

City DOBBS FERRY	State NY	Zip Code 10522
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.70177

Amount of Each Receipt this Period
 10.00

Memo Item

C. MURRAY-MCGOEY, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 57 BELLWOOD AVE PH

City DOBBS FERRY	State NY	Zip Code 10522
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020
Transaction ID : SA11AI.70178

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 717 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. MURRAY-MCGOEY, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 57 BELLWOOD AVE PH
 City DOBBS FERRY State NY Zip Code 10522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Yonkers Fed Of Tchrs TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70179
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. MUSTO, ANGELO G, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 FENWAY
 City ROCKVILLE CTR State NY Zip Code 11570
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Oceanside Fed Tchrs TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70181
 Amount of Each Receipt this Period
 210.00
 Memo Item

C. NACERINO, ANTHONY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 282 E 163RD ST
 City BRONX State NY Zip Code 10451
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Yonkers Fed Of Tchrs TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020
Transaction ID : SA11AI.70199
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	230.00
TOTAL This Period (last page this line number only).....▶	

**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 718 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. NACERINO, ANTHONY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 282 E 163RD ST

City BRONX	State NY	Zip Code 10451
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020

Transaction ID : SA11AI.70200

Amount of Each Receipt this Period
 10.00

Memo Item

B. NACERINO, ANTHONY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 282 E 163RD ST

City BRONX	State NY	Zip Code 10451
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 290.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020

Transaction ID : SA11AI.70201

Amount of Each Receipt this Period
 10.00

Memo Item

C. NACERINO, ANTHONY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 282 E 163RD ST

City BRONX	State NY	Zip Code 10451
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.70202

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**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 719 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. NADASKY, MONICA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1105 5TH AVE

City NEW HYDE PARK	State NY	Zip Code 11040
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SEWANHAKA FT	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.70205

Amount of Each Receipt this Period
 10.00

Memo Item

B. NAJUCH, JOSEPH J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6661 AIKEN RD

City LOCKPORT	State NY	Zip Code 14094
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Newfane T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 455.40

Date of Receipt
 12 / 08 / 2020
Transaction ID : SA11AI.70209

Amount of Each Receipt this Period
 10.00

Memo Item

C. NAJUCH, JOSEPH J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6661 AIKEN RD

City LOCKPORT	State NY	Zip Code 14094
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Newfane T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 486.00

Date of Receipt
 12 / 15 / 2020
Transaction ID : SA11AI.70210

Amount of Each Receipt this Period
 30.60

Memo Item

SUBTOTAL of Receipts This Page (optional).....	50.60
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 720 OF 1094
(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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. NAJUCH, JOSEPH J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6661 AIKEN RD
 City LOCKPORT State NY Zip Code 14094
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Newfane T A TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 496.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.70211
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. NAJUCH, JOSEPH J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6661 AIKEN RD
 City LOCKPORT State NY Zip Code 14094
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Newfane T A TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 506.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70212
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. NASSAU, JENNIFER M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 SYLVAN TER
 City NEW YORK State NY Zip Code 10032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Scarsdale T A TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.70214
 Amount of Each Receipt this Period
 210.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶
TOTAL This Period (last page this line number only).....▶

230.00

**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 721 OF 1094
	<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	

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. NASSAU, JENNIFER M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 SYLVAN TER
 City NEW YORK State NY Zip Code 10032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Scarsdale T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.70215
 Amount of Each Receipt this Period 15.00
 Memo Item

B. NASSIVERA, ANTHONY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36 FORT AMHERST RD
 City QUEENSBURY State NY Zip Code 12804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hudson Falls T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70218
 Amount of Each Receipt this Period 10.00
 Memo Item

C. NATOLI, TAMARA C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 681 N OHIOVILLE RD
 City NEW PALTZ State NY Zip Code 12561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Marlboro Fac Asn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.70220
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	35.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 722 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. NAUGHTON, CHRISTOPHER L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 CANTERBURY LN
 City EAST AURORA State NY Zip Code 14052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eden Tchrs Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70221
 Amount of Each Receipt this Period
 220.00
 Memo Item

B. NEESE, CINDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 222 PARK AVE # 1
 City WEST HARRISON State NY Zip Code 10604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harrison Assn Of Tch Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.70222
 Amount of Each Receipt this Period
 15.00
 Memo Item

C. NEESE, CINDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 222 PARK AVE # 1
 City WEST HARRISON State NY Zip Code 10604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harrison Assn Of Tch Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.70223
 Amount of Each Receipt this Period
 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

**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 723 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. NEESE, CINDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 222 PARK AVE # 1
 City WEST HARRISON State NY Zip Code 10604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harrison Assn Of Tch Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.70224
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Nelson, Kathleen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 RIDGEFIELD DR
 City VOORHEESVILLE State NY Zip Code 12186
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retiree Council 13 Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.70185
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Nelson, Kathleen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 RIDGEFIELD DR
 City VOORHEESVILLE State NY Zip Code 12186
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retiree Council 13 Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70186
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	65.00
TOTAL This Period (last page this line number only).....	

**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 724 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. NELSON, LINDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6925 ACADEMY LN
 City LOCKPORT State NY Zip Code 14094
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Lockport E A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2020
Transaction ID : SA11AI.70225
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. NELSON, LINDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6925 ACADEMY LN
 City LOCKPORT State NY Zip Code 14094
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Lockport E A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70226
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. NELSON, LINDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6925 ACADEMY LN
 City LOCKPORT State NY Zip Code 14094
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Lockport E A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70227
 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).....▶	

**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 725 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Nemecek, Georgia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1059 STATE FAIR BLVD

City SOLVAY	State NY	Zip Code 13209
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syracuse T A Inc	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 11 / 30 / 2020
Transaction ID : SA11AI.70187

Amount of Each Receipt this Period
 25.00

Memo Item

B. Nemecek, Georgia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1059 STATE FAIR BLVD

City SOLVAY	State NY	Zip Code 13209
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syracuse T A Inc	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 302.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.70188

Amount of Each Receipt this Period
 27.00

Memo Item

C. NERI, KIMBERLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 160 HENDRICKSON AVE

City LYNBROOK	State NY	Zip Code 11563
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.70229

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	62.00
TOTAL This Period (last page this line number only).....	

**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 726 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. NETTLETON, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 878 UNION MILLS RD

City BROADALBIN	State NY	Zip Code 12025
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Galway T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 12 / 03 / 2020
Transaction ID : SA11AI.70230

Amount of Each Receipt this Period
 25.00

Memo Item

B. NETTLETON, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 878 UNION MILLS RD

City BROADALBIN	State NY	Zip Code 12025
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Galway T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 475.00

Date of Receipt
 12 / 17 / 2020
Transaction ID : SA11AI.70231

Amount of Each Receipt this Period
 25.00

Memo Item

C. NETTLETON, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 878 UNION MILLS RD

City BROADALBIN	State NY	Zip Code 12025
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Galway T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 12 / 30 / 2020
Transaction ID : SA11AI.70232

Amount of Each Receipt this Period
 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

75.00

**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 727 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. NETZBAND, ELIZABETH M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1000 OLD NORTH MAIN ST

City ONEIDA	State NY	Zip Code 13421
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Waterville T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 11 / 27 / 2020
Transaction ID : SA11AI.70234

Amount of Each Receipt this Period
 230.00

Memo Item

B. NEUS, JORDAN L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 772 HILLTOP CT

City CORAM	State NY	Zip Code 11727
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 12 / 08 / 2020
Transaction ID : SA11AI.70235

Amount of Each Receipt this Period
 10.00

Memo Item

C. NEUS, JORDAN L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 772 HILLTOP CT

City CORAM	State NY	Zip Code 11727
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.70236

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

**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 728 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. NEUS, JORDAN L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 772 HILLTOP CT
 City CORAM State NY Zip Code 11727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 F A Of Suffolk CC TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.70237
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. NEUS, JORDAN L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 772 HILLTOP CT
 City CORAM State NY Zip Code 11727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 F A Of Suffolk CC TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70238
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. NEWELL, TRACEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 46 ASHDOWN RD
 City BALLSTON LAKE State NY Zip Code 12019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Niskayuna T A TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70239
 Amount of Each Receipt this Period
 220.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 240.00
TOTAL This Period (last page this line number only)..... ▶

**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 729 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Newman, Audrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 BROMPTON RD APT 2G
 City GREAT NECK State NY Zip Code 11021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Great Neck T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.70189
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. Newman, Audrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 BROMPTON RD APT 2G
 City GREAT NECK State NY Zip Code 11021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Great Neck T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70190
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. NEWMAN, KIRSTIN S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 CHURCH ST
 City CANTON State NY Zip Code 13617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Canton Cent T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.70240
 Amount of Each Receipt this Period
 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶
TOTAL This Period (last page this line number only)..... ▶

70.00

**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 730 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. NEWMAN, KIRSTIN S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 CHURCH ST

City CANTON	State NY	Zip Code 13617
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Canton Cent T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.70241

Amount of Each Receipt this Period
 30.00

Memo Item

B. Newman, Maureen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 75 MAYFAIR AVE

City FLORAL PARK	State NY	Zip Code 11001
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Great Neck T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020

Transaction ID : SA11AI.70191

Amount of Each Receipt this Period
 20.00

Memo Item

C. Newman, Maureen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 75 MAYFAIR AVE

City FLORAL PARK	State NY	Zip Code 11001
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Great Neck T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.70192

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	70.00
TOTAL This Period (last page this line number only).....▶	

**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 731 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. NEWMAN, RICHARD J, , ,			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td>/</td> <td>02</td> <td>/</td> <td>2020</td> </tr> </table> Transaction ID : SA11AI.70242			M M M	/	D D D	/	Y Y Y Y Y Y	12	/	02	/	2020
M M M	/	D D D	/	Y Y Y Y Y Y											
12	/	02	/	2020											
Mailing Address 3315 80TH ST APT 61			Amount of Each Receipt this Period <table border="1"> <tr> <td>10.00</td> </tr> </table> <input type="checkbox"/> Memo Item			10.00									
10.00															
City JACKSON HEIGHTS	State NY	Zip Code 11372													
FEC ID number of contributing federal political committee. C															
Name of Employer (for Individual) Nassau CC Fed Tchrs		Occupation (for Individual) TEACHER													
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>240.00</td> </tr> </table>	240.00												
240.00															

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. NEWMAN, RICHARD J, , ,			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td>/</td> <td>29</td> <td>/</td> <td>2020</td> </tr> </table> Transaction ID : SA11AI.70243			M M M	/	D D D	/	Y Y Y Y Y Y	12	/	29	/	2020
M M M	/	D D D	/	Y Y Y Y Y Y											
12	/	29	/	2020											
Mailing Address 3315 80TH ST APT 61			Amount of Each Receipt this Period <table border="1"> <tr> <td>10.00</td> </tr> </table> <input type="checkbox"/> Memo Item			10.00									
10.00															
City JACKSON HEIGHTS	State NY	Zip Code 11372													
FEC ID number of contributing federal political committee. C															
Name of Employer (for Individual) Nassau CC Fed Tchrs		Occupation (for Individual) TEACHER													
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>250.00</td> </tr> </table>	250.00												
250.00															

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. NEWMAN, RICHARD J, , ,			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td>/</td> <td>29</td> <td>/</td> <td>2020</td> </tr> </table> Transaction ID : SA11AI.70244			M M M	/	D D D	/	Y Y Y Y Y Y	12	/	29	/	2020
M M M	/	D D D	/	Y Y Y Y Y Y											
12	/	29	/	2020											
Mailing Address 3315 80TH ST APT 61			Amount of Each Receipt this Period <table border="1"> <tr> <td>10.00</td> </tr> </table> <input type="checkbox"/> Memo Item			10.00									
10.00															
City JACKSON HEIGHTS	State NY	Zip Code 11372													
FEC ID number of contributing federal political committee. C															
Name of Employer (for Individual) Nassau CC Fed Tchrs		Occupation (for Individual) TEACHER													
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>260.00</td> </tr> </table>	260.00												
260.00															

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1"> <tr> <td>30.00</td> </tr> </table>	30.00
30.00		
TOTAL This Period (last page this line number only).....▶	<table border="1"> <tr> <td></td> </tr> </table>	

**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 732 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. NGANANG, PATRICE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 26 HART AVE

City HOPEWELL	State NJ	Zip Code 08525
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Stony Brook	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 11 / 24 / 2020
Transaction ID : SA11AI.70249

Amount of Each Receipt this Period
 10.00

Memo Item

B. NGANANG, PATRICE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 26 HART AVE

City HOPEWELL	State NJ	Zip Code 08525
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Stony Brook	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 12 / 09 / 2020
Transaction ID : SA11AI.70250

Amount of Each Receipt this Period
 10.00

Memo Item

C. NGANANG, PATRICE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 26 HART AVE

City HOPEWELL	State NJ	Zip Code 08525
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Stony Brook	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 12 / 23 / 2020
Transaction ID : SA11AI.70251

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 733 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. NGANANG, PATRICE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26 HART AVE
 City HOPEWELL State NJ Zip Code 08525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Stony Brook Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70252
 Amount of Each Receipt this Period 10.00
 Memo Item

B. NG SOUTHARD, KIMBERLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 281 SHEEP PASTURE RD
 City EAST SETAUKET State NY Zip Code 11733
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) F A Of Suffolk CC Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 528.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2020
Transaction ID : SA11AI.70245
 Amount of Each Receipt this Period 22.00
 Memo Item

C. NG SOUTHARD, KIMBERLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 281 SHEEP PASTURE RD
 City EAST SETAUKET State NY Zip Code 11733
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) F A Of Suffolk CC Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.70246
 Amount of Each Receipt this Period 22.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	54.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 734 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. NG SOUTHARD, KIMBERLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 281 SHEEP PASTURE RD
 City EAST SETAUKET State NY Zip Code 11733
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 F A Of Suffolk CC TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 572.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.70247
 Amount of Each Receipt this Period
 22.00
 Memo Item

B. NG SOUTHARD, KIMBERLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 281 SHEEP PASTURE RD
 City EAST SETAUKET State NY Zip Code 11733
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 F A Of Suffolk CC TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 594.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.70248
 Amount of Each Receipt this Period
 22.00
 Memo Item

C. NHOTSUBANH, TONI-ANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 109 BROOK ST
 City WEST SAYVILLE State NY Zip Code 11796
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 F A Of Suffolk CC TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 264.00

Date of Receipt
 12 / 08 / 2020
Transaction ID : SA11AI.70253
 Amount of Each Receipt this Period
 11.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	55.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 735 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
NHOTSUBANH, TONI-ANNE, , ,

Mailing Address **109 BROOK ST**

City WEST SAYVILLE	State NY	Zip Code 11796
------------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
---	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt
12 / 29 / 2020

Transaction ID : SA11AI.70254

Amount of Each Receipt this Period
11.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
NHOTSUBANH, TONI-ANNE, , ,

Mailing Address **109 BROOK ST**

City WEST SAYVILLE	State NY	Zip Code 11796
------------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
---	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **286.00**

Date of Receipt
12 / 29 / 2020

Transaction ID : SA11AI.70255

Amount of Each Receipt this Period
11.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
NHOTSUBANH, TONI-ANNE, , ,

Mailing Address **109 BROOK ST**

City WEST SAYVILLE	State NY	Zip Code 11796
------------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
---	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **297.00**

Date of Receipt
12 / 31 / 2020

Transaction ID : SA11AI.70256

Amount of Each Receipt this Period
11.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	33.00
TOTAL This Period (last page this line number only).....	

**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 736 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. NICODEMO, ANTHONY V, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 687 YONKERS AVE

City YONKERS	State NY	Zip Code 10704
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Greenbg N Castle UT	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2020

Transaction ID : SA11AI.70260

Amount of Each Receipt this Period
 20.00

Memo Item

B. NICODEMO, ANTHONY V, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 687 YONKERS AVE

City YONKERS	State NY	Zip Code 10704
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Greenbg N Castle UT	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.70261

Amount of Each Receipt this Period
 20.00

Memo Item

C. NICODEMO, ANTHONY V, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 687 YONKERS AVE

City YONKERS	State NY	Zip Code 10704
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Greenbg N Castle UT	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.70262

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).....▶	

**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 737 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Nicosia, Angelo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42 HAYWARD AVE

City MOUNT SINAI	State NY	Zip Code 11766
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retiree Council 20	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 11 / 30 / 2020
Transaction ID : SA11AI.70193

Amount of Each Receipt this Period
 20.00

Memo Item

B. Nicosia, Angelo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42 HAYWARD AVE

City MOUNT SINAI	State NY	Zip Code 11766
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retiree Council 20	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 242.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.70194

Amount of Each Receipt this Period
 22.00

Memo Item

C. NICOSIA, WENDE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 63 STATE ST

City MIDDLEPORT	State NY	Zip Code 14105
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Orleans Nia BOCES TA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 294.00

Date of Receipt
 12 / 08 / 2020
Transaction ID : SA11AI.70264

Amount of Each Receipt this Period
 21.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	63.00
TOTAL This Period (last page this line number only).....	

**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 738 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. NICOSIA, WENDE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 63 STATE ST
 City MIDDLEPORT State NY Zip Code 14105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orleans Nia BOCES TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.70265
 Amount of Each Receipt this Period 21.00
 Memo Item

B. NICOSIA, WENDE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 63 STATE ST
 City MIDDLEPORT State NY Zip Code 14105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orleans Nia BOCES TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.70266
 Amount of Each Receipt this Period 21.00
 Memo Item

C. NIKITINA, TAMARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 96 KRAEMER ST
 City HICKSVILLE State NY Zip Code 11801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70268
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	52.00
TOTAL This Period (last page this line number only).....	

**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 739 OF 1094
	<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	

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. NISIANAKIS, MICHELLE L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 80 BLOOMER RD

City BREWSTER	State NY	Zip Code 10509
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) White Plains T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.70269

Amount of Each Receipt this Period
 216.00

Memo Item

B. NISIANAKIS, MICHELLE L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 80 BLOOMER RD

City BREWSTER	State NY	Zip Code 10509
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) White Plains T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.70270

Amount of Each Receipt this Period
 24.00

Memo Item

C. Noelle, Constance, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12 DURMO RD

City NEW PALTZ	State NY	Zip Code 12561
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Walkill TA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020

Transaction ID : SA11AI.70195

Amount of Each Receipt this Period
 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	265.00
TOTAL This Period (last page this line number only).....	

**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 740 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Noelle, Constance, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12 DURMO RD

City NEW PALTZ	State NY	Zip Code 12561
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Walkill TA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.70196

Amount of Each Receipt this Period
 25.00

Memo Item

B. Noelle, Ronald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12 DURMO RD

City NEW PALTZ	State NY	Zip Code 12561
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) New Paltz Unit Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020

Transaction ID : SA11AI.70197

Amount of Each Receipt this Period
 25.00

Memo Item

C. Noelle, Ronald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12 DURMO RD

City NEW PALTZ	State NY	Zip Code 12561
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) New Paltz Unit Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.70198

Amount of Each Receipt this Period
 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

**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 741 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. NOLAN, JENNIFER E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7109 SCENIC AVE
 City CANASTOTA State NY Zip Code 13032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Canastota T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70273
 Amount of Each Receipt this Period 10.00
 Memo Item

B. NOLLENBERG, JOSHUA G, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 NORMAL AVE APT 2
 City ONEONTA State NY Zip Code 13820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Oneonta Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2020
Transaction ID : SA11AI.70274
 Amount of Each Receipt this Period 10.00
 Memo Item

C. NOLLENBERG, JOSHUA G, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 NORMAL AVE APT 2
 City ONEONTA State NY Zip Code 13820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Oneonta Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2020
Transaction ID : SA11AI.70275
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 742 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. NOLLENBERG, JOSHUA G, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5 NORMAL AVE APT 2

City ONEONTA	State NY	Zip Code 13820
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Oneonta	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 12 / 23 / 2020
Transaction ID : SA11AI.70276

Amount of Each Receipt this Period
 10.00

Memo Item

B. NOLLENBERG, JOSHUA G, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5 NORMAL AVE APT 2

City ONEONTA	State NY	Zip Code 13820
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Oneonta	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.70277

Amount of Each Receipt this Period
 10.00

Memo Item

C. NORRIS, ADAM L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 94 SABLE PALM DR

City BUFFALO	State NY	Zip Code 14225
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Maryvale Tchrs Assn	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.70279

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**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 743 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. NYHART, AMY E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7219 TRICIA LN
 City BOSTON State NY Zip Code 14025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hamburg Tchrs Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70282
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. O'BRIAN, KEVIN C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 963 LINCOLN ST
 City ELMIRA State NY Zip Code 14901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Horseheads T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70292
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. O'Connor, Randee, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 504 BALMORAL CIR
 City NEWBURGH State NY Zip Code 12553
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Marlboro Fac Asn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.70293
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	238.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 744 OF 1094 (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. O'Connor, Randee, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020 Transaction ID : SA11AI.70294		
Mailing Address 504 BALMORAL CIR			Amount of Each Receipt this Period 20.00		
City NEWBURGH	State NY	Zip Code 12553	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Marlboro Fac Asn		Occupation (for Individual) TEACHER			
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. O'Hare, Nancy, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2020 Transaction ID : SA11AI.70295		
Mailing Address 807 OAKWOOD DR			Amount of Each Receipt this Period 20.00		
City PEEKSKILL	State NY	Zip Code 10566	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Retiree Council 15		Occupation (for Individual) TEACHER			
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. O'Hare, Nancy, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020 Transaction ID : SA11AI.70296		
Mailing Address 807 OAKWOOD DR			Amount of Each Receipt this Period 20.00		
City PEEKSKILL	State NY	Zip Code 10566	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Retiree Council 15		Occupation (for Individual) TEACHER			
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00			

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 745 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
O'KEEFE, JOANNE S, , ,

Mailing Address **8 HIGH HILL AVE**

City WARWICK	State NY	Zip Code 10990
------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Orange Co BOCES T.A.	Occupation (for Individual) TEACHER
--	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2020

Transaction ID : SA11AI.70298

Amount of Each Receipt this Period

10.00

 Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
O'KEEFE, JOANNE S, , ,

Mailing Address **8 HIGH HILL AVE**

City WARWICK	State NY	Zip Code 10990
------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Orange Co BOCES T.A.	Occupation (for Individual) TEACHER
--	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2020

Transaction ID : SA11AI.70299

Amount of Each Receipt this Period

10.00

 Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
O'KEEFE, JOANNE S, , ,

Mailing Address **8 HIGH HILL AVE**

City WARWICK	State NY	Zip Code 10990
------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Orange Co BOCES T.A.	Occupation (for Individual) TEACHER
--	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2020

Transaction ID : SA11AI.70300

Amount of Each Receipt this Period

10.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 746 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
O'KEEFFE, JANICE L, , ,

Mailing Address **29 BENDER RD**

City WESTTOWN	State NY	Zip Code 10998
-------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Warwick Vly TA	Occupation (for Individual) TEACHER
--	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2020

Transaction ID : SA11AI.70304

Amount of Each Receipt this Period

10.00

 Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
O'KEEFFE, JANICE L, , ,

Mailing Address **29 BENDER RD**

City WESTTOWN	State NY	Zip Code 10998
-------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Warwick Vly TA	Occupation (for Individual) TEACHER
--	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2020

Transaction ID : SA11AI.70305

Amount of Each Receipt this Period

10.00

 Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
O'SHEA, RONALD L, , ,

Mailing Address **86 MARTIN AVE**

City JOHNSON CITY	State NY	Zip Code 13790
-----------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) VESTAL TEACHERS ASSN	Occupation (for Individual) TEACHER
--	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2020

Transaction ID : SA11AI.70307

Amount of Each Receipt this Period

10.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**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 747 OF 1094
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. OBRIEN, HEATHER A, , ,			Date of Receipt		
Mailing Address 2437 GALWAY RD			M M M / D D D / Y Y Y Y Y Y 12 / 02 / 2020		
City GALWAY		State NY	Zip Code 12074		
FEC ID number of contributing federal political committee. C			Transaction ID : SA11AI.70308		
Name of Employer (for Individual) Schoharie CS T A			Occupation (for Individual) TEACHER		
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 204.00			
			Amount of Each Receipt this Period 204.00		
			<input type="checkbox"/> Memo Item		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. OBRIEN, HEATHER A, , ,			Date of Receipt		
Mailing Address 2437 GALWAY RD			M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020		
City GALWAY		State NY	Zip Code 12074		
FEC ID number of contributing federal political committee. C			Transaction ID : SA11AI.70309		
Name of Employer (for Individual) Schoharie CS T A			Occupation (for Individual) TEACHER		
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 228.00			
			Amount of Each Receipt this Period 24.00		
			<input type="checkbox"/> Memo Item		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. OBRIEN, HEATHER A, , ,			Date of Receipt		
Mailing Address 2437 GALWAY RD			M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020		
City GALWAY		State NY	Zip Code 12074		
FEC ID number of contributing federal political committee. C			Transaction ID : SA11AI.70310		
Name of Employer (for Individual) Schoharie CS T A			Occupation (for Individual) TEACHER		
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00			
			Amount of Each Receipt this Period 12.00		
			<input type="checkbox"/> Memo Item		

SUBTOTAL of Receipts This Page (optional).....▶	240.00
TOTAL This Period (last page this line number only).....▶	

**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 748 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. OBRIEN, MEGAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 221 SANFORD ST
 City GLENS FALLS State NY Zip Code 12801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYSUT Occupation (for Individual) MANAGER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 27 / 2020
Transaction ID : SA11AI.70311
 Amount of Each Receipt this Period 15.00
 Memo Item

B. OBRIEN, MEGAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 221 SANFORD ST
 City GLENS FALLS State NY Zip Code 12801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYSUT Occupation (for Individual) MANAGER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2020
Transaction ID : SA11AI.70312
 Amount of Each Receipt this Period 15.00
 Memo Item

C. OBRIEN, MEGAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 221 SANFORD ST
 City GLENS FALLS State NY Zip Code 12801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYSUT Occupation (for Individual) MANAGER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020
Transaction ID : SA11AI.70313
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	45.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 749 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. OBRIEN, MEGAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 221 SANFORD ST
 City GLENS FALLS State NY Zip Code 12801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYSUT Occupation (for Individual) MANAGER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70314
 Amount of Each Receipt this Period
 15.00
 Memo Item

B. OBRIEN, TIMOTHY R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26 FAIRWAY LN
 City HORSEHEADS State NY Zip Code 14845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYSUT Occupation (for Individual) MANAGER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 27 / 2020
Transaction ID : SA11AI.70315
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. OBRIEN, TIMOTHY R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26 FAIRWAY LN
 City HORSEHEADS State NY Zip Code 14845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYSUT Occupation (for Individual) MANAGER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2020
Transaction ID : SA11AI.70316
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	35.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 750 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. OBRIEN, TIMOTHY R, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 24 / 2020		
Mailing Address 26 FAIRWAY LN			Transaction ID : SA11AI.70317		
City HORSEHEADS	State NY	Zip Code 14845	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) NYSUT		Occupation (for Individual) MANAGER			
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. OBRIEN, TIMOTHY R, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020		
Mailing Address 26 FAIRWAY LN			Transaction ID : SA11AI.70318		
City HORSEHEADS	State NY	Zip Code 14845	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) NYSUT		Occupation (for Individual) MANAGER			
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. OCONNOR, COLLEEN, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 02 / 2020		
Mailing Address PO BOX 300			Transaction ID : SA11AI.70324		
City BREWERTON	State NY	Zip Code 13029	Amount of Each Receipt this Period 16.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) N Syracuse Educ Assn		Occupation (for Individual) TEACHER			
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 282.00			

SUBTOTAL of Receipts This Page (optional).....▶	36.00
TOTAL This Period (last page this line number only).....▶	

**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 751 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
OCONNOR, COLLEEN, , ,

Mailing Address **PO BOX 300**

City BREWERTON	State NY	Zip Code 13029
--------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) N Syracuse Educ Assn	Occupation (for Individual) TEACHER
--	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **298.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2020

Transaction ID : SA11AI.70325

Amount of Each Receipt this Period

16.00

 Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
OCONNOR, COLLEEN, , ,

Mailing Address **PO BOX 300**

City BREWERTON	State NY	Zip Code 13029
--------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) N Syracuse Educ Assn	Occupation (for Individual) TEACHER
--	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **314.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2020

Transaction ID : SA11AI.70326

Amount of Each Receipt this Period

16.00

 Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
OCONNOR, COLLEEN, , ,

Mailing Address **PO BOX 300**

City BREWERTON	State NY	Zip Code 13029
--------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) N Syracuse Educ Assn	Occupation (for Individual) TEACHER
--	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2020

Transaction ID : SA11AI.70327

Amount of Each Receipt this Period

16.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	48.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 752 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. OCONNOR, MAUREEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 32 CLAY LN

City LEVITTOWN	State NY	Zip Code 11756
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.70330

Amount of Each Receipt this Period
 10.00

Memo Item

B. ODDY, LINDSEY F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4805 SCHURR RD

City CLARENCE	State NY	Zip Code 14031
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Starpoint T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020

Transaction ID : SA11AI.70331

Amount of Each Receipt this Period
 25.00

Memo Item

C. ODDY, LINDSEY F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4805 SCHURR RD

City CLARENCE	State NY	Zip Code 14031
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Starpoint T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020

Transaction ID : SA11AI.70332

Amount of Each Receipt this Period
 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

**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 753 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. ODDY, LINDSEY F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4805 SCHURR RD

City CLARENCE	State NY	Zip Code 14031
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Starpoint T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.70333

Amount of Each Receipt this Period
 25.00

Memo Item

B. O'DONNELL, ELIZABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 162 S MIDDLETOWN RD

City PEARL RIVER	State NY	Zip Code 10965
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 575.00

Date of Receipt
 12 / 01 / 2020
Transaction ID : SA11AI.70334

Amount of Each Receipt this Period
 25.00

Memo Item

C. O'DONNELL, ELIZABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 162 S MIDDLETOWN RD

City PEARL RIVER	State NY	Zip Code 10965
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 12 / 16 / 2020
Transaction ID : SA11AI.70335

Amount of Each Receipt this Period
 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

**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 754 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. O'DONNELL, ELIZABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 162 S MIDDLETOWN RD

City PEARL RIVER	State NY	Zip Code 10965
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 625.00

Date of Receipt
 12 / 24 / 2020
Transaction ID : SA11AI.70336

Amount of Each Receipt this Period
 25.00

Memo Item

B. O'DONNELL, ELIZABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 162 S MIDDLETOWN RD

City PEARL RIVER	State NY	Zip Code 10965
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 650.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.70337

Amount of Each Receipt this Period
 25.00

Memo Item

C. OEHLER, KAREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 56

City GABRIELS	State NY	Zip Code 12939
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) St Lawrence Cent U T	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.70340

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

**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 755 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. OLIVERI, JONATHAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 144 CHURCH ST APT 3B

City KINGS PARK	State NY	Zip Code 11754
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.70343

Amount of Each Receipt this Period
10.00

Memo Item

B. O NEILL, JESSICA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 TREE TOP LN

City DOBBS FERRY	State NY	Zip Code 10522
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **232.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020

Transaction ID : SA11AI.70283

Amount of Each Receipt this Period
8.00

Memo Item

C. O NEILL, JESSICA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 TREE TOP LN

City DOBBS FERRY	State NY	Zip Code 10522
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020

Transaction ID : SA11AI.70284

Amount of Each Receipt this Period
8.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	26.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 756 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. O NEILL, JESSICA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 TREE TOP LN

City DOBBS FERRY	State NY	Zip Code 10522
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 248.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020

Transaction ID : SA11AI.70285

Amount of Each Receipt this Period
 8.00

Memo Item

B. O NEILL, JESSICA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 TREE TOP LN

City DOBBS FERRY	State NY	Zip Code 10522
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 256.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.70286

Amount of Each Receipt this Period
 8.00

Memo Item

C. OPANASHUK, KATHLEEN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4348 ROYALTON CENTER RD

City GASPORT	State NY	Zip Code 14067
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Royalton Hartland TA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 335.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020

Transaction ID : SA11AI.70344

Amount of Each Receipt this Period
 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	41.00
TOTAL This Period (last page this line number only).....▶	

**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 757 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. OPANASHUK, KATHLEEN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4348 ROYALTON CENTER RD
 City GASPORT State NY Zip Code 14067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Royalton Hartland TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.70345
 Amount of Each Receipt this Period 25.00
 Memo Item

B. OPANASHUK, KATHLEEN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4348 ROYALTON CENTER RD
 City GASPORT State NY Zip Code 14067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Royalton Hartland TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.70346
 Amount of Each Receipt this Period 25.00
 Memo Item

C. OPANASHUK, KATHLEEN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4348 ROYALTON CENTER RD
 City GASPORT State NY Zip Code 14067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Royalton Hartland TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70347
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 758 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. ORLAN, MARILYN L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 231

City GAYLORDSVILLE	State CT	Zip Code 06755
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) United Fed. Tchrs.	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 12 / 04 / 2020
Transaction ID : SA11AI.70350

Amount of Each Receipt this Period
 100.00

Memo Item

B. ORLOWSKI, JEFFREY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 911 MAIN ST

City WEST SENECA	State NY	Zip Code 14224
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Kenmore Tchrs Assn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 12 / 02 / 2020
Transaction ID : SA11AI.70351

Amount of Each Receipt this Period
 15.00

Memo Item

C. ORLOWSKI, JEFFREY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 911 MAIN ST

City WEST SENECA	State NY	Zip Code 14224
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Kenmore Tchrs Assn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 285.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.70352

Amount of Each Receipt this Period
 15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	130.00
TOTAL This Period (last page this line number only).....	

**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 759 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. ORLOWSKI, JEFFREY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 911 MAIN ST

City WEST SENECA	State NY	Zip Code 14224
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Kenmore Tchrs Assn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.70353

Amount of Each Receipt this Period
 15.00

Memo Item

B. ORLOWSKI, JEFFREY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 911 MAIN ST

City WEST SENECA	State NY	Zip Code 14224
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Kenmore Tchrs Assn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 315.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.70354

Amount of Each Receipt this Period
 15.00

Memo Item

C. OROURKE, LAUREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 75 COLES ST

City GLEN COVE	State NY	Zip Code 11542
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.70357

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	40.00
TOTAL This Period (last page this line number only).....▶	

**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 760 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. ORPHANOS, COURTNEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 65 ATLANTIC AVE

City MASSAPEQUA PARK	State NY	Zip Code 11762
-------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.70359

Amount of Each Receipt this Period
 10.00

Memo Item

B. O SULLIVAN, SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 BRADLEY DR

City NEW CITY	State NY	Zip Code 10956
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 12 / 01 / 2020
Transaction ID : SA11AI.70287

Amount of Each Receipt this Period
 10.00

Memo Item

C. O SULLIVAN, SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 BRADLEY DR

City NEW CITY	State NY	Zip Code 10956
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 12 / 16 / 2020
Transaction ID : SA11AI.70288

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 761 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. O SULLIVAN, SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 BRADLEY DR
 City NEW CITY State NY Zip Code 10956
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020
Transaction ID : SA11AI.70289
 Amount of Each Receipt this Period 10.00
 Memo Item

B. O SULLIVAN, SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 BRADLEY DR
 City NEW CITY State NY Zip Code 10956
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70290
 Amount of Each Receipt this Period 10.00
 Memo Item

C. OTT, JULIE A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4412 LOCKPORT RD
 City LOCKPORT State NY Zip Code 14094
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Starpoint T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70363
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	40.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 762 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. OWENS, JOHN W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4623 NATURES CIR
 City SYRACUSE State NY Zip Code 13215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Solvay T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.70364
 Amount of Each Receipt this Period
 220.00
 Memo Item

B. PACE, LINDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3294 E CHURCH ST
 City EDEN State NY Zip Code 14057
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eden Tchrs Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70383
 Amount of Each Receipt this Period
 220.00
 Memo Item

C. Pace, Rosemary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 332 PHILADELPHIA AVE
 City MASSAPEQUA PK State NY Zip Code 11762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Levittown United Tch Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.70365
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	465.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 763 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Pace, Rosemary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 332 PHILADELPHIA AVE
 City MASSAPEQUA PK State NY Zip Code 11762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Levittown United Tch Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70366
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. PACI, AMY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 332 HORTONTOWN RD
 City HOPEWELL JUNCTION State NY Zip Code 12533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020
Transaction ID : SA11AI.70384
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. PACI, AMY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 332 HORTONTOWN RD
 City HOPEWELL JUNCTION State NY Zip Code 12533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.70385
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

**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 764 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. PACI, AMY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 332 HORTONTOWN RD
 City HOPEWELL JUNCTION State NY Zip Code 12533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020
Transaction ID : SA11AI.70386
 Amount of Each Receipt this Period 10.00
 Memo Item

B. PACI, AMY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 332 HORTONTOWN RD
 City HOPEWELL JUNCTION State NY Zip Code 12533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70387
 Amount of Each Receipt this Period 10.00
 Memo Item

C. PACKMAN, EINAT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 BRATTLE CIR
 City MELVILLE State NY Zip Code 11747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70389
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**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 765 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. PAGAN, JUAN A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10 EASTWOOD AVE APT B4

City ELLENVILLE	State NY	Zip Code 12428
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Ellenville TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.70391

Amount of Each Receipt this Period
 10.00

Memo Item

B. PALLANTE, VICTORIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 410 BRENDAN AVE

City MASSAPEQUA PARK	State NY	Zip Code 11762
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.70394

Amount of Each Receipt this Period
 10.00

Memo Item

C. PALLOTTA, ANDREW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 CHATHAM CIRCLE

City LOUDONVILLE	State NY	Zip Code 12211
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) United Fed. Tchrs.	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 619.39

Date of Receipt
 11 / 27 / 2020
Transaction ID : SA11AI.70395

Amount of Each Receipt this Period
 26.93

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	46.93
TOTAL This Period (last page this line number only).....▶	

**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 766 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. PALLOTTA, ANDREW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 CHATHAM CIRCLE
 City LOUDONVILLE State NY Zip Code 12211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Fed. Tchrs. Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 646.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2020
Transaction ID : SA11AI.70396
 Amount of Each Receipt this Period
 26.93
 Memo Item

B. PALLOTTA, ANDREW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 CHATHAM CIRCLE
 City LOUDONVILLE State NY Zip Code 12211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Fed. Tchrs. Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 673.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020
Transaction ID : SA11AI.70397
 Amount of Each Receipt this Period
 26.93
 Memo Item

C. PALLOTTA, ANDREW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 CHATHAM CIRCLE
 City LOUDONVILLE State NY Zip Code 12211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Fed. Tchrs. Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.18

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70398
 Amount of Each Receipt this Period
 26.93
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	80.79
TOTAL This Period (last page this line number only).....	

**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 767 OF 1094
	<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	

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Palumbo, Maureen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3441 LORELEI DR
 City YORKTOWN HTS State NY Zip Code 10598
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mt Vernon Fed Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11Al.70367
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Palumbo, Maureen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3441 LORELEI DR
 City YORKTOWN HTS State NY Zip Code 10598
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mt Vernon Fed Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11Al.70368
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Pancoe, M Ellen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 614 FOREST EDGE DR
 City EAST AMHERST State NY Zip Code 14051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Williamsville TA,Inc Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11Al.68249
 Amount of Each Receipt this Period 216.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	266.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 768 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. PANTELL, BONNIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 IRENE LN N
 City PLAINVIEW State NY Zip Code 11803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70402
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. PAPA, MICHELLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 57 BAR BEACH RD
 City PORT WASHINGTON State NY Zip Code 11050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70404
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. PAPILO, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 GRAND ST
 City SMITHTOWN State NY Zip Code 11787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Stony Brook HSC Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2020
Transaction ID : SA11AI.70405
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**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 769 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. PAPILO, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12 GRAND ST

City SMITHTOWN	State NY	Zip Code 11787
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Stony Brook HSC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 12 / 09 / 2020
Transaction ID : SA11AI.70406

Amount of Each Receipt this Period
 10.00

Memo Item

B. PAPILO, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12 GRAND ST

City SMITHTOWN	State NY	Zip Code 11787
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Stony Brook HSC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 12 / 23 / 2020
Transaction ID : SA11AI.70407

Amount of Each Receipt this Period
 10.00

Memo Item

C. PAPILO, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12 GRAND ST

City SMITHTOWN	State NY	Zip Code 11787
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Stony Brook HSC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.70408

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 770 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. PAPKE, DAVID T, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8245 OAKWAY LN
 City WILLIAMSVILLE State NY Zip Code 14221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) West Seneca TA,Inc Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.70410
 Amount of Each Receipt this Period
 202.50
 Memo Item

B. PAPKE, DAVID T, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8245 OAKWAY LN
 City WILLIAMSVILLE State NY Zip Code 14221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) West Seneca TA,Inc Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70411
 Amount of Each Receipt this Period
 22.50
 Memo Item

C. PAPPAS, MATTHEW P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45 SEGATOGUE LN
 City SOUTH SETAUKET State NY Zip Code 11720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) F A Of Suffolk CC Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 283.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2020
Transaction ID : SA11AI.70413
 Amount of Each Receipt this Period
 12.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	237.00
TOTAL This Period (last page this line number only).....▶	

**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 771 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PAPPAS, MATTHEW P, , ,

Mailing Address **45 SEGATOGUE LN**

City SOUTH SETAUKET	State NY	Zip Code 11720
-------------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
---	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **295.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2020

Transaction ID : SA11AI.70414

Amount of Each Receipt this Period

12.00

 Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PAPPAS, MATTHEW P, , ,

Mailing Address **45 SEGATOGUE LN**

City SOUTH SETAUKET	State NY	Zip Code 11720
-------------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
---	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2020

Transaction ID : SA11AI.70415

Amount of Each Receipt this Period

12.00

 Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PAPPAS, MATTHEW P, , ,

Mailing Address **45 SEGATOGUE LN**

City SOUTH SETAUKET	State NY	Zip Code 11720
-------------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
---	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **319.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2020

Transaction ID : SA11AI.70416

Amount of Each Receipt this Period

12.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	36.00
TOTAL This Period (last page this line number only).....	

**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 772 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. PARASZCZUK, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 HARTON CT

City EAST NORTHPORT	State NY	Zip Code 11731
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.70418

Amount of Each Receipt this Period
 10.00

Memo Item

B. PARDO, MARIA C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 26823 82ND AVE

City NEW HYDE PARK	State NY	Zip Code 11040
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Great Neck T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 12 / 15 / 2020
Transaction ID : SA11AI.70420

Amount of Each Receipt this Period
 240.00

Memo Item

C. PAREDES, JACQUELINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 119 BENSON ST

City ALBANY	State NY	Zip Code 12206
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NYSUT	Occupation (for Individual) LEGISLATIVE REP
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 644.00

Date of Receipt
 11 / 27 / 2020
Transaction ID : SA11AI.70421

Amount of Each Receipt this Period
 28.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	278.00
TOTAL This Period (last page this line number only).....	

**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 773 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. PAREDES, JACQUELINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 119 BENSON ST
 City ALBANY State NY Zip Code 12206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYSUT Occupation (for Individual) LEGISLATIVE REP
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2020
Transaction ID : SA11AI.70422
 Amount of Each Receipt this Period
 28.00
 Memo Item

B. PAREDES, JACQUELINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 119 BENSON ST
 City ALBANY State NY Zip Code 12206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYSUT Occupation (for Individual) LEGISLATIVE REP
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020
Transaction ID : SA11AI.70423
 Amount of Each Receipt this Period
 28.00
 Memo Item

C. PAREDES, JACQUELINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 119 BENSON ST
 City ALBANY State NY Zip Code 12206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYSUT Occupation (for Individual) LEGISLATIVE REP
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 728.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70424
 Amount of Each Receipt this Period
 28.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	84.00
TOTAL This Period (last page this line number only).....▶	

**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 774 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. PARISO, SHANNON C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 106 PRYOR AVE
 City TONAWANDA State NY Zip Code 14150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kenmore Tchrs Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70426
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. Parris-Hines, Anja, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 LAKE ST APT 5H
 City WHITE PLAINS State NY Zip Code 10603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.70369
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. Parris-Hines, Anja, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 LAKE ST APT 5H
 City WHITE PLAINS State NY Zip Code 10603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70370
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	

**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 775 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. PARROTTA, LOUIS F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1220 GREENVIEW DR

City UTICA	State NY	Zip Code 13501
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Utica T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 204.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.70427

Amount of Each Receipt this Period
 204.00

Memo Item

B. PARROTTA, LOUIS F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1220 GREENVIEW DR

City UTICA	State NY	Zip Code 13501
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Utica T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.70428

Amount of Each Receipt this Period
 12.00

Memo Item

C. PASQUALE, ANNE-MARIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 45 FOXWOOD CIR

City MOUNT KISCO	State NY	Zip Code 10549
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Byram Hills T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.70430

Amount of Each Receipt this Period
 225.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	441.00
TOTAL This Period (last page this line number only).....▶	

**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 776 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. PASQUARIELLO-, ROSE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 GEHRIG ST
 City COMMACK State NY Zip Code 11725
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70432
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. PATERSON, JENNIFER A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 758 STATE ROUTE 48
 City FULTON State NY Zip Code 13069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alt Par Wmtown F A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.70434
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. PATERSON, JENNIFER A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 758 STATE ROUTE 48
 City FULTON State NY Zip Code 13069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alt Par Wmtown F A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70435
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

30.00

**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 777 OF 1094
	<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	

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. PATRICK, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 80 ECKER AVE
 City WEST BABYLON State NY Zip Code 11704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70438
 Amount of Each Receipt this Period 10.00
 Memo Item

B. PATROULIS, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4904 EDGEWORTH DR
 City MANLIUS State NY Zip Code 13104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fayettevle Manl T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 203.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70440
 Amount of Each Receipt this Period 203.00
 Memo Item

C. PATTILIO, TRACEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37 WICHARD DR
 City OAKDALE State NY Zip Code 11769
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70444
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	223.00
TOTAL This Period (last page this line number only).....	

**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 778 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. PAULIN, DEBORAH J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3679 POHL RD

City ALDEN	State NY	Zip Code 14004
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Alden CS Emp Assn	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 675.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2020

Transaction ID : SA11AI.70445

Amount of Each Receipt this Period
 20.00

Memo Item

B. PAULIN, DEBORAH J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3679 POHL RD

City ALDEN	State NY	Zip Code 14004
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Alden CS Emp Assn	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 710.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2020

Transaction ID : SA11AI.70446

Amount of Each Receipt this Period
 35.00

Memo Item

C. PAULIN, DEBORAH J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3679 POHL RD

City ALDEN	State NY	Zip Code 14004
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Alden CS Emp Assn	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 730.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.70447

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

**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 779 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. PAULIN, DEBORAH J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3679 POHL RD
 City ALDEN State NY Zip Code 14004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alden CS Emp Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70448
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. PAVONE, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 N UNION ST STE 301
 City ROCHESTER State NY Zip Code 14607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rochester T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70450
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. PEARL, SARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 56 WOODCREST AVE
 City WHITE PLAINS State NY Zip Code 10604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 203.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020
Transaction ID : SA11AI.70454
 Amount of Each Receipt this Period
 203.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	233.00
TOTAL This Period (last page this line number only).....▶	

**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 780 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. PEARL, SARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 56 WOODCREST AVE

City WHITE PLAINS	State NY	Zip Code 10604
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020

Transaction ID : SA11AI.70455

Amount of Each Receipt this Period
 7.00

Memo Item

B. PEARL, SARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 56 WOODCREST AVE

City WHITE PLAINS	State NY	Zip Code 10604
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 217.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020

Transaction ID : SA11AI.70456

Amount of Each Receipt this Period
 7.00

Memo Item

C. PEARL, SARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 56 WOODCREST AVE

City WHITE PLAINS	State NY	Zip Code 10604
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 224.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.70457

Amount of Each Receipt this Period
 7.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	21.00
TOTAL This Period (last page this line number only).....	

**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 781 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. PEARLES, SUSAN E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 128 STERLING AVE

City BUFFALO	State NY	Zip Code 14216
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Buffalo Center	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 11 / 24 / 2020
Transaction ID : SA11AI.70458

Amount of Each Receipt this Period
 10.00

Memo Item

B. PEARLES, SUSAN E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 128 STERLING AVE

City BUFFALO	State NY	Zip Code 14216
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Buffalo Center	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 12 / 09 / 2020
Transaction ID : SA11AI.70459

Amount of Each Receipt this Period
 10.00

Memo Item

C. PEARLES, SUSAN E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 128 STERLING AVE

City BUFFALO	State NY	Zip Code 14216
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Buffalo Center	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 12 / 23 / 2020
Transaction ID : SA11AI.70460

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

30.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 782 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. PEARLES, SUSAN E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 128 STERLING AVE

City BUFFALO	State NY	Zip Code 14216
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Buffalo Center	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.70461

Amount of Each Receipt this Period
 10.00

Memo Item

B. PEARSALL, DIANA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12 SMITHTOWN CRES

City SMITHTOWN	State NY	Zip Code 11787
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.70464

Amount of Each Receipt this Period
 10.00

Memo Item

C. PEDERSEN, KRISTINA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 NICHOLAS ST

City PORT JEFFERSON	State NY	Zip Code 11777
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Middle Cntry TA,Inc.	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020

Transaction ID : SA11AI.70467

Amount of Each Receipt this Period
 240.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	260.00
TOTAL This Period (last page this line number only).....▶	

**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 783 OF 1094
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. PEDERSEN, KRISTINA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 NICHOLAS ST
 City PORT JEFFERSON State NY Zip Code 11777
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Middle Cntry TA,Inc. Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.70468
 Amount of Each Receipt this Period
 60.00
 Memo Item

B. PEDULLA, MARIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1246 CAYUGA DR
 City NIAGARA FALLS State NY Zip Code 14304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Niagara Falls Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.70470
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. PEDULLA, MARIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1246 CAYUGA DR
 City NIAGARA FALLS State NY Zip Code 14304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Niagara Falls Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70471
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	80.00
TOTAL This Period (last page this line number only).....	

**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 784 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. PEKOWSKY, MARC, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 43 BENJAMIN RD
 City MAHOPAC State NY Zip Code 10541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020
Transaction ID : SA11AI.70472
 Amount of Each Receipt this Period 10.25
 Memo Item

B. PEKOWSKY, MARC, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 43 BENJAMIN RD
 City MAHOPAC State NY Zip Code 10541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 317.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.70473
 Amount of Each Receipt this Period 10.25
 Memo Item

C. PEKOWSKY, MARC, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 43 BENJAMIN RD
 City MAHOPAC State NY Zip Code 10541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 328.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020
Transaction ID : SA11AI.70474
 Amount of Each Receipt this Period 10.25
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.75
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 785 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. PEKOWSKY, MARC, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 43 BENJAMIN RD
 City MAHOPAC State NY Zip Code 10541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 338.25

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.70475
 Amount of Each Receipt this Period 10.25
 Memo Item

B. PELLEGRINO, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1004 HERITAGE PARK DR
 City WEBSTER State NY Zip Code 14580
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pittsford Dist T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 272.00

Date of Receipt 12 / 02 / 2020
Transaction ID : SA11AI.70476
 Amount of Each Receipt this Period 16.00
 Memo Item

C. PELLEGRINO, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1004 HERITAGE PARK DR
 City WEBSTER State NY Zip Code 14580
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pittsford Dist T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt 12 / 29 / 2020
Transaction ID : SA11AI.70477
 Amount of Each Receipt this Period 16.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	42.25
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 786 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. PELLEGRINO, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1004 HERITAGE PARK DR
 City WEBSTER State NY Zip Code 14580
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pittsford Dist T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 304.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70478
 Amount of Each Receipt this Period
 16.00
 Memo Item

B. PELLICONE, LAURA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 218 BUCHANAN ST
 City CENTERPORT State NY Zip Code 11721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70483
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. PENDLETON, MICHAEL S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 267 FRIES RD
 City TONAWANDA State NY Zip Code 14150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Buffalo State Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2020
Transaction ID : SA11AI.70487
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	36.00
TOTAL This Period (last page this line number only).....▶	

**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 787 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. PENDLETON, MICHAEL S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 267 FRIES RD
 City TONAWANDA State NY Zip Code 14150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Buffalo State Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2020
Transaction ID : SA11AI.70488
 Amount of Each Receipt this Period 10.00
 Memo Item

B. PENDLETON, MICHAEL S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 267 FRIES RD
 City TONAWANDA State NY Zip Code 14150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Buffalo State Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2020
Transaction ID : SA11AI.70489
 Amount of Each Receipt this Period 10.00
 Memo Item

C. PENDLETON, MICHAEL S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 267 FRIES RD
 City TONAWANDA State NY Zip Code 14150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Buffalo State Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70490
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**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 788 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. PENNA, COUREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 880 WILLOW ST
 City LOCKPORT State NY Zip Code 14094
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lockport E A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 206.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2020
Transaction ID : SA11AI.70492
 Amount of Each Receipt this Period
 206.00
 Memo Item

B. PENNA, COUREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 880 WILLOW ST
 City LOCKPORT State NY Zip Code 14094
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lockport E A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 213.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70493
 Amount of Each Receipt this Period
 7.00
 Memo Item

C. PENNA, COUREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 880 WILLOW ST
 City LOCKPORT State NY Zip Code 14094
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lockport E A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70494
 Amount of Each Receipt this Period
 7.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	220.00
TOTAL This Period (last page this line number only).....▶	

**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 789 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. PEPE, JANET, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 ELMTREE LN
 City HUNTINGTN STA State NY Zip Code 11746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70496
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. PERACCINY, MATTHEW J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 KELLY AVE
 City MIDDLEPORT State NY Zip Code 14105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Royalton Hartland TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.70498
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. PERACCINY, MATTHEW J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 KELLY AVE
 City MIDDLEPORT State NY Zip Code 14105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Royalton Hartland TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 221.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70499
 Amount of Each Receipt this Period
 13.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	231.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 790 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. PERRONE, MELISSA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1829 BUSHWICK AVE

City MERRICK	State NY	Zip Code 11566
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.70501

Amount of Each Receipt this Period
 10.00

Memo Item

B. PESANO, GEOFFREY W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 27 PLEASANT VIEW DR

City MARLBORO	State NY	Zip Code 12542
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Marlboro Fac Asn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.70507

Amount of Each Receipt this Period
 10.00

Memo Item

C. PESTIEAU, JEAN NICOLA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 310 OAKWOOD RD

City PRT JEFFERSON	State NY	Zip Code 11777
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.70511

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 791 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. PESTIEAU, JEAN NICOLA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 310 OAKWOOD RD

City PRT JEFFERSON	State NY	Zip Code 11777
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2020

Transaction ID : SA11AI.70512

Amount of Each Receipt this Period
10.00

Memo Item

B. PESTIEAU, JEAN NICOLA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 310 OAKWOOD RD

City PRT JEFFERSON	State NY	Zip Code 11777
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2020

Transaction ID : SA11AI.70513

Amount of Each Receipt this Period
10.00

Memo Item

C. PETERS, RICHARD, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 246 MCKAY RD

City AMSTERDAM	State NY	Zip Code 12010
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Amsterdam T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2020

Transaction ID : SA11AI.70514

Amount of Each Receipt this Period
16.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	36.00
TOTAL This Period (last page this line number only).....	

**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 792 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. PETERS, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 246 MCKAY RD
 City AMSTERDAM State NY Zip Code 12010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Amsterdam T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 304.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.70515
 Amount of Each Receipt this Period 16.00
 Memo Item

B. PETERS, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 246 MCKAY RD
 City AMSTERDAM State NY Zip Code 12010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Amsterdam T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.70516
 Amount of Each Receipt this Period 16.00
 Memo Item

C. Peterson, Deborah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5190 WILD CINNAMON DR
 City MELBOURNE State FL Zip Code 32940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Haldane Fac Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.70371
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	52.00
TOTAL This Period (last page this line number only).....	

**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 793 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Peterson, Deborah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5190 WILD CINNAMON DR
 City MELBOURNE State FL Zip Code 32940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Haldane Fac Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70372
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. PETERSON, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 SILVER LN
 City BURNT HILLS State NY Zip Code 12027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BH Ballston Lk T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2020
Transaction ID : SA11AI.70518
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. PETERSON, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 SILVER LN
 City BURNT HILLS State NY Zip Code 12027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BH Ballston Lk T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2020
Transaction ID : SA11AI.70519
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶
TOTAL This Period (last page this line number only)..... ▶

60.00

**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 794 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. PETERSON, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8 SILVER LN

City BURNT HILLS	State NY	Zip Code 12027
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BH Ballston Lk T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 340.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.70520

Amount of Each Receipt this Period
 20.00

Memo Item

B. PETERSON, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8 SILVER LN

City BURNT HILLS	State NY	Zip Code 12027
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BH Ballston Lk T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.70521

Amount of Each Receipt this Period
 20.00

Memo Item

C. PETRICK, JOSEPH A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 120 MAPLE ST

City HORNELL	State NY	Zip Code 14843
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Alfred	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 11 / 24 / 2020
Transaction ID : SA11AI.70522

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	50.00
TOTAL This Period (last page this line number only).....	

**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 795 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. PETRICK, JOSEPH A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 120 MAPLE ST

City HORNELL	State NY	Zip Code 14843
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Alfred	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 12 / 09 / 2020
Transaction ID : SA11AI.70523

Amount of Each Receipt this Period
 10.00

Memo Item

B. PETRICK, JOSEPH A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 120 MAPLE ST

City HORNELL	State NY	Zip Code 14843
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Alfred	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 12 / 23 / 2020
Transaction ID : SA11AI.70524

Amount of Each Receipt this Period
 10.00

Memo Item

C. PETRICK, JOSEPH A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 120 MAPLE ST

City HORNELL	State NY	Zip Code 14843
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Alfred	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.70525

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 796 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. PETRONE, NICHOLAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 106 RUSKIN AVE
 City SYRACUSE State NY Zip Code 13207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N Syracuse Educ Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70527
 Amount of Each Receipt this Period 10.00
 Memo Item

B. PETROSILLO, SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1451 ERIC LN
 City EAST MEADOW State NY Zip Code 11554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70529
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Peyton, Carole, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 49 STONEBRIDGE DR
 City ASHEVILLE State NC Zip Code 28805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lynbrook T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 214.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70374
 Amount of Each Receipt this Period 214.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	234.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 797 OF 1094
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. PEZZULO, LIDIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 114 BEVERLY RD
 City YONKERS State NY Zip Code 10710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020
Transaction ID : SA11AI.70530
 Amount of Each Receipt this Period 10.00
 Memo Item

B. PEZZULO, LIDIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 114 BEVERLY RD
 City YONKERS State NY Zip Code 10710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.70531
 Amount of Each Receipt this Period 10.00
 Memo Item

C. PEZZULO, LIDIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 114 BEVERLY RD
 City YONKERS State NY Zip Code 10710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020
Transaction ID : SA11AI.70532
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 30.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 798 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. PEZZULO, LIDIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 114 BEVERLY RD
 City YONKERS State NY Zip Code 10710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.70533
 Amount of Each Receipt this Period 10.00
 Memo Item

B. PHINNEY, YVONNE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6894 LAUREL LAKE RD
 City BRACKNEY State PA Zip Code 18812
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Deposit T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 214.00

Date of Receipt 12 / 08 / 2020
Transaction ID : SA11AI.70536
 Amount of Each Receipt this Period 5.00
 Memo Item

C. PHINNEY, YVONNE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6894 LAUREL LAKE RD
 City BRACKNEY State PA Zip Code 18812
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Deposit T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 219.00

Date of Receipt 12 / 16 / 2020
Transaction ID : SA11AI.70537
 Amount of Each Receipt this Period 5.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	20.00
TOTAL This Period (last page this line number only).....	

**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 799 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. PHINNEY, YVONNE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6894 LAUREL LAKE RD
 City BRACKNEY State PA Zip Code 18812
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Deposit T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 224.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.70538
 Amount of Each Receipt this Period 5.00
 Memo Item

B. PHIPPEN, NIKKI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 COUNTY ROUTE 56
 City POTSDAM State NY Zip Code 13676
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Salmon River TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 201.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.70539
 Amount of Each Receipt this Period 201.50
 Memo Item

C. PHIPPEN, NIKKI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 COUNTY ROUTE 56
 City POTSDAM State NY Zip Code 13676
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Salmon River TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70540
 Amount of Each Receipt this Period 10.25
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	216.75
TOTAL This Period (last page this line number only).....	

**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 800 OF 1094
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. PICKETT, KATHLEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 145 WILLOW LN
 City GLENVILLE State NY Zip Code 12302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Schenectady Fed Tchr Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70543
 Amount of Each Receipt this Period
 10.53
 Memo Item

B. Pincus, Ellen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3333 H HUDSON PKWY APT 21S
 City BRONX State NY Zip Code 10463
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Chappaqua Cong Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.70375
 Amount of Each Receipt this Period
 40.00
 Memo Item

C. Pincus, Ellen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3333 H HUDSON PKWY APT 21S
 City BRONX State NY Zip Code 10463
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Chappaqua Cong Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 490.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70376
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	100.53
TOTAL This Period (last page this line number only).....▶	

**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 801 OF 1094
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Pirozzi, Marilyn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 150 THEO FREMD AVE APT B13

City RYE	State NY	Zip Code 10580
-------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Mt Vernon Fed Tchrs	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020

Transaction ID : SA11AI.70377

Amount of Each Receipt this Period
 30.00

Memo Item

B. Pirozzi, Marilyn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 150 THEO FREMD AVE APT B13

City RYE	State NY	Zip Code 10580
-------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Mt Vernon Fed Tchrs	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.70378

Amount of Each Receipt this Period
 30.00

Memo Item

C. PITTS, HARRIET, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 334 E 108TH ST APT 3B

City NEW YORK	State NY	Zip Code 10029
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) United Fed. Tchrs.	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020

Transaction ID : SA11AI.70545

Amount of Each Receipt this Period
 240.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 802 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. PIZZARELLI, LINDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13 GARSON RD

City CARLE PLACE	State NY	Zip Code 11514
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.70547

Amount of Each Receipt this Period
 10.00

Memo Item

B. PIZZARELLI, LORI-ANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 119 WASHINGTON ST

City FARMINGDALE	State NY	Zip Code 11735
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.70549

Amount of Each Receipt this Period
 10.00

Memo Item

C. PIZZUTO, CHANTEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12 OVERTON CT

City LAKE GROVE	State NY	Zip Code 11755
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.70551

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

30.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 803 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. PLATT, TARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 70 OAK RIDGE DR

City PUTNAM VALLEY	State NY	Zip Code 10579
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Peekskill Fac Assn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.70553

Amount of Each Receipt this Period
 10.00

Memo Item

B. POHLMAN, JOSEPH H, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8565 THE MDWS S

City EAST AMHERST	State NY	Zip Code 14051
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Williamsville TA,Inc	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2020

Transaction ID : SA11AI.70555

Amount of Each Receipt this Period
 15.00

Memo Item

C. POHLMAN, JOSEPH H, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8565 THE MDWS S

City EAST AMHERST	State NY	Zip Code 14051
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Williamsville TA,Inc	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2020

Transaction ID : SA11AI.70556

Amount of Each Receipt this Period
 15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	40.00
TOTAL This Period (last page this line number only).....▶	

**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 804 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. POHLMAN, JOSEPH H, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8565 THE MDWS S

City EAST AMHERST	State NY	Zip Code 14051
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Williamsville TA,Inc	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 12 / 30 / 2020
Transaction ID : SA11AI.70557

Amount of Each Receipt this Period
 15.00

Memo Item

B. POLAY, MITCHELL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 737 TUCKAHOE RD APT 47

City YONKERS	State NY	Zip Code 10710
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 12 / 01 / 2020
Transaction ID : SA11AI.70558

Amount of Each Receipt this Period
 10.00

Memo Item

C. POLAY, MITCHELL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 737 TUCKAHOE RD APT 47

City YONKERS	State NY	Zip Code 10710
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 310.00

Date of Receipt
 12 / 16 / 2020
Transaction ID : SA11AI.70559

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	35.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 805 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. POLAY, MITCHELL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 737 TUCKAHOE RD APT 47

City YONKERS	State NY	Zip Code 10710
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 12 / 24 / 2020
Transaction ID : SA11AI.70560

Amount of Each Receipt this Period
 10.00

Memo Item

B. POLAY, MITCHELL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 737 TUCKAHOE RD APT 47

City YONKERS	State NY	Zip Code 10710
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 330.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.70561

Amount of Each Receipt this Period
 10.00

Memo Item

C. POLLACK-SCHMI, ALYSE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 138 CORNELL DR

City COMMACK	State NY	Zip Code 11725
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.70563

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 806 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. POPE, SEAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 MINOR RD
 City BREWSTER State NY Zip Code 10509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bedford T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70564
 Amount of Each Receipt this Period
 209.00
 Memo Item

B. POPE, SEAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 MINOR RD
 City BREWSTER State NY Zip Code 10509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bedford T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70565
 Amount of Each Receipt this Period
 11.00
 Memo Item

C. POPIEL, KARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 301 BIRCH LN
 City IRVINGTON State NY Zip Code 10533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020
Transaction ID : SA11AI.70566
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	240.00
TOTAL This Period (last page this line number only).....▶	

**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 807 OF 1094
	<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	

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. POPIEL, KARA, , ,			Date of Receipt
Mailing Address 301 BIRCH LN			<input type="text" value="12"/> / <input type="text" value="16"/> / <input type="text" value="2020"/>
City IRVINGTON	State NY	Zip Code 10533	Transaction ID : SA11AI.70567
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="20.00"/>
Name of Employer (for Individual) Yonkers Fed Of Tchrs		Occupation (for Individual) TEACHER	<input type="checkbox"/> Memo Item
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="620.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. POPIEL, KARA, , ,			Date of Receipt
Mailing Address 301 BIRCH LN			<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2020"/>
City IRVINGTON	State NY	Zip Code 10533	Transaction ID : SA11AI.70568
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="20.00"/>
Name of Employer (for Individual) Yonkers Fed Of Tchrs		Occupation (for Individual) TEACHER	<input type="checkbox"/> Memo Item
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="640.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. POPIEL, KARA, , ,			Date of Receipt
Mailing Address 301 BIRCH LN			<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2020"/>
City IRVINGTON	State NY	Zip Code 10533	Transaction ID : SA11AI.70569
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="20.00"/>
Name of Employer (for Individual) Yonkers Fed Of Tchrs		Occupation (for Individual) TEACHER	<input type="checkbox"/> Memo Item
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="660.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="60.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 808 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Posluszny, Patricia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 265 HERITAGE HLS UNIT A

City SOMERS	State NY	Zip Code 10589
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) White Plains T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020

Transaction ID : SA11AI.70379

Amount of Each Receipt this Period
 20.00

Memo Item

B. Posluszny, Patricia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 265 HERITAGE HLS UNIT A

City SOMERS	State NY	Zip Code 10589
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) White Plains T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.70380

Amount of Each Receipt this Period
 20.00

Memo Item

C. POSTL, GERTRUDE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 105 BLEEKER ST

City PORT JEFFERSON	State NY	Zip Code 11777
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 208.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.70572

Amount of Each Receipt this Period
 8.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	48.00
TOTAL This Period (last page this line number only).....▶	

**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 809 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. POSTL, GERTRUDE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 105 BLEEKER ST
 City PORT JEFFERSON State NY Zip Code 11777
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 F A Of Suffolk CC TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70573
 Amount of Each Receipt this Period
 8.00
 Memo Item

B. POTENZA, MARK S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22 ROYCROFT CIR
 City EAST AURORA State NY Zip Code 14052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Frontier Central T A TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 287.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.70574
 Amount of Each Receipt this Period
 18.00
 Memo Item

C. POTENZA, MARK S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22 ROYCROFT CIR
 City EAST AURORA State NY Zip Code 14052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Frontier Central T A TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 305.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.70575
 Amount of Each Receipt this Period
 18.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	44.00
TOTAL This Period (last page this line number only).....	

**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 810 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. POTTER, NICOLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32 WESTVIEW AVE
 City WHITE PLAINS State NY Zip Code 10603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020
Transaction ID : SA11AI.70579
 Amount of Each Receipt this Period 10.00
 Memo Item

B. POTTER, NICOLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32 WESTVIEW AVE
 City WHITE PLAINS State NY Zip Code 10603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.70580
 Amount of Each Receipt this Period 10.00
 Memo Item

C. POTTER, NICOLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32 WESTVIEW AVE
 City WHITE PLAINS State NY Zip Code 10603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020
Transaction ID : SA11AI.70581
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 811 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. POTTER, NICOLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 32 WESTVIEW AVE

City WHITE PLAINS	State NY	Zip Code 10603
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.70582

Amount of Each Receipt this Period
 10.00

Memo Item

B. POTVIN, MICHELLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1524 ANDREWS LN

City EAST MEADOW	State NY	Zip Code 11554
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.70584

Amount of Each Receipt this Period
 10.00

Memo Item

C. PRICTOE, LISA Y, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 27 JEFFERSON ST

City HIGHLAND MILLS	State NY	Zip Code 10930
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Orange Co BOCES T.A.	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.70586

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 812 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. PRICTOE, LISA Y, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 JEFFERSON ST
 City HIGHLAND MILLS State NY Zip Code 10930
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orange Co BOCES T.A. Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.70587
 Amount of Each Receipt this Period 10.00
 Memo Item

B. PRICTOE, LISA Y, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 JEFFERSON ST
 City HIGHLAND MILLS State NY Zip Code 10930
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orange Co BOCES T.A. Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70588
 Amount of Each Receipt this Period 10.00
 Memo Item

C. PROSS, ANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 89 BRUCE AVE
 City HICKSVILLE State NY Zip Code 11801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70591
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 813 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. PROVENZANO, CHRISTINA E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 56 SAGAMORE RD
 City BRONXVILLE State NY Zip Code 10708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Chappaqua Cong Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.70593
 Amount of Each Receipt this Period
 205.50
 Memo Item

B. PROVENZANO, CHRISTINA E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 56 SAGAMORE RD
 City BRONXVILLE State NY Zip Code 10708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Chappaqua Cong Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 215.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.70594
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. PROVENZANO, DEBORAH A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 PARISH CT
 City STONY BROOK State NY Zip Code 11790
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) F A Of Suffolk CC Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2020
Transaction ID : SA11AI.70595
 Amount of Each Receipt this Period
 11.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	226.50
TOTAL This Period (last page this line number only).....	

**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 814 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. PROVENZANO, DEBORAH A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 PARISH CT

City STONY BROOK	State NY	Zip Code 11790
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.70596

Amount of Each Receipt this Period
 11.00

Memo Item

B. PROVENZANO, DEBORAH A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 PARISH CT

City STONY BROOK	State NY	Zip Code 11790
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 286.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.70597

Amount of Each Receipt this Period
 11.00

Memo Item

C. PROVENZANO, DEBORAH A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 PARISH CT

City STONY BROOK	State NY	Zip Code 11790
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 297.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.70598

Amount of Each Receipt this Period
 11.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	33.00
TOTAL This Period (last page this line number only).....	

**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 815 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. PULEO, PATRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 69 LAUREL PL
 City THORNWOOD State NY Zip Code 10594
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 523.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.70381
 Amount of Each Receipt this Period 23.00
 Memo Item

B. PULEO, PATRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 69 LAUREL PL
 City THORNWOOD State NY Zip Code 10594
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 546.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70382
 Amount of Each Receipt this Period 23.00
 Memo Item

C. QUINONES, PAULINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 PROSPECT ST
 City ELMSFORD State NY Zip Code 10523
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yorktown Cong Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70599
 Amount of Each Receipt this Period 180.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	226.00
TOTAL This Period (last page this line number only).....▶	

**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 816 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. RAGUSA, KAREN R, , ,			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>31</td> <td></td> <td>2020</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y	12		31		2020
M M M	/	D D D	/	Y Y Y Y Y Y											
12		31		2020											
Mailing Address 7183 NICKETT DR			Transaction ID : SA11AI.70620												
City NORTH TONAWANDA	State NY	Zip Code 14120	Amount of Each Receipt this Period <table border="1"> <tr> <td>20.00</td> </tr> </table>			20.00									
20.00															
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item												
Name of Employer (for Individual) Starpoint T A		Occupation (for Individual) TEACHER													
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>220.00</td> </tr> </table>	220.00												
220.00															

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. RAS, ALEXANDER, , ,			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>31</td> <td></td> <td>2020</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y	12		31		2020
M M M	/	D D D	/	Y Y Y Y Y Y											
12		31		2020											
Mailing Address 1712 MEADOWBROOK RD			Transaction ID : SA11AI.70623												
City MERRICK	State NY	Zip Code 11566	Amount of Each Receipt this Period <table border="1"> <tr> <td>10.00</td> </tr> </table>			10.00									
10.00															
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item												
Name of Employer (for Individual) Syosset T A		Occupation (for Individual) TEACHER													
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>210.00</td> </tr> </table>	210.00												
210.00															

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. RAUSCHER, REBECCA, , ,			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>29</td> <td></td> <td>2020</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y	12		29		2020
M M M	/	D D D	/	Y Y Y Y Y Y											
12		29		2020											
Mailing Address 182 MAYFLOWER DR			Transaction ID : SA11AI.70626												
City ROCHESTER	State NY	Zip Code 14618	Amount of Each Receipt this Period <table border="1"> <tr> <td>10.00</td> </tr> </table>			10.00									
10.00															
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item												
Name of Employer (for Individual) Brighton Tchr Assn		Occupation (for Individual) TEACHER													
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>210.00</td> </tr> </table>	210.00												
210.00															

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1"> <tr> <td>40.00</td> </tr> </table>	40.00
40.00		
TOTAL This Period (last page this line number only).....▶	<table border="1"> <tr> <td></td> </tr> </table>	

**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 817 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. RAUSCHER, REBECCA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 182 MAYFLOWER DR

City ROCHESTER	State NY	Zip Code 14618
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Brighton Tchr Assn	Occupation (for Individual) TEACHER
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Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.70627

Amount of Each Receipt this Period
 10.00

Memo Item

B. Raymond, Sue, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1783 ERIE STATION RD

City HENRIETTA	State NY	Zip Code 14467
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Rush Henrietta E A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020

Transaction ID : SA11AI.70600

Amount of Each Receipt this Period
 20.00

Memo Item

C. Raymond, Sue, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1783 ERIE STATION RD

City HENRIETTA	State NY	Zip Code 14467
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Rush Henrietta E A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.70601

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	

**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 818 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. REAGAN, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 329 COMMACK RD
 City ISLIP State NY Zip Code 11751
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SEWANHAKA FT Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.70632
 Amount of Each Receipt this Period 10.00
 Memo Item

B. REBOLINI, CARLO J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1251 TOWNLINE RD
 City NESCONSET State NY Zip Code 11767
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Garden City T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2020
Transaction ID : SA11AI.70633
 Amount of Each Receipt this Period 20.00
 Memo Item

C. RECHNER, STEPHEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 324 E 34TH ST APT D3
 City NEW YORK State NY Zip Code 10016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Un Cler,Adm,Tech Stf Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 463.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2020
Transaction ID : SA11AI.70634
 Amount of Each Receipt this Period 46.30
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	76.30
TOTAL This Period (last page this line number only).....▶	

**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 819 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. REDMOND, JOANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 WHITFIELD RD
 City ACCORD State NY Zip Code 12404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rondout Val FT & SRP Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70636
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. REILLY, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 143 MANNING BLVD
 City ALBANY State NY Zip Code 12203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYSUT Occupation (for Individual) ATTORNEY
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 27 / 2020
Transaction ID : SA11AI.70640
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. REILLY, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 143 MANNING BLVD
 City ALBANY State NY Zip Code 12203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYSUT Occupation (for Individual) ATTORNEY
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2020
Transaction ID : SA11AI.70641
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	50.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 820 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. REILLY, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 143 MANNING BLVD

City ALBANY	State NY	Zip Code 12203
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NYSUT	Occupation (for Individual) ATTORNEY
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Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020

Transaction ID : SA11AI.70642

Amount of Each Receipt this Period
 20.00

Memo Item

B. REILLY, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 143 MANNING BLVD

City ALBANY	State NY	Zip Code 12203
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NYSUT	Occupation (for Individual) ATTORNEY
--	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.70643

Amount of Each Receipt this Period
 20.00

Memo Item

C. REILLY-PALUMB, FELICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5235 POST ROAD # 1-D

City BRONX	State NY	Zip Code 10471
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
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Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 290.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020

Transaction ID : SA11AI.70644

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	

**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 821 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. REILLY-PALUMB, FELICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5235 POST ROAD # 1-D

City BRONX	State NY	Zip Code 10471
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020

Transaction ID : SA11Al.70645

Amount of Each Receipt this Period
 10.00

Memo Item

B. REILLY-PALUMB, FELICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5235 POST ROAD # 1-D

City BRONX	State NY	Zip Code 10471
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020

Transaction ID : SA11Al.70646

Amount of Each Receipt this Period
 10.00

Memo Item

C. REILLY-PALUMB, FELICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5235 POST ROAD # 1-D

City BRONX	State NY	Zip Code 10471
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11Al.70647

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**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 822 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. REISER-GOGGIN, SYLVENE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 131 ASTOR DR
 City ROCHESTER State NY Zip Code 14610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Rush Henrietta E A TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 238.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.70649
 Amount of Each Receipt this Period
 14.00
 Memo Item

B. REISER-GOGGIN, SYLVENE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 131 ASTOR DR
 City ROCHESTER State NY Zip Code 14610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Rush Henrietta E A TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.70650
 Amount of Each Receipt this Period
 14.00
 Memo Item

C. REISER-GOGGIN, SYLVENE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 131 ASTOR DR
 City ROCHESTER State NY Zip Code 14610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Rush Henrietta E A TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 266.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70651
 Amount of Each Receipt this Period
 14.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	42.00
TOTAL This Period (last page this line number only).....	

**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 823 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. REITER, BENJAMIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 170 JEFFERSON AVE
 City VALHALLA State NY Zip Code 10595
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harrison Assn Of Tch Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.70652
 Amount of Each Receipt this Period
 204.00
 Memo Item

B. REITER, BENJAMIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 170 JEFFERSON AVE
 City VALHALLA State NY Zip Code 10595
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harrison Assn Of Tch Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.70653
 Amount of Each Receipt this Period
 12.00
 Memo Item

C. REITER, BENJAMIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 170 JEFFERSON AVE
 City VALHALLA State NY Zip Code 10595
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harrison Assn Of Tch Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.70654
 Amount of Each Receipt this Period
 12.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	228.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 824 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. RENNARD, TIFFANY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3164 PERRY AVE

City OCEANSIDE	State NY	Zip Code 11572
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.70656

Amount of Each Receipt this Period
 10.00

Memo Item

B. RESNIKOFF, NADIA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14 WOODSTORK DR

City MOUNT SINAI	State NY	Zip Code 11766
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Middle Cntry TA,Inc.	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020

Transaction ID : SA11AI.70657

Amount of Each Receipt this Period
 70.00

Memo Item

C. RESNIKOFF, NADIA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14 WOODSTORK DR

City MOUNT SINAI	State NY	Zip Code 11766
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Middle Cntry TA,Inc.	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020

Transaction ID : SA11AI.70658

Amount of Each Receipt this Period
 70.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

**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 825 OF 1094
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. REYNOLDS, SOPHIA A, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 29 / 2020 Transaction ID : SA11AI.70661		
Mailing Address 32 PLUM POPPY S			Amount of Each Receipt this Period 10.00		
City BALLSTON SPA	State NY	Zip Code 12020	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) E Greenbush T A		Occupation (for Individual) TEACHER			
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. REYNOLDS, SOPHIA A, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020 Transaction ID : SA11AI.70662		
Mailing Address 32 PLUM POPPY S			Amount of Each Receipt this Period 10.00		
City BALLSTON SPA	State NY	Zip Code 12020	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) E Greenbush T A		Occupation (for Individual) TEACHER			
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. RHOADES, ALISON L, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 29 / 2020 Transaction ID : SA11AI.70664		
Mailing Address 2224 QUAKER RIDGE RD			Amount of Each Receipt this Period 15.00		
City CROTON HDSN	State NY	Zip Code 10520	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Croton Tchrs Assn		Occupation (for Individual) TEACHER			
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 235.00			

SUBTOTAL of Receipts This Page (optional).....▶	35.00
TOTAL This Period (last page this line number only).....▶	

**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 826 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
RHOADES, ALISON L, , ,

Mailing Address **2224 QUAKER RIDGE RD**

City CROTON HDSN	State NY	Zip Code 10520
----------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Croton Tchrs Assn	Occupation (for Individual) TEACHER
---	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
12 / 29 / 2020

Transaction ID : SA11Al.70665

Amount of Each Receipt this Period
15.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
RHOADES, ALISON L, , ,

Mailing Address **2224 QUAKER RIDGE RD**

City CROTON HDSN	State NY	Zip Code 10520
----------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Croton Tchrs Assn	Occupation (for Individual) TEACHER
---	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **265.00**

Date of Receipt
12 / 29 / 2020

Transaction ID : SA11Al.70666

Amount of Each Receipt this Period
15.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
RHOADES, ALISON L, , ,

Mailing Address **2224 QUAKER RIDGE RD**

City CROTON HDSN	State NY	Zip Code 10520
----------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Croton Tchrs Assn	Occupation (for Individual) TEACHER
---	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt
12 / 29 / 2020

Transaction ID : SA11Al.70667

Amount of Each Receipt this Period
15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

**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 827 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
RHOADS, LAURA S, , ,

Mailing Address **PO BOX 554**

City JOHNSON CITY	State NY	Zip Code 13790
-----------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Potsdam	Occupation (for Individual) TEACHER
---	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt
11 / 24 / 2020

Transaction ID : SA11AI.70668

Amount of Each Receipt this Period
10.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
RHOADS, LAURA S, , ,

Mailing Address **PO BOX 554**

City JOHNSON CITY	State NY	Zip Code 13790
-----------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Potsdam	Occupation (for Individual) TEACHER
---	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
12 / 09 / 2020

Transaction ID : SA11AI.70669

Amount of Each Receipt this Period
10.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
RHOADS, LAURA S, , ,

Mailing Address **PO BOX 554**

City JOHNSON CITY	State NY	Zip Code 13790
-----------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Potsdam	Occupation (for Individual) TEACHER
---	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
12 / 23 / 2020

Transaction ID : SA11AI.70670

Amount of Each Receipt this Period
10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 828 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. RHOADS, LAURA S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 554

City JOHNSON CITY	State NY	Zip Code 13790
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Potsdam	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.70671

Amount of Each Receipt this Period
 10.00

Memo Item

B. RIBIS, RACHEL M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37 WINDING BROOK RD

City PERU	State NY	Zip Code 12972
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) N Eastern Clinton TA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 606.00

Date of Receipt
 12 / 08 / 2020
Transaction ID : SA11AI.70672

Amount of Each Receipt this Period
 2.00

Memo Item

C. RIBIS, RACHEL M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37 WINDING BROOK RD

City PERU	State NY	Zip Code 12972
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) N Eastern Clinton TA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 608.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.70673

Amount of Each Receipt this Period
 2.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	14.00
TOTAL This Period (last page this line number only).....	

**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 829 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. RIBIS, RACHEL M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37 WINDING BROOK RD
 City PERU State NY Zip Code 12972
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N Eastern Clinton TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 610.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.70674
 Amount of Each Receipt this Period 2.00
 Memo Item

B. RICH, ANTHONY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 WILLIS AVE
 City HAWTHORNE State NY Zip Code 10532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eastchester T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.70675
 Amount of Each Receipt this Period 25.00
 Memo Item

C. RICH, ANTHONY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 WILLIS AVE
 City HAWTHORNE State NY Zip Code 10532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eastchester T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.70676
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	52.00
TOTAL This Period (last page this line number only).....	

**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 830 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. RICH, ANTHONY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 120 WILLIS AVE

City HAWTHORNE	State NY	Zip Code 10532
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eastchester T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020

Transaction ID : SA11AI.70677

Amount of Each Receipt this Period
 25.00

Memo Item

B. RICH, ANTHONY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 120 WILLIS AVE

City HAWTHORNE	State NY	Zip Code 10532
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eastchester T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.70678

Amount of Each Receipt this Period
 25.00

Memo Item

C. RICH, ANTHONY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 120 WILLIS AVE

City HAWTHORNE	State NY	Zip Code 10532
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eastchester T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.70679

Amount of Each Receipt this Period
 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 831 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. RICH, ANTHONY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 120 WILLIS AVE

City HAWTHORNE	State NY	Zip Code 10532
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eastchester T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.70680

Amount of Each Receipt this Period
 25.00

Memo Item

B. RICHARDS, JESSICA E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10924 BRANT RESERVATION RD

City IRVING	State NY	Zip Code 14081
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Fredonia T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020

Transaction ID : SA11AI.70681

Amount of Each Receipt this Period
 12.00

Memo Item

C. RICHARDS, JESSICA E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10924 BRANT RESERVATION RD

City IRVING	State NY	Zip Code 14081
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Fredonia T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 228.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020

Transaction ID : SA11AI.70682

Amount of Each Receipt this Period
 12.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	49.00
TOTAL This Period (last page this line number only).....	

**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 832 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. RICHARDS, JESSICA E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10924 BRANT RESERVATION RD

City IRVING	State NY	Zip Code 14081
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Fredonia T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.70683

Amount of Each Receipt this Period
 12.00

Memo Item

B. RICHARDS, JESSICA E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10924 BRANT RESERVATION RD

City IRVING	State NY	Zip Code 14081
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Fredonia T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 252.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.70684

Amount of Each Receipt this Period
 12.00

Memo Item

C. RICHARDS-OCON, DIANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 59 WASHINGTON BLVD

City COMMACK	State NY	Zip Code 11725
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.70686

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	34.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 833 OF 1094
(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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. RICHARDSON, ELIZABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 RAPHAEL CT
 City CLIFTON PARK State NY Zip Code 12065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYSUT Occupation (for Individual) MANAGER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 299.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 27 / 2020
Transaction ID : SA11AI.70687
 Amount of Each Receipt this Period 13.00
 Memo Item

B. RICHARDSON, ELIZABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 RAPHAEL CT
 City CLIFTON PARK State NY Zip Code 12065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYSUT Occupation (for Individual) MANAGER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2020
Transaction ID : SA11AI.70688
 Amount of Each Receipt this Period 13.00
 Memo Item

C. RICHARDSON, ELIZABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 RAPHAEL CT
 City CLIFTON PARK State NY Zip Code 12065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYSUT Occupation (for Individual) MANAGER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020
Transaction ID : SA11AI.70689
 Amount of Each Receipt this Period 13.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 39.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 834 OF 1094
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. RICHARDSON, ELIZABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 RAPHAEL CT
 City CLIFTON PARK State NY Zip Code 12065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYSUT Occupation (for Individual) MANAGER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 338.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70690
 Amount of Each Receipt this Period 13.00
 Memo Item

B. Ried, Barbara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 NORFOLK RD
 City ISLAND PARK State NY Zip Code 11558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Island Park Fac Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.70602
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Ried, Barbara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 NORFOLK RD
 City ISLAND PARK State NY Zip Code 11558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Island Park Fac Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70603
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶
TOTAL This Period (last page this line number only)..... ▶

63.00

**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 835 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. RINERE, AIMEE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 58 EDENFIELD RD
 City PENFIELD State NY Zip Code 14526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rochester T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70694
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Ritchie, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 CRESCENT PL
 City ITHACA State NY Zip Code 14850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Cortland Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.70604
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Ritchie, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 CRESCENT PL
 City ITHACA State NY Zip Code 14850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Cortland Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70605
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	210.00
TOTAL This Period (last page this line number only).....▶	

**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 836 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. RIVERA, ANGELINA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 941 EDGE CREEK TRL
 City ROCHESTER State NY Zip Code 14609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rochester Assoc Para Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2020
Transaction ID : SA11AI.70696
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. RIVERA, CHARLES E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 AUTUMN LEAF CT
 City MONTGOMERY State NY Zip Code 12549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Goshen TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.70697
 Amount of Each Receipt this Period
 13.00
 Memo Item

C. RIVERA, CHARLES E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 AUTUMN LEAF CT
 City MONTGOMERY State NY Zip Code 12549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Goshen TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 286.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.70698
 Amount of Each Receipt this Period
 13.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	226.00
TOTAL This Period (last page this line number only).....	

**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 837 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. RIVERA, CHARLES E, , ,			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>29</td> <td></td> <td>2020</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y	12		29		2020
M M M	/	D D D	/	Y Y Y Y Y Y											
12		29		2020											
Mailing Address 3 AUTUMN LEAF CT			Transaction ID : SA11AI.70699												
City MONTGOMERY	State NY	Zip Code 12549	Amount of Each Receipt this Period <table border="1"> <tr> <td>13.00</td> </tr> </table>			13.00									
13.00															
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item												
Name of Employer (for Individual) Goshen TA		Occupation (for Individual) TEACHER													
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>299.00</td> </tr> </table>	299.00												
299.00															

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. RIVERA, CHARLES E, , ,			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>29</td> <td></td> <td>2020</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y	12		29		2020
M M M	/	D D D	/	Y Y Y Y Y Y											
12		29		2020											
Mailing Address 3 AUTUMN LEAF CT			Transaction ID : SA11AI.70700												
City MONTGOMERY	State NY	Zip Code 12549	Amount of Each Receipt this Period <table border="1"> <tr> <td>13.00</td> </tr> </table>			13.00									
13.00															
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item												
Name of Employer (for Individual) Goshen TA		Occupation (for Individual) TEACHER													
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>312.00</td> </tr> </table>	312.00												
312.00															

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. RIVERA, CHARLES E, , ,			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>29</td> <td></td> <td>2020</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y	12		29		2020
M M M	/	D D D	/	Y Y Y Y Y Y											
12		29		2020											
Mailing Address 3 AUTUMN LEAF CT			Transaction ID : SA11AI.70701												
City MONTGOMERY	State NY	Zip Code 12549	Amount of Each Receipt this Period <table border="1"> <tr> <td>13.00</td> </tr> </table>			13.00									
13.00															
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item												
Name of Employer (for Individual) Goshen TA		Occupation (for Individual) TEACHER													
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>325.00</td> </tr> </table>	325.00												
325.00															

SUBTOTAL of Receipts This Page (optional).....	<table border="1"> <tr> <td>39.00</td> </tr> </table>	39.00
39.00		
TOTAL This Period (last page this line number only).....	<table border="1"> <tr> <td></td> </tr> </table>	

**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 838 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. RIVERA, CHARLES E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 AUTUMN LEAF CT

City MONTGOMERY	State NY	Zip Code 12549
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Goshen TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 338.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.70702

Amount of Each Receipt this Period
 13.00

Memo Item

B. RIVERA, EMMA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 81 ROCKLAND PL

City NEW ROCHELLE	State NY	Zip Code 10801
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eastchester T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 209.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.70703

Amount of Each Receipt this Period
 209.00

Memo Item

C. RIVERA, EMMA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 81 ROCKLAND PL

City NEW ROCHELLE	State NY	Zip Code 10801
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eastchester T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.70704

Amount of Each Receipt this Period
 11.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	233.00
TOTAL This Period (last page this line number only).....▶	

**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 839 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. RIVERA, EMMA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 81 ROCKLAND PL
 City NEW ROCHELLE State NY Zip Code 10801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eastchester T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 231.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70705
 Amount of Each Receipt this Period
 11.00
 Memo Item

B. RIZZO, MICHELLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 RICHARD AVE
 City LAKE RONKONKOMA State NY Zip Code 11779
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70707
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. ROBAR, LISA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 824 SACANDAGA RD
 City SCOTIA State NY Zip Code 12302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Schenectady Fed Tchr Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.70708
 Amount of Each Receipt this Period
 200.40
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	221.40
TOTAL This Period (last page this line number only).....	

**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 840 OF 1094
	<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	

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. ROBAR, LISA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 824 SACANDAGA RD
 City SCOTIA State NY Zip Code 12302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Schenectady Fed Tchr Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.93

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70709
 Amount of Each Receipt this Period
 10.53
 Memo Item

B. Rochester, Marcia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 143 WALLACE ST
 City FREEPORT State NY Zip Code 11520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Westbury TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70608
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. ROCHMAN, CHRISTEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 230 OSBORNE HILL RD
 City FISHKILL State NY Zip Code 12524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Town of Highlands TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 203.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.70713
 Amount of Each Receipt this Period
 203.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	234.03
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 841 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. ROCHMAN, CHRISTEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 230 OSBORNE HILL RD

City FISHKILL	State NY	Zip Code 12524
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Town of Highlands TA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 214.50

Date of Receipt
 12 / 02 / 2020
Transaction ID : SA11AI.70714

Amount of Each Receipt this Period
 11.00

Memo Item

B. ROCHMAN, CHRISTEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 230 OSBORNE HILL RD

City FISHKILL	State NY	Zip Code 12524
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Town of Highlands TA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 225.50

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.70715

Amount of Each Receipt this Period
 11.00

Memo Item

C. ROCHMAN, CHRISTEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 230 OSBORNE HILL RD

City FISHKILL	State NY	Zip Code 12524
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Town of Highlands TA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 236.50

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.70716

Amount of Each Receipt this Period
 11.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	33.00
TOTAL This Period (last page this line number only).....	

**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 842 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. ROCHMAN, CHRISTEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 230 OSBORNE HILL RD
 City FISHKILL State NY Zip Code 12524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Town of Highlands TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70717
 Amount of Each Receipt this Period 11.00
 Memo Item

B. RODRIGUEZ, CHRISTINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2500 JOHNSON AVE APT 10G
 City BRONX State NY Zip Code 10463
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eastchester T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.70723
 Amount of Each Receipt this Period 208.50
 Memo Item

C. RODRIGUEZ, CHRISTINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2500 JOHNSON AVE APT 10G
 City BRONX State NY Zip Code 10463
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eastchester T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.70724
 Amount of Each Receipt this Period 12.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	231.50
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 843 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. RODRIGUEZ, CHRISTINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2500 JOHNSON AVE APT 10G
 City BRONX State NY Zip Code 10463
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Eastchester T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 232.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.70725
 Amount of Each Receipt this Period
 12.00
 Memo Item

B. RODRIGUEZ, CHRISTINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2500 JOHNSON AVE APT 10G
 City BRONX State NY Zip Code 10463
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Eastchester T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 244.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70726
 Amount of Each Receipt this Period
 12.00
 Memo Item

C. RODRIGUEZ, MARILYN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7321 260TH ST FL 2
 City GLEN OAKS State NY Zip Code 11004
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70728
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	34.00
TOTAL This Period (last page this line number only).....	

**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 844 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. ROEHRIG, LAUREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 GEDNEY AVE
 City SMITHTOWN State NY Zip Code 11787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70730
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Roethgen, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 BLACKMAN ST
 City SMITHTOWN State NY Zip Code 11787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Central Islip T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.70609
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Roethgen, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 BLACKMAN ST
 City SMITHTOWN State NY Zip Code 11787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Central Islip T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70610
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

**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 845 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. ROLDAN, HARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 148 HAYWARD AVE
 City ROCHESTER State NY Zip Code 14609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rochester T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70734
 Amount of Each Receipt this Period 10.00
 Memo Item

B. ROMAIN, PATRICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 JESTER CT
 City SCHENECTADY State NY Zip Code 12304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Albany Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2020
Transaction ID : SA11AI.70735
 Amount of Each Receipt this Period 10.00
 Memo Item

C. ROMAIN, PATRICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 JESTER CT
 City SCHENECTADY State NY Zip Code 12304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Albany Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2020
Transaction ID : SA11AI.70736
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 846 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. ROMAIN, PATRICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 JESTER CT
 City SCHENECTADY State NY Zip Code 12304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Albany Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2020
Transaction ID : SA11AI.70737
 Amount of Each Receipt this Period 10.00
 Memo Item

B. ROMAIN, PATRICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 JESTER CT
 City SCHENECTADY State NY Zip Code 12304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Albany Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70738
 Amount of Each Receipt this Period 10.00
 Memo Item

C. RONZETTI, KELLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 TENNIS COURT RD
 City OYSTER BAY State NY Zip Code 11771
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70743
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶
TOTAL This Period (last page this line number only)..... ▶

30.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 847 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. ROOT, MICHAEL E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 406 ROBINEAU RD
 City SYRACUSE State NY Zip Code 13207
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Westhill Dist Ed Asn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.70744
 Amount of Each Receipt this Period
 210.00
 Memo Item

B. ROOT, MICHAEL E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 406 ROBINEAU RD
 City SYRACUSE State NY Zip Code 13207
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Westhill Dist Ed Asn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.70745
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. RORICK, DIANE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13 PIERSON ST
 City NESCONSET State NY Zip Code 11767
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70747
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	240.00
TOTAL This Period (last page this line number only).....	

**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 848 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
RORIE, TIMOTHY C, , ,

Mailing Address **770 JAMES ST APT LL5**

City SYRACUSE	State NY	Zip Code 13203
-------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Upstate Medical	Occupation (for Individual) TEACHER
---	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt
11 / 24 / 2020

Transaction ID : SA11AI.70748

Amount of Each Receipt this Period
10.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
RORIE, TIMOTHY C, , ,

Mailing Address **770 JAMES ST APT LL5**

City SYRACUSE	State NY	Zip Code 13203
-------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Upstate Medical	Occupation (for Individual) TEACHER
---	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
12 / 09 / 2020

Transaction ID : SA11AI.70749

Amount of Each Receipt this Period
10.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
RORIE, TIMOTHY C, , ,

Mailing Address **770 JAMES ST APT LL5**

City SYRACUSE	State NY	Zip Code 13203
-------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Upstate Medical	Occupation (for Individual) TEACHER
---	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
12 / 23 / 2020

Transaction ID : SA11AI.70750

Amount of Each Receipt this Period
10.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

30.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 849 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. RORIE, TIMOTHY C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 770 JAMES ST APT LL5
 City SYRACUSE State NY Zip Code 13203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Upstate Medical Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.70751
 Amount of Each Receipt this Period 10.00
 Memo Item

B. ROSADO-CIRIEL, SAMANTHA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 78 BOULDER RIDGE RD
 City SCARSDALE State NY Zip Code 10583
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 12 / 01 / 2020
Transaction ID : SA11AI.70752
 Amount of Each Receipt this Period 10.00
 Memo Item

C. ROSADO-CIRIEL, SAMANTHA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 78 BOULDER RIDGE RD
 City SCARSDALE State NY Zip Code 10583
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 12 / 15 / 2020
Transaction ID : SA11AI.70753
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 850 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. ROSADO-CIRIEL, SAMANTHA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 78 BOULDER RIDGE RD
 City SCARSDALE State NY Zip Code 10583
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.70754
 Amount of Each Receipt this Period 10.00
 Memo Item

B. ROSADO-CIRIEL, SAMANTHA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 78 BOULDER RIDGE RD
 City SCARSDALE State NY Zip Code 10583
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020
Transaction ID : SA11AI.70755
 Amount of Each Receipt this Period 10.00
 Memo Item

C. ROSADO-CIRIEL, SAMANTHA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 78 BOULDER RIDGE RD
 City SCARSDALE State NY Zip Code 10583
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70756
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 851 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. ROSE, ANTHONY W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 RONALD DR APT 135

City COLONIA	State NJ	Zip Code 07067
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-System Admin.	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 11 / 24 / 2020
Transaction ID : SA11AI.70757

Amount of Each Receipt this Period
 10.00

Memo Item

B. ROSE, ANTHONY W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 RONALD DR APT 135

City COLONIA	State NJ	Zip Code 07067
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-System Admin.	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 12 / 09 / 2020
Transaction ID : SA11AI.70758

Amount of Each Receipt this Period
 10.00

Memo Item

C. ROSE, ANTHONY W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 RONALD DR APT 135

City COLONIA	State NJ	Zip Code 07067
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-System Admin.	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 12 / 23 / 2020
Transaction ID : SA11AI.70759

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 852 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. ROSE, ANTHONY W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 RONALD DR APT 135
 City COLONIA State NJ Zip Code 07067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-System Admin. Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70760
 Amount of Each Receipt this Period 10.00
 Memo Item

B. ROSE, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 COUNTRY LN
 City OSWEGO State NY Zip Code 13126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oswego Classrm T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70763
 Amount of Each Receipt this Period 10.00
 Memo Item

C. ROSENHAN, JUSTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18102 TOWN GREEN DR
 City ELMSFORD State NY Zip Code 10523
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 232.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020
Transaction ID : SA11AI.70767
 Amount of Each Receipt this Period 8.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	28.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 853 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. ROSENHAN, JUSTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18102 TOWN GREEN DR

City ELMSFORD	State NY	Zip Code 10523
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020

Transaction ID : SA11AI.70768

Amount of Each Receipt this Period
 8.00

Memo Item

B. ROSENHAN, JUSTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18102 TOWN GREEN DR

City ELMSFORD	State NY	Zip Code 10523
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 248.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020

Transaction ID : SA11AI.70769

Amount of Each Receipt this Period
 8.00

Memo Item

C. ROSENHAN, JUSTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18102 TOWN GREEN DR

City ELMSFORD	State NY	Zip Code 10523
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 256.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.70770

Amount of Each Receipt this Period
 8.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	24.00
TOTAL This Period (last page this line number only).....	

**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 854 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. ROTELLI, CHERI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 105 MARIAN DR
 City MATTYDALE State NY Zip Code 13211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N Syracuse Educ Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70777
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Roth, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2842 NW 172ND TER
 City BEAVERTON State OR Zip Code 97006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Great Neck T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.70611
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Roth, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2842 NW 172ND TER
 City BEAVERTON State OR Zip Code 97006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Great Neck T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70612
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶
TOTAL This Period (last page this line number only)..... ▶

50.00

**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 855 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. ROTOLO, FAITH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 34 WOODLAND ST
 City LAKE RONKONKOMA State NY Zip Code 11779
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70779
 Amount of Each Receipt this Period 10.00
 Memo Item

B. ROUNDS, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42 FERNBANK AVE
 City DELMAR State NY Zip Code 12054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bethlehem Ctrl TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2020
Transaction ID : SA11AI.70780
 Amount of Each Receipt this Period 25.00
 Memo Item

C. ROUNDS, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42 FERNBANK AVE
 City DELMAR State NY Zip Code 12054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bethlehem Ctrl TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2020
Transaction ID : SA11AI.70781
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

**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 856 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. ROWAN, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14 BURTON LN

City LOUDONVILLE	State NY	Zip Code 12211
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NYSUT	Occupation (for Individual) MANAGER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 345.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 27 / 2020

Transaction ID : SA11AI.70782

Amount of Each Receipt this Period
 15.00

Memo Item

B. ROWAN, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14 BURTON LN

City LOUDONVILLE	State NY	Zip Code 12211
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NYSUT	Occupation (for Individual) MANAGER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2020

Transaction ID : SA11AI.70783

Amount of Each Receipt this Period
 15.00

Memo Item

C. ROWAN, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14 BURTON LN

City LOUDONVILLE	State NY	Zip Code 12211
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NYSUT	Occupation (for Individual) MANAGER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020

Transaction ID : SA11AI.70784

Amount of Each Receipt this Period
 15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	45.00
TOTAL This Period (last page this line number only).....	

**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 857 OF 1094
	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. ROWAN, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14 BURTON LN

City LOUDONVILLE	State NY	Zip Code 12211
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NYSUT	Occupation (for Individual) MANAGER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.70785

Amount of Each Receipt this Period
 15.00

Memo Item

B. Rozanski, Louis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 414 LINDEN AVE

City EAST AURORA	State NY	Zip Code 14052
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) E Aurora Fac Assn	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020

Transaction ID : SA11AI.70613

Amount of Each Receipt this Period
 25.00

Memo Item

C. Rozanski, Louis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 414 LINDEN AVE

City EAST AURORA	State NY	Zip Code 14052
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) E Aurora Fac Assn	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.70614

Amount of Each Receipt this Period
 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	65.00
TOTAL This Period (last page this line number only).....	

**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 858 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. ROZIER, CHRISTINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29 OLD ORCHARD RD
 City NEW ROCHELLE State NY Zip Code 10804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 232.00

Date of Receipt 12 / 01 / 2020
Transaction ID : SA11AI.70787
 Amount of Each Receipt this Period 8.00
 Memo Item

B. ROZIER, CHRISTINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29 OLD ORCHARD RD
 City NEW ROCHELLE State NY Zip Code 10804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 16 / 2020
Transaction ID : SA11AI.70788
 Amount of Each Receipt this Period 8.00
 Memo Item

C. ROZIER, CHRISTINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29 OLD ORCHARD RD
 City NEW ROCHELLE State NY Zip Code 10804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 248.00

Date of Receipt 12 / 24 / 2020
Transaction ID : SA11AI.70789
 Amount of Each Receipt this Period 8.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	24.00
TOTAL This Period (last page this line number only).....	

**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 859 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. ROZIER, CHRISTINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29 OLD ORCHARD RD
 City NEW ROCHELLE State NY Zip Code 10804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 256.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70790
 Amount of Each Receipt this Period 8.00
 Memo Item

B. RUBANO, JESSICA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 84 PACE DR S
 City WEST ISLIP State NY Zip Code 11795
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70792
 Amount of Each Receipt this Period 10.00
 Memo Item

C. RUBENSTEIN, STEVEN R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23 GARRETSON RD
 City WHITE PLAINS State NY Zip Code 10604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Edgemont T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 27 / 2020
Transaction ID : SA11AI.70793
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	118.00
TOTAL This Period (last page this line number only).....▶	

**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 860 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. RUBIN, JONATHAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 71 LORI DR

City SCHENECTADY	State NY	Zip Code 12309
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NYSUT	Occupation (for Individual) MANAGER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 575.00

Date of Receipt
 11 / 27 / 2020
Transaction ID : SA11AI.70794

Amount of Each Receipt this Period
 25.00

Memo Item

B. RUBIN, JONATHAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 71 LORI DR

City SCHENECTADY	State NY	Zip Code 12309
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NYSUT	Occupation (for Individual) MANAGER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 12 / 11 / 2020
Transaction ID : SA11AI.70795

Amount of Each Receipt this Period
 25.00

Memo Item

C. RUBIN, JONATHAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 71 LORI DR

City SCHENECTADY	State NY	Zip Code 12309
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NYSUT	Occupation (for Individual) MANAGER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 625.00

Date of Receipt
 12 / 24 / 2020
Transaction ID : SA11AI.70796

Amount of Each Receipt this Period
 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

**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 861 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. RUBIN, JONATHAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 71 LORI DR
 City SCHENECTADY State NY Zip Code 12309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYSUT Occupation (for Individual) MANAGER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70797
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. RUGGIERO, PETER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 BROOKMAN AVE
 City DELMAR State NY Zip Code 12054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bethlehem Ctrl TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2020
Transaction ID : SA11AI.70798
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. RUGGIERO, PETER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 BROOKMAN AVE
 City DELMAR State NY Zip Code 12054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bethlehem Ctrl TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2020
Transaction ID : SA11AI.70799
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 862 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. RUMORE, PHILIP, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 COLONIAL CIR
 City BUFFALO State NY Zip Code 14222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BUFFALO TCHR FED INC Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2020
Transaction ID : SA11AI.70801
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. RUSCIANO, SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 LAUREL AVE APT 62
 City EAST ISLIP State NY Zip Code 11730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70803
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. RUSSELL, STEPHANIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 E JACKSON AVE
 City BABYLON State NY Zip Code 11702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70805
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	520.00
TOTAL This Period (last page this line number only).....	

**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 863 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Russo, Anthony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 499 MAIN ST E FL 1

City WHITE PLAINS	State NY	Zip Code 10604
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) White Plains T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 11 / 30 / 2020
Transaction ID : SA11AI.70615

Amount of Each Receipt this Period
 20.00

Memo Item

B. Russo, Anthony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 499 MAIN ST E FL 1

City WHITE PLAINS	State NY	Zip Code 10604
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) White Plains T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.70616

Amount of Each Receipt this Period
 20.00

Memo Item

C. RUTIGLIANO, NANCY K, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 65 CARTER WAY

City GLEN MILLS	State PA	Zip Code 19342
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Empire State	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 11 / 24 / 2020
Transaction ID : SA11AI.70808

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 864 OF 1094
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. RUTIGLIANO, NANCY K, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 65 CARTER WAY
 City GLEN MILLS State PA Zip Code 19342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Empire State Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 09 / 2020
Transaction ID : SA11AI.70809
 Amount of Each Receipt this Period 10.00
 Memo Item

B. RUTIGLIANO, NANCY K, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 65 CARTER WAY
 City GLEN MILLS State PA Zip Code 19342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Empire State Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 23 / 2020
Transaction ID : SA11AI.70810
 Amount of Each Receipt this Period 10.00
 Memo Item

C. RUTIGLIANO, NANCY K, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 65 CARTER WAY
 City GLEN MILLS State PA Zip Code 19342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Empire State Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.70811
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 30.00
TOTAL This Period (last page this line number only).....▶

**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 865 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. RUTIGLIANO, ROBIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1243 TAFT AVE

City MERRICK	State NY	Zip Code 11566
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2020

Transaction ID : SA11AI.70813

Amount of Each Receipt this Period
10.00

Memo Item

B. Ryall III, Wallace, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 318 RUSHMORE AVE

City CARLE PLACE	State NY	Zip Code 11514
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Great Neck T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **385.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2020

Transaction ID : SA11AI.70617

Amount of Each Receipt this Period
35.00

Memo Item

C. Ryall III, Wallace, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 318 RUSHMORE AVE

City CARLE PLACE	State NY	Zip Code 11514
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Great Neck T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2020

Transaction ID : SA11AI.70618

Amount of Each Receipt this Period
35.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	80.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 866 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. RYAN, LINDA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 ALVERN AVE

City MASSENA	State NY	Zip Code 13662
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Salmon River TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.70819

Amount of Each Receipt this Period
 210.00

Memo Item

B. RYAN, LINDA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 ALVERN AVE

City MASSENA	State NY	Zip Code 13662
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Salmon River TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70820

Amount of Each Receipt this Period
 10.50

Memo Item

C. SABETTI, LORI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 BURBANK ST APT 2A

City YONKERS	State NY	Zip Code 10710
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 290.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020
Transaction ID : SA11AI.70864

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	230.50
TOTAL This Period (last page this line number only).....	

**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 867 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. SABETTI, LORI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 25 BURBANK ST APT 2A

City YONKERS	State NY	Zip Code 10710
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020

Transaction ID : SA11AI.70865

Amount of Each Receipt this Period
 10.00

Memo Item

B. SABETTI, LORI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 25 BURBANK ST APT 2A

City YONKERS	State NY	Zip Code 10710
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020

Transaction ID : SA11AI.70866

Amount of Each Receipt this Period
 10.00

Memo Item

C. SABETTI, LORI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 25 BURBANK ST APT 2A

City YONKERS	State NY	Zip Code 10710
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.70867

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 868 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. SAINT-HILAIRE, ANGELICA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55 CORNELL AVE

City YONKERS	State NY	Zip Code 10705
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) White Plains T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.70868

Amount of Each Receipt this Period
 40.00

Memo Item

B. SAINT-HILAIRE, ANGELICA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55 CORNELL AVE

City YONKERS	State NY	Zip Code 10705
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) White Plains T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70869

Amount of Each Receipt this Period
 40.00

Memo Item

C. SAIZ, LAUREL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1036 OAK ST

City SYRACUSE	State NY	Zip Code 13203
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) OCCFTA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.70870

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	

**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 869 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. SAJDAK, CONSTANCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 69 FENNIMORE AVE
 City YONKERS State NY Zip Code 10701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020
Transaction ID : SA11AI.70871
 Amount of Each Receipt this Period 10.00
 Memo Item

B. SAJDAK, CONSTANCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 69 FENNIMORE AVE
 City YONKERS State NY Zip Code 10701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.70872
 Amount of Each Receipt this Period 10.00
 Memo Item

C. SAJDAK, CONSTANCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 69 FENNIMORE AVE
 City YONKERS State NY Zip Code 10701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020
Transaction ID : SA11AI.70873
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 870 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. SAJDAK, CONSTANCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 69 FENNIMORE AVE
 City YONKERS State NY Zip Code 10701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70874
 Amount of Each Receipt this Period 10.00
 Memo Item

B. SAKO, ANDREW D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 LYNCHBURG CT
 City ORCHARD PARK State NY Zip Code 14127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FFECC Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 690.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2020
Transaction ID : SA11AI.70875
 Amount of Each Receipt this Period 25.00
 Memo Item

C. SALDIVERI, DANIELLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 426 5TH ST
 City MAMARONECK State NY Zip Code 10543
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 232.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020
Transaction ID : SA11AI.70877
 Amount of Each Receipt this Period 8.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	43.00
TOTAL This Period (last page this line number only).....▶	

**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 871 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. SALDIVERI, DANIELLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 426 5TH ST

City MAMARONECK	State NY	Zip Code 10543
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020

Transaction ID : SA11AI.70878

Amount of Each Receipt this Period
 8.00

Memo Item

B. SALDIVERI, DANIELLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 426 5TH ST

City MAMARONECK	State NY	Zip Code 10543
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 248.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020

Transaction ID : SA11AI.70879

Amount of Each Receipt this Period
 8.00

Memo Item

C. SALDIVERI, DANIELLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 426 5TH ST

City MAMARONECK	State NY	Zip Code 10543
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 256.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.70880

Amount of Each Receipt this Period
 8.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	24.00
TOTAL This Period (last page this line number only).....▶	

**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 872 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Salemson, Betsy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 117 MOOSILAUKE HWY

City WENTWORTH	State NH	Zip Code 03282
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Mineola T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 385.00

Date of Receipt
 11 / 30 / 2020
Transaction ID : SA11AI.70823

Amount of Each Receipt this Period
 35.00

Memo Item

B. Salemson, Betsy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 117 MOOSILAUKE HWY

City WENTWORTH	State NH	Zip Code 03282
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Mineola T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.70824

Amount of Each Receipt this Period
 35.00

Memo Item

C. Salmon, Douglas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2038 E DEL WEBB BLVD

City SUN CITY CENTER	State FL	Zip Code 33573
-------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Mahopac TA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 11 / 30 / 2020
Transaction ID : SA11AI.70825

Amount of Each Receipt this Period
 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	95.00
TOTAL This Period (last page this line number only).....	

**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 873 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Salmon, Douglas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2038 E DEL WEBB BLVD

City SUN CITY CENTER	State FL	Zip Code 33573
-------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Mahopac TA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.70826

Amount of Each Receipt this Period
 25.00

Memo Item

B. SALMONS, LINDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4037 SPLIT ROCK RD

City CAMILLUS	State NY	Zip Code 13031
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) N Syracuse Educ Assn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.70882

Amount of Each Receipt this Period
 10.00

Memo Item

C. SALOMON, ANDREW H, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 39 MEAD AVE

City BEACON	State NY	Zip Code 12508
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Purchase	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 11 / 24 / 2020
Transaction ID : SA11AI.70883

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	45.00
TOTAL This Period (last page this line number only).....	

**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 874 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. SALOMON, ANDREW H, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 39 MEAD AVE

City BEACON	State NY	Zip Code 12508
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Purchase	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 12 / 09 / 2020
Transaction ID : SA11AI.70884

Amount of Each Receipt this Period
 10.00

Memo Item

B. SALOMON, ANDREW H, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 39 MEAD AVE

City BEACON	State NY	Zip Code 12508
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Purchase	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 12 / 23 / 2020
Transaction ID : SA11AI.70885

Amount of Each Receipt this Period
 10.00

Memo Item

C. SALOMON, ANDREW H, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 39 MEAD AVE

City BEACON	State NY	Zip Code 12508
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Purchase	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.70886

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**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 875 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. SALVADOR, MARIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 58 BEECHWOOD CT

City GLEN COVE	State NY	Zip Code 11542
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 290.00

Date of Receipt
 12 / 01 / 2020
Transaction ID : SA11AI.70887

Amount of Each Receipt this Period
 10.00

Memo Item

B. SALVADOR, MARIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 58 BEECHWOOD CT

City GLEN COVE	State NY	Zip Code 11542
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 12 / 16 / 2020
Transaction ID : SA11AI.70888

Amount of Each Receipt this Period
 10.00

Memo Item

C. SALVADOR, MARIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 58 BEECHWOOD CT

City GLEN COVE	State NY	Zip Code 11542
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 310.00

Date of Receipt
 12 / 24 / 2020
Transaction ID : SA11AI.70889

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 876 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. SALVADOR, MARIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 58 BEECHWOOD CT
 City GLEN COVE State NY Zip Code 11542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70890
 Amount of Each Receipt this Period 10.00
 Memo Item

B. SAND, SUZANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 WALLER RD
 City GANSEVOORT State NY Zip Code 12831
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retiree Council 09 Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 27 / 2020
Transaction ID : SA11AI.70891
 Amount of Each Receipt this Period 200.00
 Memo Item

C. SANDOVAL, AUDRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 94 E CARMANS RD
 City FARMINGDALE State NY Zip Code 11735
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70893
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	220.00
TOTAL This Period (last page this line number only).....▶	

**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 877 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. SANTAMARIA, RAMONA R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 348 HARTFORD AVE

City BUFFALO	State NY	Zip Code 14223
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Buffalo State	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 353.74

Date of Receipt
 11 / 24 / 2020
Transaction ID : SA11AI.70895

Amount of Each Receipt this Period
 15.38

Memo Item

B. SANTAMARIA, RAMONA R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 348 HARTFORD AVE

City BUFFALO	State NY	Zip Code 14223
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Buffalo State	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 369.12

Date of Receipt
 12 / 09 / 2020
Transaction ID : SA11AI.70896

Amount of Each Receipt this Period
 15.38

Memo Item

C. SANTAMARIA, RAMONA R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 348 HARTFORD AVE

City BUFFALO	State NY	Zip Code 14223
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Buffalo State	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 384.50

Date of Receipt
 12 / 23 / 2020
Transaction ID : SA11AI.70897

Amount of Each Receipt this Period
 15.38

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	46.14
TOTAL This Period (last page this line number only).....▶	

**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 878 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. SANTAMARIA, RAMONA R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 348 HARTFORD AVE

City BUFFALO	State NY	Zip Code 14223
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Buffalo State	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 399.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.70898

Amount of Each Receipt this Period
 15.38

Memo Item

B. SARNACKI, ROBIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2353 ALTON ST

City SCHENECTADY	State NY	Zip Code 12309
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Bethlehem Ctrl TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 295.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2020

Transaction ID : SA11AI.70900

Amount of Each Receipt this Period
 25.00

Memo Item

C. SARNACKI, ROBIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2353 ALTON ST

City SCHENECTADY	State NY	Zip Code 12309
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Bethlehem Ctrl TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2020

Transaction ID : SA11AI.70901

Amount of Each Receipt this Period
 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	65.38
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 879 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. SASAGUAY, MARYELLEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21 N JACKSON DR

City POUGHKEEPSIE	State NY	Zip Code 12603
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Peekskill Fac Assn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.70903

Amount of Each Receipt this Period
 10.00

Memo Item

B. SAVAGE, PETER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 44 GAILOR RD

City WILTON	State NY	Zip Code 12831
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NYSUT	Occupation (for Individual) MANAGER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 27 / 2020

Transaction ID : SA11AI.70905

Amount of Each Receipt this Period
 10.00

Memo Item

C. SAVAGE, PETER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 44 GAILOR RD

City WILTON	State NY	Zip Code 12831
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NYSUT	Occupation (for Individual) MANAGER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2020

Transaction ID : SA11AI.70906

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 880 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. SAVAGE, PETER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 44 GAILOR RD
 City WILTON State NY Zip Code 12831
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYSUT Occupation (for Individual) MANAGER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020
Transaction ID : SA11AI.70907
 Amount of Each Receipt this Period 10.00
 Memo Item

B. SAVAGE, PETER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 44 GAILOR RD
 City WILTON State NY Zip Code 12831
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYSUT Occupation (for Individual) MANAGER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70908
 Amount of Each Receipt this Period 10.00
 Memo Item

C. SAWYER, MARY H, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 150 KINGWOOD PARK
 City POUGHKEEPSIE State NY Zip Code 12601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-New Paltz Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 207.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70910
 Amount of Each Receipt this Period 207.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	227.00
TOTAL This Period (last page this line number only).....	

**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 881 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. SCADUTO, SAMUEL S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 33 CRYSTAL SPRINGS LN

City EAST AMHERST	State NY	Zip Code 14051
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Williamsville TA,Inc	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 216.00

Date of Receipt
 12 / 04 / 2020
Transaction ID : SA11AI.70911

Amount of Each Receipt this Period
 12.00

Memo Item

B. SCADUTO, SAMUEL S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 33 CRYSTAL SPRINGS LN

City EAST AMHERST	State NY	Zip Code 14051
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Williamsville TA,Inc	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 228.00

Date of Receipt
 12 / 18 / 2020
Transaction ID : SA11AI.70912

Amount of Each Receipt this Period
 12.00

Memo Item

C. SCADUTO, SAMUEL S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 33 CRYSTAL SPRINGS LN

City EAST AMHERST	State NY	Zip Code 14051
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Williamsville TA,Inc	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 12 / 30 / 2020
Transaction ID : SA11AI.70913

Amount of Each Receipt this Period
 12.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	36.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 882 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. SCALA, LOUIS A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 34 LEE AVE
 City BABYLON State NY Zip Code 11702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Farmingdale Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2020
Transaction ID : SA11AI.70914
 Amount of Each Receipt this Period 10.00
 Memo Item

B. SCALA, LOUIS A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 34 LEE AVE
 City BABYLON State NY Zip Code 11702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Farmingdale Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2020
Transaction ID : SA11AI.70915
 Amount of Each Receipt this Period 10.00
 Memo Item

C. SCALA, LOUIS A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 34 LEE AVE
 City BABYLON State NY Zip Code 11702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Farmingdale Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2020
Transaction ID : SA11AI.70916
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 883 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. SCALA, LOUIS A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 34 LEE AVE
 City BABYLON State NY Zip Code 11702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Farmingdale Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70917
 Amount of Each Receipt this Period 10.00
 Memo Item

B. SCAPPATICCI, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 SUSQUEHANNA RD
 City OSSINING State NY Zip Code 10562
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020
Transaction ID : SA11AI.70919
 Amount of Each Receipt this Period 10.00
 Memo Item

C. SCAPPATICCI, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 SUSQUEHANNA RD
 City OSSINING State NY Zip Code 10562
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.70920
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**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 884 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. SCAPPATICCI, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5 SUSQUEHANNA RD

City OSSINING	State NY	Zip Code 10562
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020

Transaction ID : SA11AI.70921

Amount of Each Receipt this Period
 10.00

Memo Item

B. SCAPPATICCI, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5 SUSQUEHANNA RD

City OSSINING	State NY	Zip Code 10562
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.70922

Amount of Each Receipt this Period
 10.00

Memo Item

C. SCARDINO, JOANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 63 STANLEY AVE

City HASTINGS HDSN	State NY	Zip Code 10706
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020

Transaction ID : SA11AI.70924

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 885 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. SCARDINO, JOANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 63 STANLEY AVE

City HASTINGS HDSN	State NY	Zip Code 10706
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 310.00

Date of Receipt
 12 / 16 / 2020
Transaction ID : SA11AI.70925

Amount of Each Receipt this Period
 10.00

Memo Item

B. SCARDINO, JOANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 63 STANLEY AVE

City HASTINGS HDSN	State NY	Zip Code 10706
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 12 / 24 / 2020
Transaction ID : SA11AI.70926

Amount of Each Receipt this Period
 10.00

Memo Item

C. SCARDINO, JOANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 63 STANLEY AVE

City HASTINGS HDSN	State NY	Zip Code 10706
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 330.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.70927

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 886 OF 1094
	<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	

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Scarfone, Anthony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9131 SOUTHMONT CV APT 204
 City FORT MYERS State FL Zip Code 33908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Hauppauge T A TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 206.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70828
 Amount of Each Receipt this Period
 206.00
 Memo Item

B. SCHATZ, BRIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4330 46TH ST APT 4K
 City SUNNYSIDE State NY Zip Code 11104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Syosset T A TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70929
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. SCHENKER, GRACE I, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 LINCOLN ST
 City CANTON State NY Zip Code 13617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Canton Cent T A TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.70930
 Amount of Each Receipt this Period
 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	256.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 887 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. SCHENKER, GRACE I, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15 LINCOLN ST

City CANTON	State NY	Zip Code 13617
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Canton Cent T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.70931

Amount of Each Receipt this Period
 40.00

Memo Item

B. SCHETTINO, BETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 190 MAPLE HILL RD

City HUNTINGTON	State NY	Zip Code 11743
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.70933

Amount of Each Receipt this Period
 10.00

Memo Item

C. Schiavoni, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15 W HARBOR DR

City SAG HARBOR	State NY	Zip Code 11963
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Center Moriches T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020

Transaction ID : SA11AI.70829

Amount of Each Receipt this Period
 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 888 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Schiavoni, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15 W HARBOR DR

City SAG HARBOR	State NY	Zip Code 11963
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Center Moriches T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.70830

Amount of Each Receipt this Period
 25.00

Memo Item

B. SCHIFANO, MARLA CAMPA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 782 LAKE ST

City ANGOLA	State NY	Zip Code 14006
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Lake Shore Cent T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2020

Transaction ID : SA11AI.70934

Amount of Each Receipt this Period
 20.00

Memo Item

C. SCHIFANO, MARLA CAMPA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 782 LAKE ST

City ANGOLA	State NY	Zip Code 14006
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Lake Shore Cent T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2020

Transaction ID : SA11AI.70935

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	65.00
TOTAL This Period (last page this line number only).....▶	

**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 889 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. SCHIFANO, MARLA CAMPA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 782 LAKE ST
 City ANGOLA State NY Zip Code 14006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lake Shore Cent T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70936
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. SCHILLING, EILEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 62 DUNWOODIE ST
 City YONKERS State NY Zip Code 10704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 232.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020
Transaction ID : SA11AI.70938
 Amount of Each Receipt this Period
 8.00
 Memo Item

C. SCHILLING, EILEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 62 DUNWOODIE ST
 City YONKERS State NY Zip Code 10704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.70939
 Amount of Each Receipt this Period
 8.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	36.00
TOTAL This Period (last page this line number only).....▶	

**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 890 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. SCHILLING, EILEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 62 DUNWOODIE ST
 City YONKERS State NY Zip Code 10704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 248.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020
Transaction ID : SA11AI.70940
 Amount of Each Receipt this Period 8.00
 Memo Item

B. SCHILLING, EILEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 62 DUNWOODIE ST
 City YONKERS State NY Zip Code 10704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 256.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70941
 Amount of Each Receipt this Period 8.00
 Memo Item

C. SCHIMERT, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 MALLARD CT
 City AMHERST State NY Zip Code 14228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lake Shore Cent T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2020
Transaction ID : SA11AI.70942
 Amount of Each Receipt this Period 209.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	225.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 891 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. SCHIMERT, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 MALLARD CT
 City AMHERST State NY Zip Code 14228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lake Shore Cent T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70943
 Amount of Each Receipt this Period 11.00
 Memo Item

B. SCHINNERER, CORINNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 BERCHMAN DR
 City BALLSTON LAKE State NY Zip Code 12019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Schenectady Fed Tchr Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70946
 Amount of Each Receipt this Period 10.53
 Memo Item

C. Schlaikjer, Mary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 2193
 City HUNTINGTON State NY Zip Code 11743
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) West Islip T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70832
 Amount of Each Receipt this Period 220.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	241.53
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 892 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. SCHMIDT, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4972 NESTLING DUCK

City LIVERPOOL	State NY	Zip Code 13090
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) N Syracuse Educ Assn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.70948

Amount of Each Receipt this Period
 10.00

Memo Item

B. SCHMIDT, DAWN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 61 NEWBERRY LN

City LANCASTER	State NY	Zip Code 14086
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Williamsville TA,Inc	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2020

Transaction ID : SA11AI.70950

Amount of Each Receipt this Period
 209.00

Memo Item

C. SCHMIDT, DAWN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 61 NEWBERRY LN

City LANCASTER	State NY	Zip Code 14086
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Williamsville TA,Inc	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2020

Transaction ID : SA11AI.70951

Amount of Each Receipt this Period
 11.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	230.00
TOTAL This Period (last page this line number only).....	

**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 893 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. SCHOCKOW, STEVEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 180 WILLOWBEND RD
 City ROCHESTER State NY Zip Code 14618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) W Irondequoit T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.70952
 Amount of Each Receipt this Period
 15.00
 Memo Item

B. SCHOCKOW, STEVEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 180 WILLOWBEND RD
 City ROCHESTER State NY Zip Code 14618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) W Irondequoit T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2020
Transaction ID : SA11AI.70953
 Amount of Each Receipt this Period
 15.00
 Memo Item

C. SCHOCKOW, STEVEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 180 WILLOWBEND RD
 City ROCHESTER State NY Zip Code 14618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) W Irondequoit T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.70954
 Amount of Each Receipt this Period
 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 894 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. SCHOCKOW, STEVEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 180 WILLOWBEND RD
 City ROCHESTER State NY Zip Code 14618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) W Irondequoit T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70955
 Amount of Each Receipt this Period 15.00
 Memo Item

B. SCHRADER, ADAM F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 HOMESTEAD PARK
 City MALONE State NY Zip Code 12953
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Salmon River TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 455.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.70957
 Amount of Each Receipt this Period 25.50
 Memo Item

C. SCHRADER, ADAM F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 HOMESTEAD PARK
 City MALONE State NY Zip Code 12953
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Salmon River TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 481.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.70958
 Amount of Each Receipt this Period 25.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	66.00
TOTAL This Period (last page this line number only).....▶	

**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 895 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. SCHRADER, ADAM F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **9 HOMESTEAD PARK**

City MALONE	State NY	Zip Code 12953
-----------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Salmon River TA	Occupation (for Individual) TEACHER
---	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **506.50**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2020

Transaction ID : SA11AI.70959

Amount of Each Receipt this Period

25.50

 Memo Item

B. SCHRADER, ADAM F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **9 HOMESTEAD PARK**

City MALONE	State NY	Zip Code 12953
-----------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Salmon River TA	Occupation (for Individual) TEACHER
---	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **532.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2020

Transaction ID : SA11AI.70960

Amount of Each Receipt this Period

25.50

 Memo Item

C. SCHUMACHER, JOHN E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **8 JERMAIN ST**

City ALBANY	State NY	Zip Code 12206
-----------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-System Admin.	Occupation (for Individual) TEACHER
---	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **256.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2020

Transaction ID : SA11AI.70961

Amount of Each Receipt this Period

256.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	307.00
TOTAL This Period (last page this line number only).....▶	

**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 896 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. SCHUMACHER, RICHARD A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 OCEAN AVE
 City HAMPTON BAYS State NY Zip Code 11946
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) T A Of Sag Harbor Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70962
 Amount of Each Receipt this Period
 202.64
 Memo Item

B. SCHUTT, ELIZABETH A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 ARCHER AVE
 City WHITE PLAINS State NY Zip Code 10603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Edgemont T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.70963
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. SCHWANZ, LINDA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3969 ECKHARDT RD
 City HAMBURG State NY Zip Code 14075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eden Tchrs Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70964
 Amount of Each Receipt this Period
 220.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	630.64
TOTAL This Period (last page this line number only).....	

**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 897 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. SCHWARTZ, KARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 54 DALTON ST

City LONG BEACH	State NY	Zip Code 11561
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.70966

Amount of Each Receipt this Period
 10.00

Memo Item

B. SCHWARTZ, MARYELLEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 108 RYDER AVE

City DIX HILLS	State NY	Zip Code 11746
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.70968

Amount of Each Receipt this Period
 10.00

Memo Item

C. Scofield, Judith, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 156 PAULINE ST

City HOLBROOK	State NY	Zip Code 11741
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Sachem Central T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 11 / 30 / 2020
Transaction ID : SA11AI.70833

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	40.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 898 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Scofield, Judith, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 156 PAULINE ST
 City HOLBROOK State NY Zip Code 11741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Sachem Central T A TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70834
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. SCOTT, BRADLEY T, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6061 STRAUSS RD
 City LOCKPORT State NY Zip Code 14094
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Royalton Hartland TA TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.70973
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. SCOTT, BRADLEY T, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6061 STRAUSS RD
 City LOCKPORT State NY Zip Code 14094
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Royalton Hartland TA TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.70974
 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).....▶	

**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 899 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. SCOTT, BRADLEY T, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6061 STRAUSS RD
 City LOCKPORT State NY Zip Code 14094
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Royalton Hartland TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.70975
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. SCOTT, BRADLEY T, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6061 STRAUSS RD
 City LOCKPORT State NY Zip Code 14094
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Royalton Hartland TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70976
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. Scott, Edward, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15206 BRIER CREEK DR
 City HAYMARKET State VA Zip Code 20169
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Farmingdale Fed Tchr Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.70835
 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).....	

**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 900 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Scott, Edward, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15206 BRIER CREEK DR

City HAYMARKET	State VA	Zip Code 20169
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Farmingdale Fed Tchr	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.70836

Amount of Each Receipt this Period
 20.00

Memo Item

B. SCOTT, KELLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5 OFFSHORE DR APT 308

City EAST AMHERST	State NY	Zip Code 14051
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Lockport E A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 225.06

Date of Receipt
 12 / 10 / 2020
Transaction ID : SA11AI.70977

Amount of Each Receipt this Period
 18.75

Memo Item

C. SCOTT, KELLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5 OFFSHORE DR APT 308

City EAST AMHERST	State NY	Zip Code 14051
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Lockport E A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 243.81

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.70978

Amount of Each Receipt this Period
 18.75

Memo Item

SUBTOTAL of Receipts This Page (optional).....	57.50
TOTAL This Period (last page this line number only).....	

**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 901 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. SCOTT, KELLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 OFFSHORE DR APT 308
 City EAST AMHERST State NY Zip Code 14051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lockport E A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 262.56

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70979
 Amount of Each Receipt this Period
 18.75
 Memo Item

B. Scott, Theresa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15206 BRIER CREEK DR
 City HAYMARKET State VA Zip Code 20169
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Commack T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.70837
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. Scott, Theresa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15206 BRIER CREEK DR
 City HAYMARKET State VA Zip Code 20169
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Commack T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70838
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	58.75
TOTAL This Period (last page this line number only).....	

**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 902 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. SCOTT, WILLIAM, , ,		Date of Receipt
Mailing Address 5159 WINTERTON DR		<input type="text" value="12"/> / <input type="text" value="02"/> / <input type="text" value="2020"/>
City FAYETTEVILLE	State NY	Zip Code 13066
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.70980
Name of Employer (for Individual) Syracuse T A Inc		Amount of Each Receipt this Period <input type="text" value="15.00"/>
Occupation (for Individual) TEACHER		<input type="checkbox"/> Memo Item
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="270.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. SCOTT, WILLIAM, , ,		Date of Receipt
Mailing Address 5159 WINTERTON DR		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2020"/>
City FAYETTEVILLE	State NY	Zip Code 13066
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.70981
Name of Employer (for Individual) Syracuse T A Inc		Amount of Each Receipt this Period <input type="text" value="15.00"/>
Occupation (for Individual) TEACHER		<input type="checkbox"/> Memo Item
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="285.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. SCOTT, WILLIAM, , ,		Date of Receipt
Mailing Address 5159 WINTERTON DR		<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2020"/>
City FAYETTEVILLE	State NY	Zip Code 13066
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.70982
Name of Employer (for Individual) Syracuse T A Inc		Amount of Each Receipt this Period <input type="text" value="15.00"/>
Occupation (for Individual) TEACHER		<input type="checkbox"/> Memo Item
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="45.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 903 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. SEARLES, GEORGE J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13 ELM ST
 City CLINTON State NY Zip Code 13323
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mohawk Vly Prof Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70983
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. SEELINGER, DANIELLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26 JETMORE PL
 City MASSAPEQUA State NY Zip Code 11758
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70986
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. SEGAL, SCOTT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55 CARDINAL LN
 City HAUPPAUGE State NY Zip Code 11788
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70988
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	228.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 904 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. SEIBERT-SESSA, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 OSBORNE AVE

City EAST MORICHES	State NY	Zip Code 11940
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70990

Amount of Each Receipt this Period
 10.00

Memo Item

B. SELTZER, STEPHANIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 BOYD RD

City MONROE	State NY	Zip Code 10950
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 290.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020
Transaction ID : SA11AI.70993

Amount of Each Receipt this Period
 10.00

Memo Item

C. SELTZER, STEPHANIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 BOYD RD

City MONROE	State NY	Zip Code 10950
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.70994

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**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 905 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. SELTZER, STEPHANIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 BOYD RD
 City MONROE State NY Zip Code 10950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020
Transaction ID : SA11AI.70995
 Amount of Each Receipt this Period 10.00
 Memo Item

B. SELTZER, STEPHANIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 BOYD RD
 City MONROE State NY Zip Code 10950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70996
 Amount of Each Receipt this Period 10.00
 Memo Item

C. SENCION, YARINA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 SCUPPO RD UNIT 1402
 City DANBURY State CT Zip Code 06811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) White Plains T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70998
 Amount of Each Receipt this Period 205.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	225.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 906 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. SERGI, JOELY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 CALVIN AVE

City SYOSSET	State NY	Zip Code 11791
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.71002

Amount of Each Receipt this Period
 10.00

Memo Item

B. SERRAS, DIANA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15430 17TH RD

City WHITESTONE	State NY	Zip Code 11357
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.71004

Amount of Each Receipt this Period
 10.00

Memo Item

C. Shaad-Derby, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 239 KUNKEL PT

City MAYFIELD	State NY	Zip Code 12117
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Mayfield T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020

Transaction ID : SA11AI.70839

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	40.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 907 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Shaad-Derby, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 239 KUNKEL PT

City MAYFIELD	State NY	Zip Code 12117
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Mayfield T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.70840

Amount of Each Receipt this Period
 20.00

Memo Item

B. SHANLEY, JACQUELINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12 NOME DR

City WOODBURY	State NY	Zip Code 11797
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.71008

Amount of Each Receipt this Period
 10.00

Memo Item

C. SHEA, SUSAN C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 24 GREENWAY S

City BABYLON	State NY	Zip Code 11702
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Garden City T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2020

Transaction ID : SA11AI.71012

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	

**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 908 OF 1094
	<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	

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. SHEEHAN, CHRISTOPHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 120 HIGH POINT CIR

City NEWBURGH	State NY	Zip Code 12550
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Town of Highlands TA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 222.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020

Transaction ID : SA11Al.71014

Amount of Each Receipt this Period
 12.00

Memo Item

B. SHEEHAN, CHRISTOPHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 120 HIGH POINT CIR

City NEWBURGH	State NY	Zip Code 12550
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Town of Highlands TA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 234.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020

Transaction ID : SA11Al.71015

Amount of Each Receipt this Period
 12.00

Memo Item

C. SHEEHAN, CHRISTOPHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 120 HIGH POINT CIR

City NEWBURGH	State NY	Zip Code 12550
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Town of Highlands TA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 246.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11Al.71016

Amount of Each Receipt this Period
 12.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	36.00
TOTAL This Period (last page this line number only).....	

**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 909 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. SHEEHAN, CHRISTOPHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 120 HIGH POINT CIR

City NEWBURGH	State NY	Zip Code 12550
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Town of Highlands TA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 258.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.71017

Amount of Each Receipt this Period
 12.00

Memo Item

B. SHEEHAN, CHRISTOPHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 120 HIGH POINT CIR

City NEWBURGH	State NY	Zip Code 12550
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Town of Highlands TA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.71018

Amount of Each Receipt this Period
 12.00

Memo Item

C. SHEEHAN, PAUL J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 83 19 116TH STREET A

City KEW GARDENS	State NY	Zip Code 11418
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Nassau CC Fed Tchrs	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 12 / 02 / 2020
Transaction ID : SA11AI.71019

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	34.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 910 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. SHEEHAN, PAUL J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 83 19 116TH STREET A
 City KEW GARDENS State NY Zip Code 11418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nassau CC Fed Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.71020
 Amount of Each Receipt this Period 10.00
 Memo Item

B. SHEEHAN, PAUL J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 83 19 116TH STREET A
 City KEW GARDENS State NY Zip Code 11418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nassau CC Fed Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.71021
 Amount of Each Receipt this Period 10.00
 Memo Item

C. SHEHADEH, JUMANA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 149 LEFFERTS RD
 City YONKERS State NY Zip Code 10705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020
Transaction ID : SA11AI.71022
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**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 911 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. SHEHADEH, JUMANA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 149 LEFFERTS RD

City YONKERS	State NY	Zip Code 10705
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020

Transaction ID : SA11AI.71023

Amount of Each Receipt this Period
 10.00

Memo Item

B. SHEHADEH, JUMANA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 149 LEFFERTS RD

City YONKERS	State NY	Zip Code 10705
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 290.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020

Transaction ID : SA11AI.71024

Amount of Each Receipt this Period
 10.00

Memo Item

C. SHEHADEH, JUMANA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 149 LEFFERTS RD

City YONKERS	State NY	Zip Code 10705
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.71025

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**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 912 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Shein, Barbara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7362 CORTES LAKE DR

City DELRAY BEACH	State FL	Zip Code 33446
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retiree Council 15	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020

Transaction ID : SA11AI.70841

Amount of Each Receipt this Period
 20.00

Memo Item

B. Shein, Barbara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7362 CORTES LAKE DR

City DELRAY BEACH	State FL	Zip Code 33446
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retiree Council 15	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.70842

Amount of Each Receipt this Period
 20.00

Memo Item

C. SHELLEY, HEATHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 127 WOODLAKE DR W

City WOODBURY	State NY	Zip Code 11797
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.71028

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	50.00
TOTAL This Period (last page this line number only).....	

**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 913 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. SHELTON, JULIE V, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 178 JEFFERSON AVE
 City VALHALLA State NY Zip Code 10595
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Edgemont T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.71029
 Amount of Each Receipt this Period
 160.00
 Memo Item

B. SHENE, PATRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 65 BAITSELL RD
 City OSWEGO State NY Zip Code 13126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oswego Classrm T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71033
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. SHENE, PATRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 65 BAITSELL RD
 City OSWEGO State NY Zip Code 13126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oswego Classrm T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71034
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	180.00
TOTAL This Period (last page this line number only).....	

**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 914 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. SHERMAN, ILYSSA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 AUGUSTA DR
 City CORTLANDT MANOR State NY Zip Code 10567
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020
Transaction ID : SA11AI.71035
 Amount of Each Receipt this Period 10.00
 Memo Item

B. SHERMAN, ILYSSA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 AUGUSTA DR
 City CORTLANDT MANOR State NY Zip Code 10567
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.71036
 Amount of Each Receipt this Period 10.00
 Memo Item

C. SHERMAN, ILYSSA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 AUGUSTA DR
 City CORTLANDT MANOR State NY Zip Code 10567
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020
Transaction ID : SA11AI.71037
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶
TOTAL This Period (last page this line number only)..... ▶

30.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 915 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. SHERMAN, ILYSSA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 AUGUSTA DR
 City CORTLANDT MANOR State NY Zip Code 10567
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.71038
 Amount of Each Receipt this Period 10.00
 Memo Item

B. SHOEMAKER, SUZANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 214 RADCLIFF DR
 City EAST NORWICH State NY Zip Code 11732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.71043
 Amount of Each Receipt this Period 10.00
 Memo Item

C. SHULTS, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 LYNWOOD AVE
 City SYRACUSE State NY Zip Code 13206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syracuse T A Inc Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 30 / 2020
Transaction ID : SA11AI.70843
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	45.00
TOTAL This Period (last page this line number only).....	

**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 916 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. SHULTS, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 120 LYNWOOD AVE

City SYRACUSE	State NY	Zip Code 13206
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syracuse T A Inc	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.70844

Amount of Each Receipt this Period
 25.00

Memo Item

B. SHUTTS, MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8022 PICKETT LN

City CICERO	State NY	Zip Code 13039
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Solvay T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 234.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2020

Transaction ID : SA11AI.71045

Amount of Each Receipt this Period
 26.00

Memo Item

C. SHUTTS, MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8022 PICKETT LN

City CICERO	State NY	Zip Code 13039
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Solvay T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.71046

Amount of Each Receipt this Period
 26.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	77.00
TOTAL This Period (last page this line number only).....	

**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 917 OF 1094
	<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	

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. SIANO, MARYANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23 WINDING PATH APT 16
 City MANORVILLE State NY Zip Code 11949
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wm Floyd United Tchr Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.09

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.71048
 Amount of Each Receipt this Period
 211.09
 Memo Item

B. SILLS, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6893 KIMBERLY LN
 City DERBY State NY Zip Code 14047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lake Shore Cent T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2020
Transaction ID : SA11AI.71053
 Amount of Each Receipt this Period
 209.00
 Memo Item

C. SILLS, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6893 KIMBERLY LN
 City DERBY State NY Zip Code 14047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lake Shore Cent T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71054
 Amount of Each Receipt this Period
 11.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	431.09
TOTAL This Period (last page this line number only).....	

**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 918 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. SILVERMAN, GARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 CARMAN LN
 City SAINT JAMES State NY Zip Code 11780
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71056
 Amount of Each Receipt this Period 10.00
 Memo Item

B. SILVESTRI, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1462 4TH ST
 City RENSSELAER State NY Zip Code 12144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Schenectady Fed Tchr Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 447.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.71057
 Amount of Each Receipt this Period 26.32
 Memo Item

C. SILVESTRI, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1462 4TH ST
 City RENSSELAER State NY Zip Code 12144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Schenectady Fed Tchr Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 473.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2020
Transaction ID : SA11AI.71058
 Amount of Each Receipt this Period 26.32
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	62.64
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 919 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. SILVESTRI, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1462 4TH ST

City RENSSELAER	State NY	Zip Code 12144
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Schenectady Fed Tchr	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.71059

Amount of Each Receipt this Period
 26.32

Memo Item

B. SILVESTRI, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1462 4TH ST

City RENSSELAER	State NY	Zip Code 12144
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Schenectady Fed Tchr	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 526.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.71060

Amount of Each Receipt this Period
 26.32

Memo Item

C. SIMMONS, DEBORAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 251 CAMBON AVE

City SAINT JAMES	State NY	Zip Code 11780
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.71063

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	62.64
TOTAL This Period (last page this line number only).....	

**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 920 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. SIMMONS, HENRY T, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 622 MILTON TPKE
 City HIGHLAND State NY Zip Code 12528
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Marlboro Fac Asn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2020
Transaction ID : SA11AI.71064
 Amount of Each Receipt this Period
 260.00
 Memo Item

B. SIMONSON, JACK W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 114 ONEIDA ST
 City RONKONKOMA State NY Zip Code 11779
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Farmingdale Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2020
Transaction ID : SA11AI.71065
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. SIMONSON, JACK W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 114 ONEIDA ST
 City RONKONKOMA State NY Zip Code 11779
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Farmingdale Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2020
Transaction ID : SA11AI.71066
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	280.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 921 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. SIMONSON, JACK W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 114 ONEIDA ST

City RONKONKOMA	State NY	Zip Code 11779
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Farmingdale	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2020

Transaction ID : SA11AI.71067

Amount of Each Receipt this Period
 10.00

Memo Item

B. SIMONSON, JACK W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 114 ONEIDA ST

City RONKONKOMA	State NY	Zip Code 11779
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Farmingdale	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.71068

Amount of Each Receipt this Period
 10.00

Memo Item

C. SIMPSON, ATARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 333 E BROADWAY APT 5F

City LONG BEACH	State NY	Zip Code 11561
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.71070

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**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 922 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. SIMPSON, JANET M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16 SAINT MARKS LN

City ISLIP	State NY	Zip Code 11751
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.71072

Amount of Each Receipt this Period
 10.00

Memo Item

B. SIMPSON, JANET M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16 SAINT MARKS LN

City ISLIP	State NY	Zip Code 11751
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.71073

Amount of Each Receipt this Period
 10.00

Memo Item

C. SINCLAIR, ROBIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 28 DUSTY DR

City WALLKILL	State NY	Zip Code 12589
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Valley Central TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 200.08

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.71075

Amount of Each Receipt this Period
 200.08

Memo Item

SUBTOTAL of Receipts This Page (optional).....	220.08
TOTAL This Period (last page this line number only).....	

**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 923 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. SINGER, STEPHANIE, , ,		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>31</td> <td></td> <td>2020</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	12		31		2020
M M M	/	D D D	/	Y Y Y Y Y Y								
12		31		2020								
Mailing Address 1127 WASHINGTON AVE		Transaction ID : SA11AI.71077										
City WEST ISLIP	State NY	Zip Code 11795										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00										
Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER	<input type="checkbox"/> Memo Item										
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00											

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Sklar, Marcia, , ,		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>31</td> <td></td> <td>2020</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	12		31		2020
M M M	/	D D D	/	Y Y Y Y Y Y								
12		31		2020								
Mailing Address 372 KNEELAND AVE		Transaction ID : SA11AI.70846										
City YONKERS	State NY	Zip Code 10704										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 204.00										
Name of Employer (for Individual) Bronxville T.A.	Occupation (for Individual) TEACHER	<input type="checkbox"/> Memo Item										
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 204.00											

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. SLOTE, ALLAN J, , ,		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>31</td> <td></td> <td>2020</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	12		31		2020
M M M	/	D D D	/	Y Y Y Y Y Y								
12		31		2020								
Mailing Address 4310 BEACH RIDGE RD		Transaction ID : SA11AI.71081										
City NORTH TONAWANDA	State NY	Zip Code 14120										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00										
Name of Employer (for Individual) Starpoint T A	Occupation (for Individual) TEACHER	<input type="checkbox"/> Memo Item										
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 220.00											

SUBTOTAL of Receipts This Page (optional).....▶	234.00
TOTAL This Period (last page this line number only).....▶	

**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 924 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. SLOTKIN, Carol, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 9
 City WHITE LAKE State NY Zip Code 12786
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) W Sullivan UT & SRP Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.70847
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. SLOTKIN, Carol, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 9
 City WHITE LAKE State NY Zip Code 12786
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) W Sullivan UT & SRP Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 242.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70848
 Amount of Each Receipt this Period
 22.00
 Memo Item

C. SMITH, BRIDGET, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 38 WINTHROP CT APT A
 City WAPPINGERS FALLS State NY Zip Code 12590
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Town of Highlands TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 203.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.71083
 Amount of Each Receipt this Period
 203.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	245.50
TOTAL This Period (last page this line number only).....	

**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 925 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. SMITH, BRIDGET, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 38 WINTHROP CT APT A

City WAPPINGERS FALLS	State NY	Zip Code 12590
--------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Town of Highlands TA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 214.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020

Transaction ID : SA11AI.71084

Amount of Each Receipt this Period
 11.00

Memo Item

B. SMITH, BRIDGET, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 38 WINTHROP CT APT A

City WAPPINGERS FALLS	State NY	Zip Code 12590
--------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Town of Highlands TA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 225.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.71085

Amount of Each Receipt this Period
 11.00

Memo Item

C. SMITH, BRIDGET, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 38 WINTHROP CT APT A

City WAPPINGERS FALLS	State NY	Zip Code 12590
--------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Town of Highlands TA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 236.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.71086

Amount of Each Receipt this Period
 11.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	33.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 926 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. SMITH, BRIDGET, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 38 WINTHROP CT APT A

City WAPPINGERS FALLS	State NY	Zip Code 12590
--------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Town of Highlands TA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 247.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.71087

Amount of Each Receipt this Period
 11.00

Memo Item

B. Smith, Bruce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 KENT PL

City LANCASTER	State NY	Zip Code 14086
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Lancaster CTA,Inc	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020

Transaction ID : SA11AI.70849

Amount of Each Receipt this Period
 20.00

Memo Item

C. Smith, Bruce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 KENT PL

City LANCASTER	State NY	Zip Code 14086
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Lancaster CTA,Inc	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.70850

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	51.00
TOTAL This Period (last page this line number only).....▶	

**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 927 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. SMITH, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8188 SHADBUSH LN

City CLAY	State NY	Zip Code 13041
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syracuse T A Inc	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020

Transaction ID : SA11AI.71094

Amount of Each Receipt this Period
 20.00

Memo Item

B. SMITH, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8188 SHADBUSH LN

City CLAY	State NY	Zip Code 13041
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syracuse T A Inc	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2020

Transaction ID : SA11AI.71095

Amount of Each Receipt this Period
 20.00

Memo Item

C. SMITH, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8188 SHADBUSH LN

City CLAY	State NY	Zip Code 13041
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syracuse T A Inc	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.71096

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).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 928 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. SMITH, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6454 MUD MILL RD
 City BREWERTON State NY Zip Code 13029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N Syracuse Educ Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71098
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. SMITH, JEANNINE T, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 JOMAR RD
 City SHOREHAM State NY Zip Code 11786
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Middle Cntry TA,Inc. Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.71103
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. SMITH, LINDA A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11477 ARCHER HILL RD
 City RANDOLPH State NY Zip Code 14772
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fredonia T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71106
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	268.00
TOTAL This Period (last page this line number only).....▶	

**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 929 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. SMITH, LISA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1360 INDEPENDENCE DR
 City DERBY State NY Zip Code 14047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lake Shore Cent T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2020
Transaction ID : SA11AI.71107
 Amount of Each Receipt this Period 12.00
 Memo Item

B. SMITH, LISA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1360 INDEPENDENCE DR
 City DERBY State NY Zip Code 14047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lake Shore Cent T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2020
Transaction ID : SA11AI.71108
 Amount of Each Receipt this Period 12.00
 Memo Item

C. SMITH, LISA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1360 INDEPENDENCE DR
 City DERBY State NY Zip Code 14047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lake Shore Cent T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71109
 Amount of Each Receipt this Period 12.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	36.00
TOTAL This Period (last page this line number only).....▶	

**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 930 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. SMITH, LOREN B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8190 ROUTE 60

City CASSADAGA	State NY	Zip Code 14718
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PANAMA FACULTY ASSN	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.71111

Amount of Each Receipt this Period
 10.00

Memo Item

B. SMITH, LOREN B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8190 ROUTE 60

City CASSADAGA	State NY	Zip Code 14718
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PANAMA FACULTY ASSN	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.71112

Amount of Each Receipt this Period
 10.00

Memo Item

C. SMITH, SARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 87 CAFFREY AVE

City BETHPAGE	State NY	Zip Code 11714
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hicksville Cong Tchr	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020

Transaction ID : SA11AI.71113

Amount of Each Receipt this Period
 24.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	44.00
TOTAL This Period (last page this line number only).....	

**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 931 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. SMITH, STEVEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42 MILL VALLEY RD
 City PITTSFORD State NY Zip Code 14534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pittsford Dist T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.71114
 Amount of Each Receipt this Period
 204.00
 Memo Item

B. SMITH, STEVEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42 MILL VALLEY RD
 City PITTSFORD State NY Zip Code 14534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pittsford Dist T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.71115
 Amount of Each Receipt this Period
 12.00
 Memo Item

C. SMITH, STEVEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42 MILL VALLEY RD
 City PITTSFORD State NY Zip Code 14534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pittsford Dist T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71116
 Amount of Each Receipt this Period
 12.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	228.00
TOTAL This Period (last page this line number only).....	

**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 932 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. SMITH, TOMIA G, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 ROCKAWAY CT
 City OCEANSIDE State NY Zip Code 11572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Massapequa Fed Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2020
Transaction ID : SA11AI.71117
 Amount of Each Receipt this Period 50.00
 Memo Item

B. SMITH, TRACY L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 109 CLEVELAND AVE
 City COBLESKILL State NY Zip Code 12043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cobleskill-Rich T.A. Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.71118
 Amount of Each Receipt this Period 20.00
 Memo Item

C. SMITH, TRACY L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 109 CLEVELAND AVE
 City COBLESKILL State NY Zip Code 12043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cobleskill-Rich T.A. Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.71119
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	90.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 933 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. SMITH, TRACY L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 109 CLEVELAND AVE

City COBLESKILL	State NY	Zip Code 12043
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Cobleskill-Rich T.A.	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.71120

Amount of Each Receipt this Period
 20.00

Memo Item

B. SMITH, TWILA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 85 MOORES HILL RD

City NEW WINDSOR	State NY	Zip Code 12553
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Washingtonville TA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.71122

Amount of Each Receipt this Period
 210.00

Memo Item

C. SMITH, TWILA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 85 MOORES HILL RD

City NEW WINDSOR	State NY	Zip Code 12553
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Washingtonville TA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.71123

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

**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 934 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. SMOCK, MICHELLE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 168 KOSTER ROW
 City AMHERST State NY Zip Code 14226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Grand Island TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71126
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. SOARES, TIFFANY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 TANGLEWYLDE AVE APT 1217
 City BRONXVILLE State NY Zip Code 10708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020
Transaction ID : SA11AI.71129
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. SOARES, TIFFANY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 TANGLEWYLDE AVE APT 1217
 City BRONXVILLE State NY Zip Code 10708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.71130
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 935 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. SOARES, TIFFANY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5 TANGLEWYLDE AVE APT 1217

City BRONXVILLE	State NY	Zip Code 10708
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020

Transaction ID : SA11AI.71131

Amount of Each Receipt this Period
 10.00

Memo Item

B. SOARES, TIFFANY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5 TANGLEWYLDE AVE APT 1217

City BRONXVILLE	State NY	Zip Code 10708
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.71132

Amount of Each Receipt this Period
 10.00

Memo Item

C. SOBOLEWSKI, SUSAN F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 601 W 115TH ST APT 105

City NEW YORK	State NY	Zip Code 10025
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Nassau CC Fed Tchrs	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020

Transaction ID : SA11AI.71133

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**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 936 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. SOBOLEWSKI, SUSAN F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 601 W 115TH ST APT 105

City NEW YORK	State NY	Zip Code 10025
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Nassau CC Fed Tchrs	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.71134

Amount of Each Receipt this Period
 10.00

Memo Item

B. SOBOLEWSKI, SUSAN F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 601 W 115TH ST APT 105

City NEW YORK	State NY	Zip Code 10025
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Nassau CC Fed Tchrs	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.71135

Amount of Each Receipt this Period
 10.00

Memo Item

C. SODEN, KAREN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 HEMLOCK RD

City MOUNT SINAI	State NY	Zip Code 11766
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Mt Sinai Tchrs Assn	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.71137

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 937 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Sokero, Joy, , ,			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td>/</td> <td>30</td> <td>/</td> <td>2020</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y	11	/	30	/	2020
M M M	/	D D D	/	Y Y Y Y Y Y											
11	/	30	/	2020											
Mailing Address 68 TIMBER DR			Transaction ID : SA11AI.70851												
City WATERFORD	State NY	Zip Code 12188	Amount of Each Receipt this Period <table border="1"> <tr> <td>22.00</td> </tr> </table>			22.00									
22.00															
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item												
Name of Employer (for Individual) Retiree Council 10		Occupation (for Individual) TEACHER	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>242.00</td> </tr> </table>			242.00									
242.00															
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼															

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Sokero, Joy, , ,			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td>/</td> <td>31</td> <td>/</td> <td>2020</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y	12	/	31	/	2020
M M M	/	D D D	/	Y Y Y Y Y Y											
12	/	31	/	2020											
Mailing Address 68 TIMBER DR			Transaction ID : SA11AI.70852												
City WATERFORD	State NY	Zip Code 12188	Amount of Each Receipt this Period <table border="1"> <tr> <td>22.00</td> </tr> </table>			22.00									
22.00															
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item												
Name of Employer (for Individual) Retiree Council 10		Occupation (for Individual) TEACHER	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>264.00</td> </tr> </table>			264.00									
264.00															
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼															

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Sommer, Martin, , ,			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td>/</td> <td>30</td> <td>/</td> <td>2020</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y	11	/	30	/	2020
M M M	/	D D D	/	Y Y Y Y Y Y											
11	/	30	/	2020											
Mailing Address 9 BIRCH HILL RD			Transaction ID : SA11AI.70853												
City PUTNAM VALLEY	State NY	Zip Code 10579	Amount of Each Receipt this Period <table border="1"> <tr> <td>83.34</td> </tr> </table>			83.34									
83.34															
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item												
Name of Employer (for Individual) Boces TchS Assn WE2		Occupation (for Individual) TEACHER	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>916.74</td> </tr> </table>			916.74									
916.74															
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼															

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1"> <tr> <td>127.34</td> </tr> </table>	127.34
127.34		
TOTAL This Period (last page this line number only).....▶	<table border="1"> <tr> <td></td> </tr> </table>	

**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 938 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Sommer, Martin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 BIRCH HILL RD
 City PUTNAM VALLEY State NY Zip Code 10579
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Boces Tchs Assn WE2 Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70854
 Amount of Each Receipt this Period
 83.34
 Memo Item

B. SORBELLINI, TAMIKA A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 145 BROWN STATION RD
 City OLIVEBRIDGE State NY Zip Code 12461
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Onteora TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 222.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2020
Transaction ID : SA11AI.71139
 Amount of Each Receipt this Period
 222.00
 Memo Item

C. SORBELLINI, TAMIKA A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 145 BROWN STATION RD
 City OLIVEBRIDGE State NY Zip Code 12461
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Onteora TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 246.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.71140
 Amount of Each Receipt this Period
 24.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	329.34
TOTAL This Period (last page this line number only).....	

**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 939 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. SORBELLINI, TAMIKA A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 145 BROWN STATION RD

City OLIVEBRIDGE	State NY	Zip Code 12461
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Onteora TA	Occupation (for Individual) TEACHER
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Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.71141

Amount of Each Receipt this Period
 24.00

Memo Item

B. SPIEGEL, PAULETTE J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 SUNRISE LN

City SCARSDALE	State NY	Zip Code 10583
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Edgemont T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 201.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.71143

Amount of Each Receipt this Period
 201.00

Memo Item

C. Spinrad, Suzanne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 160 RIVERSIDE DR APT 11C

City NEW YORK	State NY	Zip Code 10024
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Great Neck T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020

Transaction ID : SA11AI.70855

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	245.00
TOTAL This Period (last page this line number only).....	

**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 940 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Spinrad, Suzanne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 RIVERSIDE DR APT 11C
 City NEW YORK State NY Zip Code 10024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Great Neck T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70856
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. SPITLER, KIRK A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6387 BUELL DR
 City LOCKPORT State NY Zip Code 14094
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Starpoint T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71146
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. SPRINGBORN, JUSTINE D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 984 PARKER BLVD
 City KENMORE State NY Zip Code 14223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hamburg Tchrs Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71147
 Amount of Each Receipt this Period
 204.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	244.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 941 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. SPRINGBORN, JUSTINE D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 984 PARKER BLVD

City KENMORE	State NY	Zip Code 14223
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hamburg Tchrs Assn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 216.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.71148

Amount of Each Receipt this Period
 12.00

Memo Item

B. ST. ONGE, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1223 96TH ST

City NIAGARA FALLS	State NY	Zip Code 14304
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Niagara Falls Tchrs	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.71155

Amount of Each Receipt this Period
 10.00

Memo Item

C. ST. ONGE, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1223 96TH ST

City NIAGARA FALLS	State NY	Zip Code 14304
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Niagara Falls Tchrs	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.71156

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	32.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 942 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. STALTER, J ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5464 E LAKE RD

City CONESUS	State NY	Zip Code 14435
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Greece Teachers Assn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 204.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2020

Transaction ID : SA11AI.71163

Amount of Each Receipt this Period
 204.00

Memo Item

B. STALTER, J ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5464 E LAKE RD

City CONESUS	State NY	Zip Code 14435
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Greece Teachers Assn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.71164

Amount of Each Receipt this Period
 12.00

Memo Item

C. STALTER, J ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5464 E LAKE RD

City CONESUS	State NY	Zip Code 14435
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Greece Teachers Assn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 228.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.71165

Amount of Each Receipt this Period
 12.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	228.00
TOTAL This Period (last page this line number only).....	

**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 943 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. STAPLEY, JEANETTE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13 LINCOLN LN # 92

City SCHROON LAKE	State NY	Zip Code 12870
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Schroon Lake CS TA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020

Transaction ID : SA11AI.71167

Amount of Each Receipt this Period
 300.00

Memo Item

B. STAPLEY, PATRICIA A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7693 TONAWANDA CREEK RD

City LOCKPORT	State NY	Zip Code 14094
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medina TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 205.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.71168

Amount of Each Receipt this Period
 205.00

Memo Item

C. Staplin, Kay, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 128 FOXWOOD CIR

City MOUNT KISCO	State NY	Zip Code 10549
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Somers Fac Assn	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 470.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020

Transaction ID : SA11AI.70857

Amount of Each Receipt this Period
 50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	555.00
TOTAL This Period (last page this line number only).....▶	

**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 944 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Staplin, Kay, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 128 FOXWOOD CIR
 City MOUNT KISCO State NY Zip Code 10549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Somers Fac Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70858
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. STASI, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 S LAKE AVE
 City ALBANY State NY Zip Code 12203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Albany Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2020
Transaction ID : SA11AI.71169
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. STASI, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 S LAKE AVE
 City ALBANY State NY Zip Code 12203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Albany Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2020
Transaction ID : SA11AI.71170
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	70.00
TOTAL This Period (last page this line number only).....▶	

**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 945 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. STASI, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10 S LAKE AVE

City ALBANY	State NY	Zip Code 12203
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Albany	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 12 / 23 / 2020
Transaction ID : SA11Al.71171

Amount of Each Receipt this Period
 10.00

Memo Item

B. STASI, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10 S LAKE AVE

City ALBANY	State NY	Zip Code 12203
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Albany	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11Al.71172

Amount of Each Receipt this Period
 10.00

Memo Item

C. ST CLAIR, SUSAN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 524

City RHINEBECK	State NY	Zip Code 12572
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Rhinebeck T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 284.00

Date of Receipt
 12 / 08 / 2020
Transaction ID : SA11Al.71149

Amount of Each Receipt this Period
 14.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	34.00
TOTAL This Period (last page this line number only).....▶	

**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 946 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. ST CLAIR, SUSAN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 524
 City RHINEBECK State NY Zip Code 12572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rhinebeck T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 298.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.71150
 Amount of Each Receipt this Period 14.00
 Memo Item

B. ST CLAIR, SUSAN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 524
 City RHINEBECK State NY Zip Code 12572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rhinebeck T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.71151
 Amount of Each Receipt this Period 14.00
 Memo Item

C. STEGER, RICHARD C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 52 COLDEN HILL RD
 City NEWBURGH State NY Zip Code 12550
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Valley Central TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2020
Transaction ID : SA11AI.71175
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	68.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 947 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. STEGER, RICHARD C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 52 COLDEN HILL RD

City NEWBURGH	State NY	Zip Code 12550
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Valley Central TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.71176

Amount of Each Receipt this Period
 40.00

Memo Item

B. STEINBERG, SCOTT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 122 ORCHARD RD

City ROCHESTER	State NY	Zip Code 14612
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) W Irondequoit T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020

Transaction ID : SA11AI.71177

Amount of Each Receipt this Period
 20.00

Memo Item

C. STEINBERG, SCOTT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 122 ORCHARD RD

City ROCHESTER	State NY	Zip Code 14612
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) W Irondequoit T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2020

Transaction ID : SA11AI.71178

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	80.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 948 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. STEINBERG, SCOTT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 122 ORCHARD RD
 City ROCHESTER State NY Zip Code 14612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 W Irondequoit T A TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.71179
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. STEINBERG, SCOTT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 122 ORCHARD RD
 City ROCHESTER State NY Zip Code 14612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 W Irondequoit T A TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71180
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. STEMPIAK, RICHARD A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32 SAYBROOK DR
 City LANCASTER State NY Zip Code 14086
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 UUP-Buffalo State TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 203.57

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71181
 Amount of Each Receipt this Period
 203.57
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	243.57
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 949 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. STENCEL, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 BROWNING ST
 City SAINT JAMES State NY Zip Code 11780
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) SEWANHAKA FT Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.71184
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. STEVENS, MARYJANE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 191 HIGHLAND AVE
 City NORTHPORT State NY Zip Code 11768
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71187
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. STEVENSON, GLEN I, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 MAPLE RD
 City HORSEHEADS State NY Zip Code 14845
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Corning T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.71189
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 950 OF 1094
	<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	

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. STEWART, KATHERINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 MYRTLE ST

City CAZENOVIA	State NY	Zip Code 13035
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Fayettevle Manl T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 202.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2020

Transaction ID : SA11Al.71190

Amount of Each Receipt this Period
 202.00

Memo Item

B. STEWART, KATHERINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 MYRTLE ST

City CAZENOVIA	State NY	Zip Code 13035
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Fayettevle Manl T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 214.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2020

Transaction ID : SA11Al.71191

Amount of Each Receipt this Period
 12.00

Memo Item

C. STEWART, KATHERINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 MYRTLE ST

City CAZENOVIA	State NY	Zip Code 13035
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Fayettevle Manl T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 226.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11Al.71192

Amount of Each Receipt this Period
 12.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	226.00
TOTAL This Period (last page this line number only).....	

**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 951 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Stillman, Diane, , ,			Date of Receipt		
Mailing Address 149 GORHAM ST			M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020		
City CANANDAIGUA	State NY	Zip Code 14424	Transaction ID : SA11AI.70859		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 216.00		
Name of Employer (for Individual) Canandaigua T A		Occupation (for Individual) TEACHER	<input type="checkbox"/> Memo Item		
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 216.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. ST LAURENT, KATHARINE A, , ,			Date of Receipt		
Mailing Address 132 FREEMAN AVE			M M M / D D D / Y Y Y Y Y Y 12 / 08 / 2020		
City SOLVAY	State NY	Zip Code 13209	Transaction ID : SA11AI.71152		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 28.00		
Name of Employer (for Individual) Solvay T A		Occupation (for Individual) TEACHER	<input type="checkbox"/> Memo Item		
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 252.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. ST LAURENT, KATHARINE A, , ,			Date of Receipt		
Mailing Address 132 FREEMAN AVE			M M M / D D D / Y Y Y Y Y Y 12 / 29 / 2020		
City SOLVAY	State NY	Zip Code 13209	Transaction ID : SA11AI.71153		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 28.00		
Name of Employer (for Individual) Solvay T A		Occupation (for Individual) TEACHER	<input type="checkbox"/> Memo Item		
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 280.00			

SUBTOTAL of Receipts This Page (optional).....	272.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 952 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. STORASKA, KRISTINA N, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36 DECKER DR
 City WALDEN State NY Zip Code 12586
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Valley Central TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2020
Transaction ID : SA11AI.71197
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. STORASKA, KRISTINA N, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36 DECKER DR
 City WALDEN State NY Zip Code 12586
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Valley Central TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71198
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. STOUTENBERG, MELISSA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3605 WARNERS RD
 City SYRACUSE State NY Zip Code 13209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mexico Academy CS FA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.71199
 Amount of Each Receipt this Period
 12.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	52.00
TOTAL This Period (last page this line number only).....	

**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 953 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. STOUTENBERG, MELISSA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3605 WARNERS RD
 City SYRACUSE State NY Zip Code 13209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mexico Academy CS FA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.71200
 Amount of Each Receipt this Period 12.00
 Memo Item

B. STOUTENBERG, MELISSA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3605 WARNERS RD
 City SYRACUSE State NY Zip Code 13209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mexico Academy CS FA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.71201
 Amount of Each Receipt this Period 12.00
 Memo Item

C. STRAUB, SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 BERRYWOOD RD
 City LIVERPOOL State NY Zip Code 13090
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N Syracuse Educ Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71204
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	34.00
TOTAL This Period (last page this line number only).....	

**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 954 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. STRAYTON, MARIANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 344 DEER TRACK LN

City VALLEY COTTAGE	State NY	Zip Code 10989
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Clarkstown TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 12 / 02 / 2020
Transaction ID : SA11AI.71205

Amount of Each Receipt this Period
 20.00

Memo Item

B. STRAYTON, MARIANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 344 DEER TRACK LN

City VALLEY COTTAGE	State NY	Zip Code 10989
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Clarkstown TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.71206

Amount of Each Receipt this Period
 20.00

Memo Item

C. STRAYTON, MARIANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 344 DEER TRACK LN

City VALLEY COTTAGE	State NY	Zip Code 10989
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Clarkstown TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.71207

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).....▶	

**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 955 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Strong, Marilyn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4857 OSWEGO RD

City ROME	State NY	Zip Code 13440
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Whitesboro TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 11 / 30 / 2020
Transaction ID : SA11AI.70860

Amount of Each Receipt this Period
 5.00

Memo Item

B. Strong, Marilyn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4857 OSWEGO RD

City ROME	State NY	Zip Code 13440
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Whitesboro TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 235.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.70861

Amount of Each Receipt this Period
 5.00

Memo Item

C. STUHMILLER, PETER C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 258 FAYETTE AVE

City BUFFALO	State NY	Zip Code 14223
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Kenmore Tchrs Assn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 12 / 02 / 2020
Transaction ID : SA11AI.71208

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	20.00
TOTAL This Period (last page this line number only).....▶	

**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 956 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. STUHMILLER, PETER C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 258 FAYETTE AVE

City BUFFALO	State NY	Zip Code 14223
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Kenmore Tchrs Assn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2020

Transaction ID : SA11AI.71209

Amount of Each Receipt this Period
 20.00

Memo Item

B. STUHMILLER, PETER C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 258 FAYETTE AVE

City BUFFALO	State NY	Zip Code 14223
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Kenmore Tchrs Assn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.71210

Amount of Each Receipt this Period
 10.00

Memo Item

C. STUHMILLER, PETER C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 258 FAYETTE AVE

City BUFFALO	State NY	Zip Code 14223
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Kenmore Tchrs Assn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.71211

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	40.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 957 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. STUHLMILLER, PETER C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 258 FAYETTE AVE
 City BUFFALO State NY Zip Code 14223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kenmore Tchrs Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71212
 Amount of Each Receipt this Period 10.00
 Memo Item

B. STURM, ANDREAS G, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 49 DOWLING DR
 City RIDGEFIELD State CT Zip Code 06877
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Chappaqua Cong Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.71214
 Amount of Each Receipt this Period 10.00
 Memo Item

C. STURM, ANDREAS G, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 49 DOWLING DR
 City RIDGEFIELD State CT Zip Code 06877
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Chappaqua Cong Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.71215
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 958 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. SUDA, JOAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1459 DIVISION ST

City CHARLTON	State NY	Zip Code 12019
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Niskayuna T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.71216

Amount of Each Receipt this Period
 220.00

Memo Item

B. SULLIVAN, AMY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 364 SANDERS RD

City SCOTIA	State NY	Zip Code 12302
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Schenectady Fed Tchr	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.71219

Amount of Each Receipt this Period
 10.53

Memo Item

C. Sullivan, Martha, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 304

City JAMESPORT	State NY	Zip Code 11947
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Glen Cove T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020

Transaction ID : SA11AI.70862

Amount of Each Receipt this Period
 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	255.53
TOTAL This Period (last page this line number only).....	

**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 959 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Sullivan, Martha, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 304

City JAMESPORT	State NY	Zip Code 11947
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Glen Cove T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.70863

Amount of Each Receipt this Period
 25.00

Memo Item

B. SULLIVAN, ROSEMARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5094 BRIDGEMAN RD

City SANBORN	State NY	Zip Code 14132
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Starpoint T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71223

Amount of Each Receipt this Period
 20.00

Memo Item

C. SULLO, NICOLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 57 EILEEN AVE

City PLAINVIEW	State NY	Zip Code 11803
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71226

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	55.00
TOTAL This Period (last page this line number only).....	

**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 960 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. SULLO, STEPHANIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 73 LONGFELLOW AVE
 City LEVITTOWN State NY Zip Code 11756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hicksville Cong Tchr Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.71227
 Amount of Each Receipt this Period
 23.50
 Memo Item

B. SUTTON, RICHARD M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41 RIDGEWOOD RD
 City BUFFALO State NY Zip Code 14220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) West Seneca TA,Inc Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71230
 Amount of Each Receipt this Period
 210.00
 Memo Item

C. SWEATMAN, KERRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4527 ELLERY CENTRALIA RD
 City BEMUS POINT State NY Zip Code 14712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fredonia T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71232
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	243.50
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 961 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. TAFLA, JEFFREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 522 SHORE RD APT 2BB
 City LONG BEACH State NY Zip Code 11561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hicksville Cong Tchr Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.71241
 Amount of Each Receipt this Period 30.00
 Memo Item

B. TAI-MANEIRO, LAURA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 303 GALAHAD DR
 City ROCHESTER State NY Zip Code 14623
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rochester T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71243
 Amount of Each Receipt this Period 10.00
 Memo Item

C. TAKACS, AMY L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1443 INDEPENDENCE DR
 City DERBY State NY Zip Code 14047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hamburg Tchrs Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.71244
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	55.00
TOTAL This Period (last page this line number only).....▶	

**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 962 OF 1094
	<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	

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. TAKACS, AMY L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1443 INDEPENDENCE DR
 City DERBY State NY Zip Code 14047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Hamburg Tchrs Assn TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.71245
 Amount of Each Receipt this Period
 15.00
 Memo Item

B. TAKACS, AMY L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1443 INDEPENDENCE DR
 City DERBY State NY Zip Code 14047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Hamburg Tchrs Assn TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71246
 Amount of Each Receipt this Period
 15.00
 Memo Item

C. TAKACS, AMY L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1443 INDEPENDENCE DR
 City DERBY State NY Zip Code 14047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Hamburg Tchrs Assn TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71247
 Amount of Each Receipt this Period
 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	45.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 963 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. TANNOR, DEBRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 143 WOODCOCK KNLS
 City CROSS RIVER State NY Zip Code 10518
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Scarsdale T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.71249
 Amount of Each Receipt this Period 15.00
 Memo Item

B. TANNOR, DEBRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 143 WOODCOCK KNLS
 City CROSS RIVER State NY Zip Code 10518
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Scarsdale T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.71250
 Amount of Each Receipt this Period 15.00
 Memo Item

C. TAYLOR, CECILIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 LAFAYETTE ST
 City CORNWALL HDSN State NY Zip Code 12520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Town of Highlands TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.71256
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 50.00
TOTAL This Period (last page this line number only).....▶

**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 964 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. TAYLOR, CECILIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 35 LAFAYETTE ST

City CORNWALL HDSN	State NY	Zip Code 12520
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Town of Highlands TA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020

Transaction ID : SA11AI.71257

Amount of Each Receipt this Period
 20.00

Memo Item

B. TAYLOR, CECILIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 35 LAFAYETTE ST

City CORNWALL HDSN	State NY	Zip Code 12520
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Town of Highlands TA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 410.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.71258

Amount of Each Receipt this Period
 20.00

Memo Item

C. TAYLOR, CECILIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 35 LAFAYETTE ST

City CORNWALL HDSN	State NY	Zip Code 12520
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Town of Highlands TA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 430.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.71259

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).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 965 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. TAYLOR, CECILIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 LAFAYETTE ST
 City CORNWALL HDSN State NY Zip Code 12520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Town of Highlands TA TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71260
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. TCHANGOU, EMMANUEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 GABRIELS PATH
 City POUGHQUAG State NY Zip Code 12570
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Yonkers Fed Of Tchrs TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020
Transaction ID : SA11AI.71261
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. TCHANGOU, EMMANUEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 GABRIELS PATH
 City POUGHQUAG State NY Zip Code 12570
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Yonkers Fed Of Tchrs TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.71262
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	40.00
TOTAL This Period (last page this line number only).....▶	

**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 966 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. TCHANGOU, EMMANUEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12 GABRIELS PATH

City POUGHQUAG	State NY	Zip Code 12570
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 12 / 24 / 2020
Transaction ID : SA11AI.71263

Amount of Each Receipt this Period
 10.00

Memo Item

B. TCHANGOU, EMMANUEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12 GABRIELS PATH

City POUGHQUAG	State NY	Zip Code 12570
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 330.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.71264

Amount of Each Receipt this Period
 10.00

Memo Item

C. TEPPER, WENDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2873 BEACH DR

City MERRICK	State NY	Zip Code 11566
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.71267

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 967 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. TERRY, BRITTANY L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2864 STATE ROUTE 3
 City FULTON State NY Zip Code 13069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pulaski Tchrs Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11Al.71268
 Amount of Each Receipt this Period 330.00
 Memo Item

B. TERRY, TAMBRIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 437 HANCOCK AVE
 City MOUNT VERNON State NY Zip Code 10553
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 01 / 2020
Transaction ID : SA11Al.71269
 Amount of Each Receipt this Period 10.00
 Memo Item

C. TERRY, TAMBRIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 437 HANCOCK AVE
 City MOUNT VERNON State NY Zip Code 10553
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt 12 / 16 / 2020
Transaction ID : SA11Al.71270
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	

**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 968 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. TERRY, TAMBRIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 437 HANCOCK AVE
 City MOUNT VERNON State NY Zip Code 10553
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020
Transaction ID : SA11AI.71271
 Amount of Each Receipt this Period 10.00
 Memo Item

B. TERRY, TAMBRIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 437 HANCOCK AVE
 City MOUNT VERNON State NY Zip Code 10553
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71272
 Amount of Each Receipt this Period 10.00
 Memo Item

C. TESORIERO, SUZANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 34 DROHAN ST
 City HUNTINGTON State NY Zip Code 11743
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71274
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 969 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. TEXLER, KENNETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 LEIF BLVD
 City CONGERS State NY Zip Code 10920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020
Transaction ID : SA11AI.71275
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. TEXLER, KENNETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 LEIF BLVD
 City CONGERS State NY Zip Code 10920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.71276
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. TEXLER, KENNETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 LEIF BLVD
 City CONGERS State NY Zip Code 10920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020
Transaction ID : SA11AI.71277
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 970 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. TEXLER, KENNETH, , ,			Date of Receipt												
Mailing Address 27 LEIF BLVD			<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>31</td> <td></td> <td>2020</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y	12		31		2020
M M M	/	D D D	/	Y Y Y Y Y Y											
12		31		2020											
City CONGERS		State NY	Zip Code 10920												
FEC ID number of contributing federal political committee. C			Transaction ID : SA11Al.71278												
Name of Employer (for Individual) Yonkers Fed Of Tchrs			Occupation (for Individual) TEACHER												
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 330.00													
			Amount of Each Receipt this Period 10.00												
			<input type="checkbox"/> Memo Item												

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. THOMAS, ASHISH, , ,			Date of Receipt												
Mailing Address 11 ELDERWOOD DR			<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>24</td> <td></td> <td>2020</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y	11		24		2020
M M M	/	D D D	/	Y Y Y Y Y Y											
11		24		2020											
City SAINT JAMES		State NY	Zip Code 11780												
FEC ID number of contributing federal political committee. C			Transaction ID : SA11Al.71279												
Name of Employer (for Individual) UUP-Stony Brook HSC			Occupation (for Individual) TEACHER												
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00													
			Amount of Each Receipt this Period 10.00												
			<input type="checkbox"/> Memo Item												

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. THOMAS, ASHISH, , ,			Date of Receipt												
Mailing Address 11 ELDERWOOD DR			<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>09</td> <td></td> <td>2020</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y	12		09		2020
M M M	/	D D D	/	Y Y Y Y Y Y											
12		09		2020											
City SAINT JAMES		State NY	Zip Code 11780												
FEC ID number of contributing federal political committee. C			Transaction ID : SA11Al.71280												
Name of Employer (for Individual) UUP-Stony Brook HSC			Occupation (for Individual) TEACHER												
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00													
			Amount of Each Receipt this Period 10.00												
			<input type="checkbox"/> Memo Item												

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**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 971 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. THOMAS, ASHISH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 ELDERWOOD DR

City SAINT JAMES	State NY	Zip Code 11780
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Stony Brook HSC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2020

Transaction ID : SA11Al.71281

Amount of Each Receipt this Period
 10.00

Memo Item

B. THOMAS, ASHISH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 ELDERWOOD DR

City SAINT JAMES	State NY	Zip Code 11780
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Stony Brook HSC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11Al.71282

Amount of Each Receipt this Period
 10.00

Memo Item

C. THOMAS, THERESA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10 HILLCREST VLG W APT C2

City NISKAYUNA	State NY	Zip Code 12309
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Schenectady Fed Tchr	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 200.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11Al.71285

Amount of Each Receipt this Period
 200.40

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	220.40
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 972 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Thompson, Dolores, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 DEHAVEN DR APT 208
 City YONKERS State NY Zip Code 10703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mamaroneck T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.71233
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Thompson, Dolores, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 DEHAVEN DR APT 208
 City YONKERS State NY Zip Code 10703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mamaroneck T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71234
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. THOMPSON, TARA J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 78 ELLIOT RD
 City EAST GREENBUSH State NY Zip Code 12061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) E Greenbush T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.71288
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	210.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 973 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. THOMPSON, TARA J, , ,			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>31</td> <td></td> <td>2020</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	12		31		2020
M M M	/	D D D	/	Y Y Y Y Y Y									
12		31		2020									
Mailing Address 78 ELLIOT RD			Transaction ID : SA11AI.71289										
City EAST GREENBUSH	State NY	Zip Code 12061	Amount of Each Receipt this Period <table border="1"> <tr> <td>10.00</td> </tr> </table>	10.00									
10.00													
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item										
Name of Employer (for Individual) E Greenbush T A		Occupation (for Individual) TEACHER											
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>220.00</td> </tr> </table>		220.00										
220.00													

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. THOROGOOD, BARBARA, , ,			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>02</td> <td></td> <td>2020</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	12		02		2020
M M M	/	D D D	/	Y Y Y Y Y Y									
12		02		2020									
Mailing Address 31 DUNCOTT RD			Transaction ID : SA11AI.71290										
City FAIRPORT	State NY	Zip Code 14450	Amount of Each Receipt this Period <table border="1"> <tr> <td>204.00</td> </tr> </table>	204.00									
204.00													
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item										
Name of Employer (for Individual) Rush Henrietta E A		Occupation (for Individual) TEACHER											
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>204.00</td> </tr> </table>		204.00										
204.00													

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. THOROGOOD, BARBARA, , ,			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>29</td> <td></td> <td>2020</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	12		29		2020
M M M	/	D D D	/	Y Y Y Y Y Y									
12		29		2020									
Mailing Address 31 DUNCOTT RD			Transaction ID : SA11AI.71291										
City FAIRPORT	State NY	Zip Code 14450	Amount of Each Receipt this Period <table border="1"> <tr> <td>12.00</td> </tr> </table>	12.00									
12.00													
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item										
Name of Employer (for Individual) Rush Henrietta E A		Occupation (for Individual) TEACHER											
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>216.00</td> </tr> </table>		216.00										
216.00													

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1"> <tr> <td>226.00</td> </tr> </table>	226.00
226.00		
TOTAL This Period (last page this line number only).....▶	<table border="1"> <tr> <td></td> </tr> </table>	

**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 974 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. THOROGOOD, BARBARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31 DUNCOTT RD
 City FAIRPORT State NY Zip Code 14450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rush Henrietta E A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71292
 Amount of Each Receipt this Period 12.00
 Memo Item

B. THRALL, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6459 BARTZ RD
 City LOCKPORT State NY Zip Code 14094
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lockport E A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2020
Transaction ID : SA11AI.71293
 Amount of Each Receipt this Period 18.75
 Memo Item

C. THRALL, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6459 BARTZ RD
 City LOCKPORT State NY Zip Code 14094
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lockport E A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 248.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71294
 Amount of Each Receipt this Period 18.75
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	49.50
TOTAL This Period (last page this line number only).....▶	

**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 975 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. THRALL, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6459 BARTZ RD
 City LOCKPORT State NY Zip Code 14094
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lockport E A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 267.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71295
 Amount of Each Receipt this Period
 18.75
 Memo Item

B. THURBER, TRICIA H, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 582 LAPHAM MILLS RD
 City PERU State NY Zip Code 12972
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PERU ASN OF TCHRS Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.71296
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. THURBER, TRICIA H, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 582 LAPHAM MILLS RD
 City PERU State NY Zip Code 12972
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PERU ASN OF TCHRS Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.71297
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	38.75
TOTAL This Period (last page this line number only).....	

**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 976 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. THURBER, TRICIA H, , ,			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>29</td> <td></td> <td>2020</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	12		29		2020
M M M	/	D D D	/	Y Y Y Y Y Y									
12		29		2020									
Mailing Address 582 LAPHAM MILLS RD			Transaction ID : SA11AI.71298										
City PERU	State NY	Zip Code 12972											
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 10.00										
Name of Employer (for Individual) PERU ASN OF TCHRS		Occupation (for Individual) TEACHER	<input type="checkbox"/> Memo Item										
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00												

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. THURBER, TRICIA H, , ,			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>31</td> <td></td> <td>2020</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	12		31		2020
M M M	/	D D D	/	Y Y Y Y Y Y									
12		31		2020									
Mailing Address 582 LAPHAM MILLS RD			Transaction ID : SA11AI.71299										
City PERU	State NY	Zip Code 12972											
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 10.00										
Name of Employer (for Individual) PERU ASN OF TCHRS		Occupation (for Individual) TEACHER	<input type="checkbox"/> Memo Item										
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00												

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. TOBIN, SPARROW R, , ,			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>29</td> <td></td> <td>2020</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	12		29		2020
M M M	/	D D D	/	Y Y Y Y Y Y									
12		29		2020									
Mailing Address 29 WASHINGTON ST			Transaction ID : SA11AI.71300										
City MIDDLETOWN	State NY	Zip Code 10940											
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 30.00										
Name of Employer (for Individual) Washingtonville TA		Occupation (for Individual) TEACHER	<input type="checkbox"/> Memo Item										
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 310.00												

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	

**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 977 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. TOBIN, SPARROW R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 29 WASHINGTON ST

City MIDDLETOWN	State NY	Zip Code 10940
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Washingtonville TA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.71301

Amount of Each Receipt this Period
 30.00

Memo Item

B. Tocco, Catherine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 HOOVER PKWY

City LOCKPORT	State NY	Zip Code 14094
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Lockport E A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020

Transaction ID : SA11AI.71235

Amount of Each Receipt this Period
 20.00

Memo Item

C. Tocco, Catherine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 HOOVER PKWY

City LOCKPORT	State NY	Zip Code 14094
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Lockport E A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.71236

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

70.00

**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 978 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. TOKARSKI, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 32 JENNIFER HILL RD

City LAGRANGEVILLE	State NY	Zip Code 12540
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Greenburgh Tchrs Fed	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2020

Transaction ID : SA11AI.71302

Amount of Each Receipt this Period
 30.00

Memo Item

B. TOKARSKI, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 32 JENNIFER HILL RD

City LAGRANGEVILLE	State NY	Zip Code 12540
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Greenburgh Tchrs Fed	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.71303

Amount of Each Receipt this Period
 30.00

Memo Item

C. TOMIZAWA, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 543 E MOUNTAIN RD S

City COLD SPRING	State NY	Zip Code 10516
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Scarsdale T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020

Transaction ID : SA11AI.71304

Amount of Each Receipt this Period
 15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 979 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. TOMIZAWA, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 543 E MOUNTAIN RD S
 City COLD SPRING State NY Zip Code 10516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Scarsdale T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.71305
 Amount of Each Receipt this Period 15.00
 Memo Item

B. TOMPURI, JORMA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13 LUCILLE RD
 City CARMEL State NY Zip Code 10512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Town of Highlands TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.71306
 Amount of Each Receipt this Period 20.00
 Memo Item

C. TOMPURI, JORMA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13 LUCILLE RD
 City CARMEL State NY Zip Code 10512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Town of Highlands TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.71307
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	55.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 980 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. TOMPURI, JORMA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13 LUCILLE RD
 City CARMEL State NY Zip Code 10512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Town of Highlands TA TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 410.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71308
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. TOMPURI, JORMA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13 LUCILLE RD
 City CARMEL State NY Zip Code 10512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Town of Highlands TA TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 430.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71309
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. TOMPURI, JORMA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13 LUCILLE RD
 City CARMEL State NY Zip Code 10512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Town of Highlands TA TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71310
 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).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 981 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. TRACY, JEFFREY C, , ,

Mailing Address 5 CHERRY ST

City LOCKPORT	State NY	Zip Code 14094
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Starpoint T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.71318

Amount of Each Receipt this Period
 20.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. TRACY, KERRI A, , ,

Mailing Address 2 DRISCOLL RD

City FISHKILL	State NY	Zip Code 12524
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Croton Tchrs Assn	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 202.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.71320

Amount of Each Receipt this Period
 202.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. TRACY, KERRI A, , ,

Mailing Address 2 DRISCOLL RD

City FISHKILL	State NY	Zip Code 12524
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Croton Tchrs Assn	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 214.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.71321

Amount of Each Receipt this Period
 12.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	234.00
TOTAL This Period (last page this line number only).....	

**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 982 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. TRACY, KERRI A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 DRISCOLL RD
 City FISHKILL State NY Zip Code 12524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Croton Tchrs Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 226.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.71322
 Amount of Each Receipt this Period
 12.00
 Memo Item

B. TRACY, WENDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3218 FAR REACH DR
 City BALDWINVILLE State NY Zip Code 13027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N Syracuse Educ Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71324
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. TREANOR, TERENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 154 PEARSALL DR APT 4G
 City MOUNT VERNON State NY Zip Code 10552
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 232.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020
Transaction ID : SA11AI.71326
 Amount of Each Receipt this Period
 8.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 983 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. TRENOR, TERENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 154 PEARSALL DR APT 4G

City MOUNT VERNON	State NY	Zip Code 10552
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020

Transaction ID : SA11AI.71327

Amount of Each Receipt this Period
 8.00

Memo Item

B. TRENOR, TERENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 154 PEARSALL DR APT 4G

City MOUNT VERNON	State NY	Zip Code 10552
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 248.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020

Transaction ID : SA11AI.71328

Amount of Each Receipt this Period
 8.00

Memo Item

C. TRENOR, TERENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 154 PEARSALL DR APT 4G

City MOUNT VERNON	State NY	Zip Code 10552
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 256.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.71329

Amount of Each Receipt this Period
 8.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	24.00
TOTAL This Period (last page this line number only).....	

**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 984 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. TREMBLEY, NINA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 22 NAUTILUS AVE

City PLAINVIEW	State NY	Zip Code 11803
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.71331

Amount of Each Receipt this Period
 10.00

Memo Item

B. TRENKA, CECILY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1793 MARGARITA CT

City MERRICK	State NY	Zip Code 11566
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Oceanside Fed Tchrs	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.71332

Amount of Each Receipt this Period
 210.00

Memo Item

C. TROISE, LESLIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 599 CROTON HEIGHTS RD

City YORKTOWN HEIGHTS	State NY	Zip Code 10598
--------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Croton Tchrs Assn	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.71335

Amount of Each Receipt this Period
 15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	235.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 985 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. TROISE, LESLIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 599 CROTON HEIGHTS RD
 City YORKTOWN HEIGHTS State NY Zip Code 10598
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Croton Tchrs Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.71336
 Amount of Each Receipt this Period 15.00
 Memo Item

B. TROISE, LESLIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 599 CROTON HEIGHTS RD
 City YORKTOWN HEIGHTS State NY Zip Code 10598
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Croton Tchrs Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.71337
 Amount of Each Receipt this Period 15.00
 Memo Item

C. TROISE, LESLIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 599 CROTON HEIGHTS RD
 City YORKTOWN HEIGHTS State NY Zip Code 10598
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Croton Tchrs Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.71338
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 986 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
TROST, NATHAN W, , ,

Mailing Address 101 E UNION ST

City ENDICOTT	State NY	Zip Code 13760
------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer (for Individual) UUP-Oneonta	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /
Transaction ID : SA11AI.71339

Amount of Each Receipt this Period

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
TROST, NATHAN W, , ,

Mailing Address 101 E UNION ST

City ENDICOTT	State NY	Zip Code 13760
------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer (for Individual) UUP-Oneonta	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /
Transaction ID : SA11AI.71340

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
TROST, NATHAN W, , ,

Mailing Address 101 E UNION ST

City ENDICOTT	State NY	Zip Code 13760
------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer (for Individual) UUP-Oneonta	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /
Transaction ID : SA11AI.71341

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="30.00"/>
TOTAL This Period (last page this line number only).....	<input type="text" value=""/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 987 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. TROST, NATHAN W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 101 E UNION ST

City ENDICOTT	State NY	Zip Code 13760
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Oneonta	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.71342

Amount of Each Receipt this Period
 10.00

Memo Item

B. TROY, TIMOTHY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 642 S 7TH AVE

City MOUNT VERNON	State NY	Zip Code 10550
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020

Transaction ID : SA11AI.71345

Amount of Each Receipt this Period
 10.00

Memo Item

C. TROY, TIMOTHY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 642 S 7TH AVE

City MOUNT VERNON	State NY	Zip Code 10550
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 290.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020

Transaction ID : SA11AI.71346

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 988 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. TROY, TIMOTHY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 642 S 7TH AVE
 City MOUNT VERNON State NY Zip Code 10550
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Occupation (for Individual)
 Yonkers Fed Of Tchrs TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11Al.71347
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. Tsaousis, Mary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 73 WINDWATCH DR
 City HAUPPAUGE State NY Zip Code 11788
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Occupation (for Individual)
 E Williston T A TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11Al.71238
 Amount of Each Receipt this Period
 216.00
 Memo Item

C. TUDISCO, CHRISTINA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 KANES LN
 City HALESITE State NY Zip Code 11743
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Occupation (for Individual)
 Syosset T A TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11Al.71349
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	236.00
TOTAL This Period (last page this line number only).....	

**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 989 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. TURRINI, SUSAN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1365 SANDRA LN
 City MERRICK State NY Zip Code 11566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UT Harborfields Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.71350
 Amount of Each Receipt this Period
 205.00
 Memo Item

B. TURRINI, SUSAN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1365 SANDRA LN
 City MERRICK State NY Zip Code 11566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UT Harborfields Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.71351
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. TURRINI, SUSAN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1365 SANDRA LN
 City MERRICK State NY Zip Code 11566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UT Harborfields Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71352
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	225.00
TOTAL This Period (last page this line number only).....	

**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 990 OF 1094
	<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	

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. TWEEDY, CHRISTINE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 63 HURON RD
 City FLORAL PARK State NY Zip Code 11001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Garden City T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2020
Transaction ID : SA11AI.71353
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. TYLER, KIMBERLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4436 STATE ROUTE 492
 City SUSQUEHANNA State PA Zip Code 18847
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Whitney Point T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2020
Transaction ID : SA11AI.71355
 Amount of Each Receipt this Period
 220.00
 Memo Item

C. TYLER, KIMBERLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4436 STATE ROUTE 492
 City SUSQUEHANNA State PA Zip Code 18847
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Whitney Point T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2020
Transaction ID : SA11AI.71356
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

**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 991 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. TYLER, KIMBERLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4436 STATE ROUTE 492
 City SUSQUEHANNA State PA Zip Code 18847
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Whitney Point T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.71357
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. TYLER, KIMBERLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4436 STATE ROUTE 492
 City SUSQUEHANNA State PA Zip Code 18847
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Whitney Point T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.71358
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. UDIN, SUSAN B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 316 WOODWARD AVE
 City BUFFALO State NY Zip Code 14214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Buffalo HSC Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2020
Transaction ID : SA11AI.71359
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 992 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. UDIN, SUSAN B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 316 WOODWARD AVE

City BUFFALO	State NY	Zip Code 14214
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Buffalo HSC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2020

Transaction ID : SA11Al.71360

Amount of Each Receipt this Period
 10.00

Memo Item

B. UDIN, SUSAN B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 316 WOODWARD AVE

City BUFFALO	State NY	Zip Code 14214
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Buffalo HSC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2020

Transaction ID : SA11Al.71361

Amount of Each Receipt this Period
 10.00

Memo Item

C. UDIN, SUSAN B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 316 WOODWARD AVE

City BUFFALO	State NY	Zip Code 14214
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Buffalo HSC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11Al.71362

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 993 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. UPCRAFT, KEVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4120 STATE ROUTE 69
 City MEXICO State NY Zip Code 13114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mexico Academy CS FA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.71363
 Amount of Each Receipt this Period 15.00
 Memo Item

B. UPCRAFT, KEVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4120 STATE ROUTE 69
 City MEXICO State NY Zip Code 13114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mexico Academy CS FA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.71364
 Amount of Each Receipt this Period 15.00
 Memo Item

C. UPCRAFT, KEVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4120 STATE ROUTE 69
 City MEXICO State NY Zip Code 13114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mexico Academy CS FA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.71365
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 994 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. URRUTIA, DARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9 NORTHERN PKWY E

City PLAINVIEW	State NY	Zip Code 11803
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.71367

Amount of Each Receipt this Period
 10.00

Memo Item

B. VALAYDEN, CHANDIREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1025 REYNOLDS RD APT E102

City JOHNSON CITY	State NY	Zip Code 13790
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Binghamton	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2020

Transaction ID : SA11AI.71376

Amount of Each Receipt this Period
 10.00

Memo Item

C. VALAYDEN, CHANDIREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1025 REYNOLDS RD APT E102

City JOHNSON CITY	State NY	Zip Code 13790
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Binghamton	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2020

Transaction ID : SA11AI.71377

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 995 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. VALAYDEN, CHANDIREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1025 REYNOLDS RD APT E102
 City JOHNSON CITY State NY Zip Code 13790
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Binghamton Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2020
Transaction ID : SA11AI.71378
 Amount of Each Receipt this Period 10.00
 Memo Item

B. VALAYDEN, CHANDIREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1025 REYNOLDS RD APT E102
 City JOHNSON CITY State NY Zip Code 13790
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Binghamton Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71379
 Amount of Each Receipt this Period 10.00
 Memo Item

C. VALENS, PATRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29 PAYSON RD
 City CORNWALL HDSN State NY Zip Code 12520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Town of Highlands TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71380
 Amount of Each Receipt this Period 205.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	225.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 996 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. VALENS, PATRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29 PAYSON RD
 City CORNWALL HDSN State NY Zip Code 12520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Town of Highlands TA TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 215.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71381
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. VALENS, PATRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29 PAYSON RD
 City CORNWALL HDSN State NY Zip Code 12520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Town of Highlands TA TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71382
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. VALENTI, JASON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 VAN BERGH AVE
 City ROCHESTER State NY Zip Code 14610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Rochester T A TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.71383
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	45.00
TOTAL This Period (last page this line number only).....	

**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 997 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. VALENTI, JASON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 VAN BERGH AVE

City ROCHESTER	State NY	Zip Code 14610
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Rochester T A	Occupation (for Individual) TEACHER
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Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2020

Transaction ID : SA11AI.71384

Amount of Each Receipt this Period
 25.00

Memo Item

B. VALENTI, JASON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 VAN BERGH AVE

City ROCHESTER	State NY	Zip Code 14610
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Rochester T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.71385

Amount of Each Receipt this Period
 25.00

Memo Item

C. VALENTI, JASON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 VAN BERGH AVE

City ROCHESTER	State NY	Zip Code 14610
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Rochester T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.71386

Amount of Each Receipt this Period
 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 998 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. VALVO, SANDRA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2473 SCOTT HILL RD
 City KENNEDY State NY Zip Code 14747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Falconer Educ Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.71387
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. VALVO, SANDRA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2473 SCOTT HILL RD
 City KENNEDY State NY Zip Code 14747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Falconer Educ Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.71388
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. VALVO, SANDRA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2473 SCOTT HILL RD
 City KENNEDY State NY Zip Code 14747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Falconer Educ Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.71389
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	40.00
TOTAL This Period (last page this line number only).....▶	

**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 999 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. VALVO, SANDRA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2473 SCOTT HILL RD
 City KENNEDY State NY Zip Code 14747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Falconer Educ Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11Al.71390
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Vanchieri, Joan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 158 WINCHESTER DR
 City YONKERS State NY Zip Code 10710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Boces Tchs Assn WE2 Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11Al.71368
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Vanchieri, Joan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 158 WINCHESTER DR
 City YONKERS State NY Zip Code 10710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Boces Tchs Assn WE2 Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11Al.71369
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

**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 1000 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Vanchieri, Ronald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 158 WINCHESTER DR

City YONKERS	State NY	Zip Code 10710
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eastchester T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020

Transaction ID : SA11AI.71370

Amount of Each Receipt this Period
 25.00

Memo Item

B. Vanchieri, Ronald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 158 WINCHESTER DR

City YONKERS	State NY	Zip Code 10710
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eastchester T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.71371

Amount of Each Receipt this Period
 25.00

Memo Item

C. VAN COTT, JOHN A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 348 KENWOOD AVE

City DELMAR	State NY	Zip Code 12054
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Scarsdale T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020

Transaction ID : SA11AI.71392

Amount of Each Receipt this Period
 15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	65.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1001 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. VAN COTT, JOHN A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 348 KENWOOD AVE

City DELMAR	State NY	Zip Code 12054
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Scarsdale T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.71393

Amount of Each Receipt this Period
 15.00

Memo Item

B. VANDOR, CATHERINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 74 PARK AVE

City LATHAM	State NY	Zip Code 12110
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Capital Region BOCES	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020

Transaction ID : SA11AI.71398

Amount of Each Receipt this Period
 210.00

Memo Item

C. VANDOR, CATHERINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 74 PARK AVE

City LATHAM	State NY	Zip Code 12110
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Capital Region BOCES	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2020

Transaction ID : SA11AI.71399

Amount of Each Receipt this Period
 15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	240.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1002 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. VANDOR, CATHERINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 74 PARK AVE
 City LATHAM State NY Zip Code 12110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capital Region BOCES Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.71400
 Amount of Each Receipt this Period 15.00
 Memo Item

B. VANDOR, CATHERINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 74 PARK AVE
 City LATHAM State NY Zip Code 12110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capital Region BOCES Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71401
 Amount of Each Receipt this Period 15.00
 Memo Item

C. VAN LEER, WILLIAM T, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1156 5TH AVE
 City EAST NORTHPORT State NY Zip Code 11731
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) W. Suffolk BOCES FA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2020
Transaction ID : SA11AI.71394
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	50.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1003 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. VAN RIPER, MICHELLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21 W SHORE DR

City PUTNAM VALLEY	State NY	Zip Code 10579
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Peekskill Fac Assn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.71396

Amount of Each Receipt this Period
 10.00

Memo Item

B. VASCO, MARIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 207 FLORAL AVE

City PLAINVIEW	State NY	Zip Code 11803
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.71403

Amount of Each Receipt this Period
 10.00

Memo Item

C. VASILEV, CHRISTINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 MELODY LN

City WESTBURY	State NY	Zip Code 11590
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pt Washington T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020

Transaction ID : SA11AI.71372

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	40.00
TOTAL This Period (last page this line number only).....	

**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 1004 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. VASILEV, CHRISTINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 MELODY LN

City WESTBURY	State NY	Zip Code 11590
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pt Washington T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.71373

Amount of Each Receipt this Period
 20.00

Memo Item

B. VAUGHAN, JOSEPH C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 BRONXVILLE RD APT 6K

City BRONXVILLE	State NY	Zip Code 10708
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Scarsdale T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 340.00

Date of Receipt
 12 / 02 / 2020
Transaction ID : SA11AI.71404

Amount of Each Receipt this Period
 20.00

Memo Item

C. VAUGHAN, JOSEPH C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 BRONXVILLE RD APT 6K

City BRONXVILLE	State NY	Zip Code 10708
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Scarsdale T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.71405

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).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1005 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. VEALE, JANET R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 KRIER LN
 City KIAMESHA LAKE State NY Zip Code 12751
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Monticello TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.71407
 Amount of Each Receipt this Period 40.00
 Memo Item

B. VEALE, JANET R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 KRIER LN
 City KIAMESHA LAKE State NY Zip Code 12751
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Monticello TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71408
 Amount of Each Receipt this Period 40.00
 Memo Item

C. VECCELLIO, KAREN S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 ROTHERMEL AVE
 City KINDERHOOK State NY Zip Code 12106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ichabod Crane T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.71409
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	95.00
TOTAL This Period (last page this line number only).....▶	

**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 1006 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. VECCELLIO, KAREN S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **9 ROTHERMEL AVE**

City KINDERHOOK	State NY	Zip Code 12106
---------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Ichabod Crane T A	Occupation (for Individual) TEACHER
---	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2020

Transaction ID : SA11Al.71410

Amount of Each Receipt this Period

15.00

 Memo Item

B. VEENSTRA, RICHARD D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **845 OAKWOOD ST**

City FAYETTEVILLE	State NY	Zip Code 13066
-----------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Upstate Medical	Occupation (for Individual) TEACHER
---	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **257.10**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2020

Transaction ID : SA11Al.71411

Amount of Each Receipt this Period

10.00

 Memo Item

C. VEENSTRA, RICHARD D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **845 OAKWOOD ST**

City FAYETTEVILLE	State NY	Zip Code 13066
-----------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Upstate Medical	Occupation (for Individual) TEACHER
---	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **267.10**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2020

Transaction ID : SA11Al.71412

Amount of Each Receipt this Period

10.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	35.00
TOTAL This Period (last page this line number only).....▶	

**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 1007 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. VEENSTRA, RICHARD D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 845 OAKWOOD ST

City FAYETTEVILLE	State NY	Zip Code 13066
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Upstate Medical	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 277.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2020

Transaction ID : SA11AI.71413

Amount of Each Receipt this Period
 10.00

Memo Item

B. VEENSTRA, RICHARD D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 845 OAKWOOD ST

City FAYETTEVILLE	State NY	Zip Code 13066
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Upstate Medical	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 287.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.71414

Amount of Each Receipt this Period
 10.00

Memo Item

C. Venditto, Patricia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 465 SHAFT PL

City CONWAY	State SC	Zip Code 29526
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pt Washington T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020

Transaction ID : SA11AI.71374

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	40.00
TOTAL This Period (last page this line number only).....	

**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 1008 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Venditto, Patricia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 465 SHAFT PL
 City CONWAY State SC Zip Code 29526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pt Washington T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71375
 Amount of Each Receipt this Period 20.00
 Memo Item

B. VENERUS, STEPHANIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23 CENTURY DR
 City BALLSTON SPA State NY Zip Code 12020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Niskayuna T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71415
 Amount of Each Receipt this Period 220.00
 Memo Item

C. VERGILS, MARIE E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5241 FEIGLE RD
 City LOCKPORT State NY Zip Code 14094
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Starpoint T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71418
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	260.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1009 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. VERMETTE, MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 36 LINCOLNSHIRE DR

City LOCKPORT	State NY	Zip Code 14094
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Lockport E A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 208.89

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.71419

Amount of Each Receipt this Period
 208.89

Memo Item

B. VERMETTE, MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 36 LINCOLNSHIRE DR

City LOCKPORT	State NY	Zip Code 14094
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Lockport E A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 224.52

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.71420

Amount of Each Receipt this Period
 15.63

Memo Item

C. VERMILYEA, KATHLEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 TULIP TREE LN

City NISKAYUNA	State NY	Zip Code 12309
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Niskayuna T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.71421

Amount of Each Receipt this Period
 220.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	444.52
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1010 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. VETRANO, CHRISTINA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 384 FOX AVE

City YONKERS	State NY	Zip Code 10704
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 290.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020

Transaction ID : SA11Al.71422

Amount of Each Receipt this Period
 10.00

Memo Item

B. VETRANO, CHRISTINA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 384 FOX AVE

City YONKERS	State NY	Zip Code 10704
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020

Transaction ID : SA11Al.71423

Amount of Each Receipt this Period
 10.00

Memo Item

C. VETRANO, CHRISTINA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 384 FOX AVE

City YONKERS	State NY	Zip Code 10704
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020

Transaction ID : SA11Al.71424

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 1011 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. VETRANO, CHRISTINA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 384 FOX AVE
 City YONKERS State NY Zip Code 10704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11Al.71425
 Amount of Each Receipt this Period 10.00
 Memo Item

B. VIGNEAUX, ELLEN P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 169 HARBOR VIEW DR
 City PORT WASHINGTON State NY Zip Code 11050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Great Neck T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 15 / 2020
Transaction ID : SA11Al.71427
 Amount of Each Receipt this Period 240.00
 Memo Item

C. VILLALBA, JENA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 281 N RICHMOND AVE
 City MASSAPEQUA State NY Zip Code 11758
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11Al.71429
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	260.00
TOTAL This Period (last page this line number only).....▶	

**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 1012 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. VINETTE, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 117 STANDISH DR

City SYRACUSE	State NY	Zip Code 13212
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) N Syracuse Educ Assn	Occupation (for Individual) TEACHER
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Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11Al.71431

Amount of Each Receipt this Period
 10.00

Memo Item

B. VIRUET-MORALE, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15 BIRCH RD

City YONKERS	State NY	Zip Code 10705
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 290.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020

Transaction ID : SA11Al.71432

Amount of Each Receipt this Period
 10.00

Memo Item

C. VIRUET-MORALE, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15 BIRCH RD

City YONKERS	State NY	Zip Code 10705
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020

Transaction ID : SA11Al.71433

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 1013 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. VIRUET-MORALE, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15 BIRCH RD

City YONKERS	State NY	Zip Code 10705
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020

Transaction ID : SA11AI.71434

Amount of Each Receipt this Period
 10.00

Memo Item

B. VIRUET-MORALE, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15 BIRCH RD

City YONKERS	State NY	Zip Code 10705
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.71435

Amount of Each Receipt this Period
 10.00

Memo Item

C. VIVACQUA, KIRSTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 MULVIHILL DR

City NEW HARTFORD	State NY	Zip Code 13413
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Utica T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 262.34

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020

Transaction ID : SA11AI.71438

Amount of Each Receipt this Period
 14.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	34.00
TOTAL This Period (last page this line number only).....	

**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 1014 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
VIVACQUA, KIRSTIN, , ,

Mailing Address **6 MULVIHILL DR**

City NEW HARTFORD	State NY	Zip Code 13413
-----------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Utica T A	Occupation (for Individual) TEACHER
---	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **276.34**

Date of Receipt
12 / 08 / 2020

Transaction ID : SA11AI.71439

Amount of Each Receipt this Period
14.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
VIVACQUA, KIRSTIN, , ,

Mailing Address **6 MULVIHILL DR**

City NEW HARTFORD	State NY	Zip Code 13413
-----------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Utica T A	Occupation (for Individual) TEACHER
---	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **290.34**

Date of Receipt
12 / 29 / 2020

Transaction ID : SA11AI.71440

Amount of Each Receipt this Period
14.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
VIVACQUA, KIRSTIN, , ,

Mailing Address **6 MULVIHILL DR**

City NEW HARTFORD	State NY	Zip Code 13413
-----------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Utica T A	Occupation (for Individual) TEACHER
---	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **304.34**

Date of Receipt
12 / 29 / 2020

Transaction ID : SA11AI.71441

Amount of Each Receipt this Period
14.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	42.00
TOTAL This Period (last page this line number only).....	

**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 1015 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. VON HOLTZ, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 529 GREEN RD
 City MEXICO State NY Zip Code 13114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mexico Academy CS FA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 585.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.71444
 Amount of Each Receipt this Period 32.50
 Memo Item

B. VON HOLTZ, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 529 GREEN RD
 City MEXICO State NY Zip Code 13114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mexico Academy CS FA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 617.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.71445
 Amount of Each Receipt this Period 32.50
 Memo Item

C. VON HOLTZ, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 529 GREEN RD
 City MEXICO State NY Zip Code 13114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mexico Academy CS FA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.71446
 Amount of Each Receipt this Period 32.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	97.50
TOTAL This Period (last page this line number only).....	

**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 1016 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. VON HOLTZ, LAUREL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 529 GREEN RD
 City MEXICO State NY Zip Code 13114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mexico Academy CS FA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 396.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11Al.71447
 Amount of Each Receipt this Period 22.00
 Memo Item

B. VON HOLTZ, LAUREL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 529 GREEN RD
 City MEXICO State NY Zip Code 13114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mexico Academy CS FA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 418.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11Al.71448
 Amount of Each Receipt this Period 22.00
 Memo Item

C. VON HOLTZ, LAUREL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 529 GREEN RD
 City MEXICO State NY Zip Code 13114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mexico Academy CS FA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11Al.71449
 Amount of Each Receipt this Period 22.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	66.00
TOTAL This Period (last page this line number only).....▶	

**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 1017 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Wachter, Irene, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 WOODBOURNE RD
 City GREAT NECK State NY Zip Code 11023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Great Neck T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.71451
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. Wachter, Irene, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 WOODBOURNE RD
 City GREAT NECK State NY Zip Code 11023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Great Neck T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71452
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. WAGNER, ELISSA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 909 HAMPSHIRE RD
 City BAY SHORE State NY Zip Code 11706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71472
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	

**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 1018 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. WALKER, CORY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 403 SUNSET LN
 City SMITHTOWN State NY Zip Code 11787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71474
 Amount of Each Receipt this Period 10.00
 Memo Item

B. WALKER, TABATHA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 54 FISCHER LN
 City WHITE PLAINS State NY Zip Code 10603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020
Transaction ID : SA11AI.71475
 Amount of Each Receipt this Period 8.00
 Memo Item

C. WALKER, TABATHA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 54 FISCHER LN
 City WHITE PLAINS State NY Zip Code 10603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 248.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.71476
 Amount of Each Receipt this Period 8.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	26.00
TOTAL This Period (last page this line number only).....	

**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 1019 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. WALKER, TABATHA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 54 FISCHER LN

City WHITE PLAINS	State NY	Zip Code 10603
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 256.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020

Transaction ID : SA11Al.71477

Amount of Each Receipt this Period
 8.00

Memo Item

B. WALKER, TABATHA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 54 FISCHER LN

City WHITE PLAINS	State NY	Zip Code 10603
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 264.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11Al.71478

Amount of Each Receipt this Period
 8.00

Memo Item

C. WALLACH, MERRYL E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1633 CARNEGIE DR

City VESTAL	State NY	Zip Code 13850
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) VESTAL TEACHERS ASSN	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11Al.71481

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	26.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1020 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. WALTERS, DONNA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 24 SILVER AVE

City BLASDELL	State NY	Zip Code 14219
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Erie 1 Prof Educ Asn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 661.81

Date of Receipt
 11 / 25 / 2020
Transaction ID : SA11Al.71482

Amount of Each Receipt this Period
 42.11

Memo Item

B. WALTERS, DONNA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 24 SILVER AVE

City BLASDELL	State NY	Zip Code 14219
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Erie 1 Prof Educ Asn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 703.92

Date of Receipt
 12 / 09 / 2020
Transaction ID : SA11Al.71483

Amount of Each Receipt this Period
 42.11

Memo Item

C. WALTERS, DONNA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 24 SILVER AVE

City BLASDELL	State NY	Zip Code 14219
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Erie 1 Prof Educ Asn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 746.03

Date of Receipt
 12 / 23 / 2020
Transaction ID : SA11Al.71484

Amount of Each Receipt this Period
 42.11

Memo Item

SUBTOTAL of Receipts This Page (optional).....	126.33
TOTAL This Period (last page this line number only).....	

**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 1021 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. WALTERS, DONNA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 24 SILVER AVE

City BLASDELL	State NY	Zip Code 14219
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Erie 1 Prof Educ Asn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **788.14**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.71485

Amount of Each Receipt this Period
42.11

Memo Item

B. WALTON, LAMAR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 GLENWOOD AVE APT 17M

City YONKERS	State NY	Zip Code 10701
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
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Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **290.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020

Transaction ID : SA11AI.71486

Amount of Each Receipt this Period
10.00

Memo Item

C. WALTON, LAMAR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 GLENWOOD AVE APT 17M

City YONKERS	State NY	Zip Code 10701
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020

Transaction ID : SA11AI.71487

Amount of Each Receipt this Period
10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

62.11

**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 1022 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. WALTON, LAMAR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 GLENWOOD AVE APT 17M

City YONKERS	State NY	Zip Code 10701
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020

Transaction ID : SA11Al.71488

Amount of Each Receipt this Period
 10.00

Memo Item

B. WALTON, LAMAR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 GLENWOOD AVE APT 17M

City YONKERS	State NY	Zip Code 10701
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11Al.71489

Amount of Each Receipt this Period
 10.00

Memo Item

C. WANG, ZHEN MING, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 KALDA LN

City PLAINVIEW	State NY	Zip Code 11803
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11Al.71492

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**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 1023 OF 1094
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. WARD, DEBRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 PARKVIEW DR
 City MECHANICVILLE State NY Zip Code 12118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Guilderland C T A TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2020
Transaction ID : SA11Al.71493
 Amount of Each Receipt this Period
 15.00
 Memo Item

B. WARD, DEBRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 PARKVIEW DR
 City MECHANICVILLE State NY Zip Code 12118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Guilderland C T A TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2020
Transaction ID : SA11Al.71494
 Amount of Each Receipt this Period
 15.00
 Memo Item

C. WARD, DEBRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 PARKVIEW DR
 City MECHANICVILLE State NY Zip Code 12118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Guilderland C T A TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2020
Transaction ID : SA11Al.71495
 Amount of Each Receipt this Period
 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

**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 1024 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. WARD, DEBRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 PARKVIEW DR
 City MECHANICVILLE State NY Zip Code 12118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Guilderland C T A TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71496
 Amount of Each Receipt this Period
 15.00
 Memo Item

B. WARD, KELLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 MIDDLESEX DR
 City SLINGERLANDS State NY Zip Code 12159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Bethlehem Ctrl TA TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2020
Transaction ID : SA11AI.71497
 Amount of Each Receipt this Period
 210.00
 Memo Item

C. WARD, KELLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 MIDDLESEX DR
 City SLINGERLANDS State NY Zip Code 12159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Bethlehem Ctrl TA TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2020
Transaction ID : SA11AI.71498
 Amount of Each Receipt this Period
 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	240.00
TOTAL This Period (last page this line number only).....	

**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 1025 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. WARD, MARGARET, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 DOROTHEA ST
 City PLAINVIEW State NY Zip Code 11803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71500
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. WATERS, MICHELLE L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 KENSINGTON PL
 City MASSENA State NY Zip Code 13662
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Norwood Norfolk TA Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71507
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. WATKINS, TIMOTHY S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14A UNION PL
 City NORTHPORT State NY Zip Code 11768
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oceanside Fed Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71508
 Amount of Each Receipt this Period
 210.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	245.00
TOTAL This Period (last page this line number only).....	

**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 1026 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. WATSON, KERRI A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 575 MARKET ST

City LOCKPORT	State NY	Zip Code 14094
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Starpoint T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.71510

Amount of Each Receipt this Period
 20.00

Memo Item

B. WEBB, MICHELE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 334 EVERARD ST

City DIX HILLS	State NY	Zip Code 11746
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.71512

Amount of Each Receipt this Period
 10.00

Memo Item

C. WEBER, LINDA R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16 SANGER AVE

City NEW HARTFORD	State NY	Zip Code 13413
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Polytechnic Inst	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2020

Transaction ID : SA11AI.71513

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	40.00
TOTAL This Period (last page this line number only).....▶	

**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 1027 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. WEBER, LINDA R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16 SANGER AVE

City NEW HARTFORD	State NY	Zip Code 13413
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Polytechnic Inst	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 12 / 09 / 2020
Transaction ID : SA11Al.71514

Amount of Each Receipt this Period
 10.00

Memo Item

B. WEBER, LINDA R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16 SANGER AVE

City NEW HARTFORD	State NY	Zip Code 13413
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Polytechnic Inst	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 12 / 23 / 2020
Transaction ID : SA11Al.71515

Amount of Each Receipt this Period
 10.00

Memo Item

C. WEBER, LINDA R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16 SANGER AVE

City NEW HARTFORD	State NY	Zip Code 13413
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Polytechnic Inst	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11Al.71516

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 1028 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. WEDVIK, JONATHAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 62 OVERLOOK DR

City MAHOPAC	State NY	Zip Code 10541
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Clarkstown TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020

Transaction ID : SA11AI.71517

Amount of Each Receipt this Period
 25.00

Memo Item

B. WEDVIK, JONATHAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 62 OVERLOOK DR

City MAHOPAC	State NY	Zip Code 10541
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Clarkstown TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.71518

Amount of Each Receipt this Period
 25.00

Memo Item

C. WEDVIK, JONATHAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 62 OVERLOOK DR

City MAHOPAC	State NY	Zip Code 10541
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Clarkstown TA	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.71519

Amount of Each Receipt this Period
 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

**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 1029 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. WEIL, JOSEPH D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5 EDGEWOOD RD

City BINGHAMTON	State NY	Zip Code 13903
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Binghamton	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 11 / 24 / 2020
Transaction ID : SA11AI.71520

Amount of Each Receipt this Period
 10.00

Memo Item

B. WEIL, JOSEPH D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5 EDGEWOOD RD

City BINGHAMTON	State NY	Zip Code 13903
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Binghamton	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 12 / 09 / 2020
Transaction ID : SA11AI.71521

Amount of Each Receipt this Period
 10.00

Memo Item

C. WEIL, JOSEPH D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5 EDGEWOOD RD

City BINGHAMTON	State NY	Zip Code 13903
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Binghamton	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 12 / 23 / 2020
Transaction ID : SA11AI.71522

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**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 1030 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. WEIL, JOSEPH D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5 EDGEWOOD RD

City BINGHAMTON	State NY	Zip Code 13903
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Binghamton	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.71523

Amount of Each Receipt this Period
 10.00

Memo Item

B. WEINBERG, JILL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 BRANDY RD

City COLD SPRING HARBO	State NY	Zip Code 11724
---------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.71526

Amount of Each Receipt this Period
 10.00

Memo Item

C. Weintraub, Rhonda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 111 LAKEBRIDGE DR N

City KINGS PARK	State NY	Zip Code 11754
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) W Babylon T A Inc	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 205.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.71457

Amount of Each Receipt this Period
 205.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	225.00
TOTAL This Period (last page this line number only).....▶	

**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 1031 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. WEIS, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1579 SCHOELLKOPF RD

City LAKE VIEW	State NY	Zip Code 14085
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eden Tchrs Assn	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 408.00

Date of Receipt
 12 / 08 / 2020
Transaction ID : SA11AI.71527

Amount of Each Receipt this Period
 6.00

Memo Item

B. WEIS, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1579 SCHOELLKOPF RD

City LAKE VIEW	State NY	Zip Code 14085
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eden Tchrs Assn	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 417.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.71528

Amount of Each Receipt this Period
 9.00

Memo Item

C. WEISGARBER, MICHAEL P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 SUSSEX CT APT 502

City SUFFERN	State NY	Zip Code 10901
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Orange Co BOCES T.A.	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.71531

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	25.00
TOTAL This Period (last page this line number only).....	

**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 1032 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. WEISGARBER, MICHAEL P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 SUSSEX CT APT 502

City SUFFERN	State NY	Zip Code 10901
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Orange Co BOCES T.A.	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.71532

Amount of Each Receipt this Period
 10.00

Memo Item

B. WEISGARBER, MICHAEL P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 SUSSEX CT APT 502

City SUFFERN	State NY	Zip Code 10901
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Orange Co BOCES T.A.	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.71533

Amount of Each Receipt this Period
 10.00

Memo Item

C. WEISS, FELICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 23 COLONIAL DR

City HUNTINGTON	State NY	Zip Code 11743
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.71535

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 1033 OF 1094
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. WEISSMAN, DEBRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 LIPSON CT
 City EAST NORTHPORT State NY Zip Code 11731
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71538
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. WELFARE, LISA A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 340 PAYNE AVE
 City NORTH TONAWANDA State NY Zip Code 14120
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Kenmore Tchrs Assn Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71542
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. WESTON, MARK A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8261 DUNHAM RD
 City BALDWINSVILLE State NY Zip Code 13027
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Solvay T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2020
Transaction ID : SA11AI.71545
 Amount of Each Receipt this Period
 216.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	236.00
TOTAL This Period (last page this line number only).....	

**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 1034 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. WESTON, MARK A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8261 DUNHAM RD

City BALDWINSVILLE	State NY	Zip Code 13027
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Solvay T A	Occupation (for Individual) TEACHER
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Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11Al.71546

Amount of Each Receipt this Period
 24.00

Memo Item

B. WESTPHAL, CAROL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 E HIGH ST

City VALHALLA	State NY	Zip Code 10595
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 290.00

Date of Receipt
 12 / 01 / 2020
Transaction ID : SA11Al.71547

Amount of Each Receipt this Period
 10.00

Memo Item

C. WESTPHAL, CAROL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 E HIGH ST

City VALHALLA	State NY	Zip Code 10595
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 12 / 16 / 2020
Transaction ID : SA11Al.71548

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	44.00
TOTAL This Period (last page this line number only).....▶	

**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 1035 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. WESTPHAL, CAROL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 E HIGH ST
 City VALHALLA State NY Zip Code 10595
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020
Transaction ID : SA11AI.71549
 Amount of Each Receipt this Period 10.00
 Memo Item

B. WESTPHAL, CAROL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 E HIGH ST
 City VALHALLA State NY Zip Code 10595
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71550
 Amount of Each Receipt this Period 10.00
 Memo Item

C. WHITE, WAYNE S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 61 LAFAYETTE AVE
 City AMITYVILLE State NY Zip Code 11701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bellport T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 706.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2020
Transaction ID : SA11AI.71552
 Amount of Each Receipt this Period 60.60
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	80.60
TOTAL This Period (last page this line number only).....▶	

**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 1036 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. WHITLOCK, JAMES O, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21 CRESCENT AVE

City BUFFALO	State NY	Zip Code 14214
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Buffalo Center	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2020

Transaction ID : SA11AI.71557

Amount of Each Receipt this Period
 10.00

Memo Item

B. WHITLOCK, JAMES O, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21 CRESCENT AVE

City BUFFALO	State NY	Zip Code 14214
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Buffalo Center	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2020

Transaction ID : SA11AI.71558

Amount of Each Receipt this Period
 10.00

Memo Item

C. WHITLOCK, JAMES O, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21 CRESCENT AVE

City BUFFALO	State NY	Zip Code 14214
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Buffalo Center	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.71559

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 1037 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. WHITNEY, WARREN A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 57 REED RD
 City BREWSTER State NY Zip Code 10509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Chappaqua Cong Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.71562
 Amount of Each Receipt this Period 10.00
 Memo Item

B. WHITNEY, WARREN A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 57 REED RD
 City BREWSTER State NY Zip Code 10509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Chappaqua Cong Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.71563
 Amount of Each Receipt this Period 10.00
 Memo Item

C. WHYTE, JENNIFER D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 990 SINGLETON AVE
 City WOODMERE State NY Zip Code 11598
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oceanside Fed Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71564
 Amount of Each Receipt this Period 210.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	230.00
TOTAL This Period (last page this line number only).....	

**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 1038 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. WIEPERT, GERALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2398 COUNTY ROAD 47

City CANANDAIGUA	State NY	Zip Code 14424
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Rochester T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.71566

Amount of Each Receipt this Period
 10.00

Memo Item

B. WILCOX, CHERI L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5719 MAIN ST

City ONEIDA	State NY	Zip Code 13421
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Canastota T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.71569

Amount of Each Receipt this Period
 10.00

Memo Item

C. Wilensky, Claire, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 TOWNE ST

City AMITYVILLE	State NY	Zip Code 11701
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) W Babylon T A Inc	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020

Transaction ID : SA11AI.71458

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	40.00
TOTAL This Period (last page this line number only).....	

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 1039 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Wilensky, Claire, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 TOWNE ST
 City AMITYVILLE State NY Zip Code 11701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) W Babylon T A Inc Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11Al.71459
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. WILKINSON, LAWRENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2258 ELM AVE
 City RONKONKOMA State NY Zip Code 11779
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11Al.71574
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. Wilkinson, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 149 ROCKWELL RD
 City VESTAL State NY Zip Code 13850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retiree Council 11 Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11Al.71460
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	50.00
TOTAL This Period (last page this line number only).....	

**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 1040 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Wilkinson, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 149 ROCKWELL RD
 City VESTAL State NY Zip Code 13850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retiree Council 11 Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11Al.71461
 Amount of Each Receipt this Period 20.00
 Memo Item

B. WILSON, MAXINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 SCUPPO RD UNIT 1001
 City DANBURY State CT Zip Code 06811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 01 / 2020
Transaction ID : SA11Al.71578
 Amount of Each Receipt this Period 10.00
 Memo Item

C. WILSON, MAXINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 SCUPPO RD UNIT 1001
 City DANBURY State CT Zip Code 06811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt 12 / 16 / 2020
Transaction ID : SA11Al.71579
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	40.00
TOTAL This Period (last page this line number only).....▶	

**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 1041 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. WILSON, MAXINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15 SCUPPO RD UNIT 1001

City DANBURY	State CT	Zip Code 06811
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 12 / 24 / 2020
Transaction ID : SA11AI.71580

Amount of Each Receipt this Period
 10.00

Memo Item

B. WILSON, MAXINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15 SCUPPO RD UNIT 1001

City DANBURY	State CT	Zip Code 06811
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 330.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.71581

Amount of Each Receipt this Period
 10.00

Memo Item

C. WILSTER, ELLEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 33 LAKEVIEW AVE

City YONKERS	State NY	Zip Code 10710
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 12 / 01 / 2020
Transaction ID : SA11AI.71583

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**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 1042 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. WILSTER, ELLEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 33 LAKEVIEW AVE

City YONKERS	State NY	Zip Code 10710
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020

Transaction ID : SA11AI.71584

Amount of Each Receipt this Period
 10.00

Memo Item

B. WILSTER, ELLEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 33 LAKEVIEW AVE

City YONKERS	State NY	Zip Code 10710
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020

Transaction ID : SA11AI.71585

Amount of Each Receipt this Period
 10.00

Memo Item

C. WILSTER, ELLEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 33 LAKEVIEW AVE

City YONKERS	State NY	Zip Code 10710
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 290.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.71586

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**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 1043 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. WINGATE, DEBORAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3555 E BLOOD RD

City COWLESVILLE	State NY	Zip Code 14037
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Tri-Cty BOCES Ed Asn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 12 / 02 / 2020
Transaction ID : SA11AI.71587

Amount of Each Receipt this Period
 20.00

Memo Item

B. WINGATE, DEBORAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3555 E BLOOD RD

City COWLESVILLE	State NY	Zip Code 14037
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Tri-Cty BOCES Ed Asn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 340.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.71588

Amount of Each Receipt this Period
 20.00

Memo Item

C. WINGATE, DEBORAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3555 E BLOOD RD

City COWLESVILLE	State NY	Zip Code 14037
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Tri-Cty BOCES Ed Asn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.71589

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).....	

**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 1044 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. WINGATE, DEBORAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3555 E BLOOD RD

City COWLESVILLE	State NY	Zip Code 14037
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Tri-Cty BOCES Ed Asn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.71590

Amount of Each Receipt this Period
 20.00

Memo Item

B. WIRTH, LAWRENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18 MEADOWLARK DR

City FAIRPORT	State NY	Zip Code 14450
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pittsford Dist T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020

Transaction ID : SA11AI.71594

Amount of Each Receipt this Period
 20.00

Memo Item

C. WIRTH, LAWRENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18 MEADOWLARK DR

City FAIRPORT	State NY	Zip Code 14450
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pittsford Dist T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.71595

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).....▶	

**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 1045 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. WIRTH, LAWRENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 MEADOWLARK DR
 City FAIRPORT State NY Zip Code 14450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pittsford Dist T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71596
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. Wishnia, Judith, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 QUINCY COURT
 City SETAUKET State NY Zip Code 11733
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Stony Brook Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.71462
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. Wishnia, Judith, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 QUINCY COURT
 City SETAUKET State NY Zip Code 11733
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Stony Brook Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71463
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	65.00
TOTAL This Period (last page this line number only).....▶	

**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 1046 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. WITMAN, KEVIN B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9804 TICE RD

City EDEN	State NY	Zip Code 14057
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eden Tchrs Assn	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 285.00

Date of Receipt
 12 / 08 / 2020
Transaction ID : SA11AI.71597

Amount of Each Receipt this Period
 30.00

Memo Item

B. WITMAN, KEVIN B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9804 TICE RD

City EDEN	State NY	Zip Code 14057
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eden Tchrs Assn	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 330.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.71598

Amount of Each Receipt this Period
 45.00

Memo Item

C. WITTREICH, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 28 SMITH ST

City BLUE POINT	State NY	Zip Code 11715
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 12 / 08 / 2020
Transaction ID : SA11AI.71599

Amount of Each Receipt this Period
 15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	90.00
TOTAL This Period (last page this line number only).....	

**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 1047 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. WITTREICH, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 28 SMITH ST

City BLUE POINT	State NY	Zip Code 11715
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.71600

Amount of Each Receipt this Period
 15.00

Memo Item

B. WITTREICH, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 28 SMITH ST

City BLUE POINT	State NY	Zip Code 11715
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 390.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.71601

Amount of Each Receipt this Period
 15.00

Memo Item

C. WITTREICH, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 28 SMITH ST

City BLUE POINT	State NY	Zip Code 11715
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 405.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.71602

Amount of Each Receipt this Period
 15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

**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 1048 OF 1094
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. WIXTED, DAVID J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 44 CLEVELAND DR
 City CROTON ON HUDSON State NY Zip Code 10520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Scarsdale T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.71603
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. WIXTED, DAVID J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 44 CLEVELAND DR
 City CROTON ON HUDSON State NY Zip Code 10520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Scarsdale T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.71604
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. WIXTED, EMMA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 44 CLEVELAND DR
 City CROTON ON HUDSON State NY Zip Code 10520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Scarsdale T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.71605
 Amount of Each Receipt this Period
 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	55.00
TOTAL This Period (last page this line number only).....	

**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 1049 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. WIXTED, EMMA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 44 CLEVELAND DR
 City CROTON ON HUDSON State NY Zip Code 10520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Scarsdale T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.71606
 Amount of Each Receipt this Period
 15.00
 Memo Item

B. WOELFEL, JOSEPH D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 ASBURY DR
 City ITHACA State NY Zip Code 14850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Buffalo Center Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2020
Transaction ID : SA11AI.71607
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. WOELFEL, JOSEPH D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 ASBURY DR
 City ITHACA State NY Zip Code 14850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Buffalo Center Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2020
Transaction ID : SA11AI.71608
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 35.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1050 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. WOELFEL, JOSEPH D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 ASBURY DR
 City ITHACA State NY Zip Code 14850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Buffalo Center Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2020
Transaction ID : SA11AI.71609
 Amount of Each Receipt this Period 10.00
 Memo Item

B. WOELFEL, JOSEPH D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 ASBURY DR
 City ITHACA State NY Zip Code 14850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UUP-Buffalo Center Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71610
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Wolchan, Mary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2423 BOUND BROOK LN
 City YORKTOWN HEIGHTS State NY Zip Code 10598
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.71464
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶
TOTAL This Period (last page this line number only)..... ▶

45.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1051 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Wolchan, Mary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2423 BOUND BROOK LN

City YORKTOWN HEIGHTS	State NY	Zip Code 10598
--------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.71465

Amount of Each Receipt this Period
 25.00

Memo Item

B. WOLF, JULIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 LINDEN LN

City MERRICK	State NY	Zip Code 11566
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.71612

Amount of Each Receipt this Period
 10.00

Memo Item

C. Wolitarsky, Ellen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8477 MARCO LN

City BALDWINSVILLE	State NY	Zip Code 13027
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Central Square T A	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020

Transaction ID : SA11AI.71466

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	55.00
TOTAL This Period (last page this line number only).....▶	

**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 1052 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Wolitarsky, Ellen, , ,			Date of Receipt		
Mailing Address 8477 MARCO LN			M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020		
City BALDWINVILLE		State NY	Zip Code 13027		
FEC ID number of contributing federal political committee. C			Transaction ID : SA11AI.71467		
Name of Employer (for Individual) Central Square T A			Occupation (for Individual) TEACHER		
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00			
			Amount of Each Receipt this Period 20.00		
			<input type="checkbox"/> Memo Item		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. WOLMAN, MITCHELL P, , ,			Date of Receipt		
Mailing Address 34 SUNRISE DR			M M M / D D D / Y Y Y Y Y Y 12 / 29 / 2020		
City SOUND BEACH		State NY	Zip Code 11789		
FEC ID number of contributing federal political committee. C			Transaction ID : SA11AI.71615		
Name of Employer (for Individual) Mt Sinai Tchrs Assn			Occupation (for Individual) TEACHER		
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00			
			Amount of Each Receipt this Period 10.00		
			<input type="checkbox"/> Memo Item		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Wolner, John, , ,			Date of Receipt		
Mailing Address 73 S LAKE AVE			M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020		
City ALBANY		State NY	Zip Code 12203		
FEC ID number of contributing federal political committee. C			Transaction ID : SA11AI.71470		
Name of Employer (for Individual) Newburgh T A			Occupation (for Individual) TEACHER		
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00			
			Amount of Each Receipt this Period 20.00		
			<input type="checkbox"/> Memo Item		

SUBTOTAL of Receipts This Page (optional).....	50.00
TOTAL This Period (last page this line number only).....	

**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 1053 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. WOOD, MARIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 176 CEDRUS AVE
 City EAST NORTHPORT State NY Zip Code 11731
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11Al.71617
 Amount of Each Receipt this Period 10.00
 Memo Item

B. WOOD, ROBERT A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1827 N JAMES ST
 City ROME State NY Zip Code 13440
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rome T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 536.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2020
Transaction ID : SA11Al.71618
 Amount of Each Receipt this Period 12.00
 Memo Item

C. WOOD, ROBERT A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1827 N JAMES ST
 City ROME State NY Zip Code 13440
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rome T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 548.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11Al.71619
 Amount of Each Receipt this Period 12.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	34.00
TOTAL This Period (last page this line number only).....	

**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 1054 OF 1094
	<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	

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. WOOD, ROBERT A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1827 N JAMES ST
 City ROME State NY Zip Code 13440
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rome T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.71620
 Amount of Each Receipt this Period 12.00
 Memo Item

B. WOODALL, VIRGINLINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 452 HAZELHURST AVE APT 21
 City SYRACUSE State NY Zip Code 13206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syracuse T A Inc Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.71621
 Amount of Each Receipt this Period 5.00
 Memo Item

C. WOODALL, VIRGINLINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 452 HAZELHURST AVE APT 21
 City SYRACUSE State NY Zip Code 13206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syracuse T A Inc Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2020
Transaction ID : SA11AI.71622
 Amount of Each Receipt this Period 5.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	22.00
TOTAL This Period (last page this line number only).....	

**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 1055 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. WOODALL, VIRGINLINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 452 HAZELHURST AVE APT 21

City SYRACUSE	State NY	Zip Code 13206
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syracuse T A Inc	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.71623

Amount of Each Receipt this Period
 5.00

Memo Item

B. WOODRUFF, MARY L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 609 MYRTLE AVE APT 6A

City BROOKLYN	State NY	Zip Code 11205
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Nassau CC Fed Tchrs	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 12 / 02 / 2020
Transaction ID : SA11AI.71625

Amount of Each Receipt this Period
 10.00

Memo Item

C. WOODRUFF, MARY L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 609 MYRTLE AVE APT 6A

City BROOKLYN	State NY	Zip Code 11205
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Nassau CC Fed Tchrs	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11AI.71626

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	25.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1056 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. WOODRUFF, MARY L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 609 MYRTLE AVE APT 6A

City BROOKLYN	State NY	Zip Code 11205
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Nassau CC Fed Tchrs	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11Al.71627

Amount of Each Receipt this Period
 10.00

Memo Item

B. WOODS, JEAN-MARIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 147 CRESTWOOD AVE

City TUCKAHOE	State NY	Zip Code 10707
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eastchester T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 208.00

Date of Receipt
 12 / 16 / 2020
Transaction ID : SA11Al.71628

Amount of Each Receipt this Period
 208.00

Memo Item

C. WOODS, JEAN-MARIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 147 CRESTWOOD AVE

City TUCKAHOE	State NY	Zip Code 10707
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eastchester T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 222.00

Date of Receipt
 12 / 16 / 2020
Transaction ID : SA11Al.71629

Amount of Each Receipt this Period
 14.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	232.00
TOTAL This Period (last page this line number only).....	

**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 1057 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. WOODS, JEAN-MARIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 147 CRESTWOOD AVE
 City TUCKAHOE State NY Zip Code 10707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eastchester T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 236.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.71630
 Amount of Each Receipt this Period
 14.00
 Memo Item

B. WOODS, JEAN-MARIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 147 CRESTWOOD AVE
 City TUCKAHOE State NY Zip Code 10707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eastchester T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.71631
 Amount of Each Receipt this Period
 14.00
 Memo Item

C. WOODS, JEAN-MARIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 147 CRESTWOOD AVE
 City TUCKAHOE State NY Zip Code 10707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eastchester T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71632
 Amount of Each Receipt this Period
 14.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	42.00
TOTAL This Period (last page this line number only).....▶	

**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 1058 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. WOODWARD, SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 155 TIMBER CV APT C

City WEBSTER	State NY	Zip Code 14580
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Webster Tchrs Assn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2020

Transaction ID : SA11AI.71633

Amount of Each Receipt this Period
 20.00

Memo Item

B. WOODWARD, SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 155 TIMBER CV APT C

City WEBSTER	State NY	Zip Code 14580
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Webster Tchrs Assn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.71634

Amount of Each Receipt this Period
 20.00

Memo Item

C. WOODWARD, SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 155 TIMBER CV APT C

City WEBSTER	State NY	Zip Code 14580
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Webster Tchrs Assn	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.71635

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).....▶	

**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 1059 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. WRIGHT-HENRY, CLAUDIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 218 S COLUMBUS AVE

City MOUNT VERNON	State NY	Zip Code 10553
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 12 / 01 / 2020
Transaction ID : SA11AI.71637

Amount of Each Receipt this Period
 10.00

Memo Item

B. WRIGHT-HENRY, CLAUDIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 218 S COLUMBUS AVE

City MOUNT VERNON	State NY	Zip Code 10553
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 310.00

Date of Receipt
 12 / 16 / 2020
Transaction ID : SA11AI.71638

Amount of Each Receipt this Period
 10.00

Memo Item

C. WRIGHT-HENRY, CLAUDIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 218 S COLUMBUS AVE

City MOUNT VERNON	State NY	Zip Code 10553
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 12 / 24 / 2020
Transaction ID : SA11AI.71639

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 1060 OF 1094
Use separate schedule(s) for each category of the Detailed Summary Page
11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WRIGHT-HENRY, CLAUDIA, , ,
Mailing Address 218 S COLUMBUS AVE
City MOUNT VERNON State NY Zip Code 10553
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
Receipt For: 2020 Primary General Other (specify)
Aggregate Year-to-Date 330.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.71640
Amount of Each Receipt this Period 10.00
Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WSZOLEK, MICHAEL, , ,
Mailing Address 82 FREDERIC ST
City YONKERS State NY Zip Code 10703
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
Receipt For: 2020 Primary General Other (specify)
Aggregate Year-to-Date 260.00

Date of Receipt 12 / 01 / 2020
Transaction ID : SA11AI.71641
Amount of Each Receipt this Period 10.00
Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WSZOLEK, MICHAEL, , ,
Mailing Address 82 FREDERIC ST
City YONKERS State NY Zip Code 10703
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
Receipt For: 2020 Primary General Other (specify)
Aggregate Year-to-Date 270.00

Date of Receipt 12 / 16 / 2020
Transaction ID : SA11AI.71642
Amount of Each Receipt this Period 10.00
Memo Item

SUBTOTAL of Receipts This Page (optional)
TOTAL This Period (last page this line number only)

30.00

**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 1061 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. WSZOLEK, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 82 FREDERIC ST

City YONKERS	State NY	Zip Code 10703
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020

Transaction ID : SA11AI.71643

Amount of Each Receipt this Period
 10.00

Memo Item

B. WSZOLEK, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 82 FREDERIC ST

City YONKERS	State NY	Zip Code 10703
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Yonkers Fed Of Tchrs	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 290.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.71644

Amount of Each Receipt this Period
 10.00

Memo Item

C. WURTZEL, MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 527 OLD COUNTRY RD

City PLAINVIEW	State NY	Zip Code 11803
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.71646

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1062 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. WYNNE, CATHERINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 LAMONT LN

City STONY BROOK	State NY	Zip Code 11790
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 12 / 08 / 2020
Transaction ID : SA11Al.71647

Amount of Each Receipt this Period
 10.00

Memo Item

B. WYNNE, CATHERINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 LAMONT LN

City STONY BROOK	State NY	Zip Code 11790
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11Al.71648

Amount of Each Receipt this Period
 10.00

Memo Item

C. WYNNE, CATHERINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 LAMONT LN

City STONY BROOK	State NY	Zip Code 11790
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 12 / 29 / 2020
Transaction ID : SA11Al.71649

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1063 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. WYNNE, CATHERINE, , ,			Date of Receipt												
Mailing Address 6 LAMONT LN			<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>31</td> <td></td> <td>2020</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y	12		31		2020
M M M	/	D D D	/	Y Y Y Y Y Y											
12		31		2020											
City STONY BROOK		State NY	Zip Code 11790												
FEC ID number of contributing federal political committee. C			Transaction ID : SA11AI.71650												
Name of Employer (for Individual) F A Of Suffolk CC			Occupation (for Individual) TEACHER												
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 10.00													

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. YANANTUONO, STEPHANIE, , ,			Date of Receipt												
Mailing Address 1604 KENNETH AVE			<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>31</td> <td></td> <td>2020</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y	12		31		2020
M M M	/	D D D	/	Y Y Y Y Y Y											
12		31		2020											
City BALDWIN		State NY	Zip Code 11510												
FEC ID number of contributing federal political committee. C			Transaction ID : SA11AI.71654												
Name of Employer (for Individual) Syosset T A			Occupation (for Individual) TEACHER												
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 10.00													

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. YANNANTUONO, FRED M, , ,			Date of Receipt												
Mailing Address 1 MIDLAND PL			<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>08</td> <td></td> <td>2020</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y	12		08		2020
M M M	/	D D D	/	Y Y Y Y Y Y											
12		08		2020											
City TUCKAHOE		State NY	Zip Code 10707												
FEC ID number of contributing federal political committee. C			Transaction ID : SA11AI.71655												
Name of Employer (for Individual) Bronxville T.A.			Occupation (for Individual) TEACHER												
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 12.00													

SUBTOTAL of Receipts This Page (optional).....▶	32.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1064 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. YANNANTUONO, FRED M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 MIDLAND PL

City TUCKAHOE	State NY	Zip Code 10707
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Bronxville T.A.	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 228.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.71656

Amount of Each Receipt this Period
 12.00

Memo Item

B. YANNANTUONO, FRED M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 MIDLAND PL

City TUCKAHOE	State NY	Zip Code 10707
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Bronxville T.A.	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11AI.71657

Amount of Each Receipt this Period
 12.00

Memo Item

C. YATES, JENNIFER L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 155 WESTFIELD RD

City AMHERST	State NY	Zip Code 14226
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Starpoint T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.71659

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	44.00
TOTAL This Period (last page this line number only).....	

**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 1065 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Yellico, Martin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 35 MORELAND AVE

City ALBANY	State NY	Zip Code 12203
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Albany PS TA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 209.00

Date of Receipt
 11 / 30 / 2020
Transaction ID : SA11Al.71651

Amount of Each Receipt this Period
 209.00

Memo Item

B. Yellico, Martin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 35 MORELAND AVE

City ALBANY	State NY	Zip Code 12203
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Albany PS TA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 228.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11Al.71652

Amount of Each Receipt this Period
 19.00

Memo Item

C. YONKERS, JEFFREY C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 VERNON PKWY

City MOUNT VERNON	State NY	Zip Code 10552
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Mt Vernon Fed Tchrs	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 12 / 15 / 2020
Transaction ID : SA11Al.71660

Amount of Each Receipt this Period
 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	328.00
TOTAL This Period (last page this line number only).....	

**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 1066 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. YOO, JULIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 240 JACKSON AVE

City SYOSSET	State NY	Zip Code 11791
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11Al.71662

Amount of Each Receipt this Period
 10.00

Memo Item

B. YORK, MELODY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4125 BECKER ST

City SCHENECTADY	State NY	Zip Code 12304
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Schenectady Fed Tchr	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 200.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020

Transaction ID : SA11Al.71663

Amount of Each Receipt this Period
 200.40

Memo Item

C. YORK, MELODY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4125 BECKER ST

City SCHENECTADY	State NY	Zip Code 12304
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Schenectady Fed Tchr	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.93

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11Al.71664

Amount of Each Receipt this Period
 10.53

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	220.93
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1067 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. YOSSO, PHILIP, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 149 HIGHLAND AVE

City MIDDLETOWN	State NY	Zip Code 10940
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Town of Highlands TA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 205.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11Al.71666

Amount of Each Receipt this Period
 205.00

Memo Item

B. YOSSO, PHILIP, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 149 HIGHLAND AVE

City MIDDLETOWN	State NY	Zip Code 10940
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Town of Highlands TA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 215.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11Al.71667

Amount of Each Receipt this Period
 10.00

Memo Item

C. YOSSO, PHILIP, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 149 HIGHLAND AVE

City MIDDLETOWN	State NY	Zip Code 10940
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Town of Highlands TA	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11Al.71668

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	225.00
TOTAL This Period (last page this line number only).....▶	

**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 1068 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. YOUNG, JANICE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 935 MILE SQUARE RD
 City YONKERS State NY Zip Code 10704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020
Transaction ID : SA11AI.71671
 Amount of Each Receipt this Period 10.00
 Memo Item

B. YOUNG, JANICE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 935 MILE SQUARE RD
 City YONKERS State NY Zip Code 10704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.71672
 Amount of Each Receipt this Period 10.00
 Memo Item

C. YOUNG, JANICE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 935 MILE SQUARE RD
 City YONKERS State NY Zip Code 10704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020
Transaction ID : SA11AI.71673
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1069 OF 1094
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. YOUNG, JANICE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 935 MILE SQUARE RD
 City YONKERS State NY Zip Code 10704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71674
 Amount of Each Receipt this Period 10.00
 Memo Item

B. YOUNG, STEVEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 135 WILLOW ST
 City LOCKPORT State NY Zip Code 14094
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lockport E A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71675
 Amount of Each Receipt this Period 212.52
 Memo Item

C. ZAFFINO, MICHELE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 291 BAIRD CT
 City WOODBURY State NY Zip Code 11797
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71681
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	232.52
TOTAL This Period (last page this line number only).....	

**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 1070 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. ZENYUH, CHRISTOPHER M, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 63 JUNE AVE

City NORTHPORT	State NY	Zip Code 11768
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UT Harborfields	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
205.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2020

Transaction ID : SA11AI.71683

Amount of Each Receipt this Period
205.00

Memo Item

B. ZENYUH, CHRISTOPHER M, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 63 JUNE AVE

City NORTHPORT	State NY	Zip Code 11768
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UT Harborfields	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
215.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2020

Transaction ID : SA11AI.71684

Amount of Each Receipt this Period
10.00

Memo Item

C. ZHANG, YINGFAN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 BUXMONT LN

City STONY BROOK	State NY	Zip Code 11790
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2020

Transaction ID : SA11AI.71686

Amount of Each Receipt this Period
8.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	223.00
TOTAL This Period (last page this line number only).....	

**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 1071 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. ZHANG, YINGFAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 BUXMONT LN

City STONY BROOK	State NY	Zip Code 11790
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) F A Of Suffolk CC	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11Al.71687

Amount of Each Receipt this Period
 8.00

Memo Item

B. ZICCARDI, THERESA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 TRUESDALE CT

City FORT SALONGA	State NY	Zip Code 11768
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11Al.71689

Amount of Each Receipt this Period
 10.00

Memo Item

C. ZIMMER, DEVIN L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 97 TYLER ST

City BUFFALO	State NY	Zip Code 14214
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Buffalo Center	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2020

Transaction ID : SA11Al.71690

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	28.00
TOTAL This Period (last page this line number only).....	

**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 1072 OF 1094
	<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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. ZIMMER, DEVIN L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 97 TYLER ST

City BUFFALO	State NY	Zip Code 14214
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Buffalo Center	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2020

Transaction ID : SA11AI.71691

Amount of Each Receipt this Period
 10.00

Memo Item

B. ZIMMER, DEVIN L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 97 TYLER ST

City BUFFALO	State NY	Zip Code 14214
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Buffalo Center	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2020

Transaction ID : SA11AI.71692

Amount of Each Receipt this Period
 10.00

Memo Item

C. ZIMMER, DEVIN L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 97 TYLER ST

City BUFFALO	State NY	Zip Code 14214
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UUP-Buffalo Center	Occupation (for Individual) TEACHER
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.71693

Amount of Each Receipt this Period
 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

30.00

**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 1073 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Zimmer, Mary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 68 JORDACHE LN
 City SPENCERPORT State NY Zip Code 14559
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rochester T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71677
 Amount of Each Receipt this Period
 216.00
 Memo Item

B. ZOLLNER, ALAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 GRANDVIEW AVE
 City CORNWALL HDSN State NY Zip Code 12520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hendrick Hudson E A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2020
Transaction ID : SA11AI.71696
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. ZORN, ALISON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 ADAMS ST
 City SEA CLIFF State NY Zip Code 11579
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syosset T A Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71698
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	236.00
TOTAL This Period (last page this line number only).....	

**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 1074 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. ZUCKERMAN, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 BRONX ST
 City TUCKAHOE State NY Zip Code 10707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bronxville T.A. Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.71678
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. ZUCKERMAN, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 BRONX ST
 City TUCKAHOE State NY Zip Code 10707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bronxville T.A. Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71679
 Amount of Each Receipt this Period
 125.00
 Memo Item

C. ZULLI-SPILLO, RENEE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3170 RADCLIFFE DR
 City YORKTOWN HEIG State NY Zip Code 10598
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2020
Transaction ID : SA11AI.71701
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	185.00
TOTAL This Period (last page this line number only).....	

**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 1075 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. ZULLI-SPILLO, RENEE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3170 RADCLIFFE DR
 City YORKTOWN HEIG State NY Zip Code 10598
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2020
Transaction ID : SA11AI.71702
 Amount of Each Receipt this Period 10.00
 Memo Item

B. ZULLI-SPILLO, RENEE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3170 RADCLIFFE DR
 City YORKTOWN HEIG State NY Zip Code 10598
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2020
Transaction ID : SA11AI.71703
 Amount of Each Receipt this Period 10.00
 Memo Item

C. ZULLI-SPILLO, RENEE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3170 RADCLIFFE DR
 City YORKTOWN HEIG State NY Zip Code 10598
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yonkers Fed Of Tchrs Occupation (for Individual) TEACHER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.71704
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**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 1076 OF 1094
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ZWIELICH, CAROL, , ,

Mailing Address **18 UPPER POND CT**

City CENTERPORT	State NY	Zip Code 11721
---------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Syosset T A	Occupation (for Individual) TEACHER
---	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
12 / 23 / 2020

Transaction ID : SA11AL71706

Amount of Each Receipt this Period
260.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	260.00
TOTAL This Period (last page this line number only).....	100644.93

**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 1077 OF 1094
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. NBT Bank

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 52 South Broad St, P.O. Box 351

City Norwich	State NY	Zip Code 13815
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 4803.96

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2020

Transaction ID : SA17.67093

Amount of Each Receipt this Period
 217.65

Memo Item
 Monthly Interest Income

B. NBT Bank

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 52 South Broad St, P.O. Box 351

City Norwich	State NY	Zip Code 13815
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 5039.87

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA17.67094

Amount of Each Receipt this Period
 235.91

Memo Item
 Monthly Interest Income

C.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	453.56
TOTAL This Period (last page this line number only).....▶	453.56

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. New York State United Teachers

Full Name (Last, First, Middle Initial)

Mailing Address 800 Troy Schenectady Road

City Latham State NY Zip Code 12110

Purpose of Disbursement Monthly Health Insurance personnel costs

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 10 / 2020

FEC Identification Number: C

Transaction ID : SB21B.67099

Amount of Each Disbursement this Period: 7517.72

Memo Item

B. New York State United Teachers

Full Name (Last, First, Middle Initial)

Mailing Address 800 Troy Schenectady Road

City Latham State NY Zip Code 12110

Purpose of Disbursement Accounting Health Insurance costs

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 10 / 2020

FEC Identification Number: C

Transaction ID : SB21B.67099

Amount of Each Disbursement this Period: 4969.71

Memo Item

C. New York State United Teachers

Full Name (Last, First, Middle Initial)

Mailing Address 800 Troy Schenectady Road

City Latham State NY Zip Code 12110

Purpose of Disbursement Legislative Health Insurance costs

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 10 / 2020

FEC Identification Number: C

Transaction ID : SB21B.67099

Amount of Each Disbursement this Period: 1849.11

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 7517.72

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

Full Name (Last, First, Middle Initial) A. New York State United Teachers			Date of Disbursement MM / DD / YYYY 12 / 10 / 2020	
Mailing Address 800 Troy Schenectady Road				
City Latham	State NY	Zip Code 12110	FEC Identification Number C	
Purpose of Disbursement Legal Health Insurance costs			Transaction ID : SB21B.67099	
Candidate Name			Amount of Each Disbursement this Period 698.90	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input checked="" type="checkbox"/>	
State: District:				

Full Name (Last, First, Middle Initial) B. New York State United Teachers			Date of Disbursement MM / DD / YYYY 12 / 10 / 2020	
Mailing Address 800 Troy Schenectady Road				
City Latham	State NY	Zip Code 12110	FEC Identification Number C	
Purpose of Disbursement Monthly Health Insurance personnel costs			Transaction ID : SB21B.67103	
Candidate Name			Amount of Each Disbursement this Period 7518.72	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>	
State: District:				

Full Name (Last, First, Middle Initial) C. New York State United Teachers			Date of Disbursement MM / DD / YYYY 12 / 10 / 2020	
Mailing Address 800 Troy Schenectady Road				
City Latham	State NY	Zip Code 12110	FEC Identification Number C	
Purpose of Disbursement Accounting Health Insurance costs			Transaction ID : SB21B.67103	
Candidate Name			Amount of Each Disbursement this Period 4969.71	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input checked="" type="checkbox"/>	
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	7518.72
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. New York State United Teachers

Full Name (Last, First, Middle Initial)

Mailing Address 800 Troy Schenectady Road

City Latham State NY Zip Code 12110

Purpose of Disbursement Legislative Health Insurance costs

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 10 / 2020

FEC Identification Number: C

Transaction ID : SB21B.67103

Amount of Each Disbursement this Period: 1849.11

Memo Item

B. New York State United Teachers

Full Name (Last, First, Middle Initial)

Mailing Address 800 Troy Schenectady Road

City Latham State NY Zip Code 12110

Purpose of Disbursement Legal Health Insurance costs

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 10 / 2020

FEC Identification Number: C

Transaction ID : SB21B.67103

Amount of Each Disbursement this Period: 699.90

Memo Item

C. New York State United Teachers

Full Name (Last, First, Middle Initial)

Mailing Address 800 Troy Schenectady Road

City Latham State NY Zip Code 12110

Purpose of Disbursement Legislative, Accounting and Admin Personnel Costs

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 10 / 2020

FEC Identification Number: C

Transaction ID : SB21B.67107

Amount of Each Disbursement this Period: 37074.34

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 37074.34

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

Full Name (Last, First, Middle Initial) A. New York State United Teachers		Date of Disbursement MM / DD / YYYY 12 / 10 / 2020
Mailing Address 800 Troy Schenectady Road		FEC Identification Number C Transaction ID : SB21B.67107 Amount of Each Disbursement this Period 17117.92
City Latham	State NY	
Purpose of Disbursement Accounting Personnel Costs	Zip Code 12110	Category/ Type
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. New York State United Teachers		Date of Disbursement MM / DD / YYYY 12 / 10 / 2020
Mailing Address 800 Troy Schenectady Road		FEC Identification Number C Transaction ID : SB21B.67107 Amount of Each Disbursement this Period 14663.49
City Latham	State NY	
Purpose of Disbursement Legislative Personnel Costs	Zip Code 12110	Category/ Type
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. New York State United Teachers		Date of Disbursement MM / DD / YYYY 12 / 10 / 2020
Mailing Address 800 Troy Schenectady Road		FEC Identification Number C Transaction ID : SB21B.67107 Amount of Each Disbursement this Period 5292.94
City Latham	State NY	
Purpose of Disbursement Legal Personnel Costs	Zip Code 12110	Category/ Type
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	<input checked="" type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. New York State United Teachers

Full Name (Last, First, Middle Initial)

Mailing Address 800 Troy Schenectady Road

City Latham State NY Zip Code 12110

Purpose of Disbursement Legislative, Accounting and Admin Personnel Costs

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 10 / 2020

FEC Identification Number: C

Transaction ID : SB21B.67111

Amount of Each Disbursement this Period: 55943.06

Memo Item

B. New York State United Teachers

Full Name (Last, First, Middle Initial)

Mailing Address 800 Troy Schenectady Road

City Latham State NY Zip Code 12110

Purpose of Disbursement Accounting Personnel Costs

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 10 / 2020

FEC Identification Number: C

Transaction ID : SB21B.67111

Amount of Each Disbursement this Period: 25658.26

Memo Item

C. New York State United Teachers

Full Name (Last, First, Middle Initial)

Mailing Address 800 Troy Schenectady Road

City Latham State NY Zip Code 12110

Purpose of Disbursement Legislative Personnel Costs

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 10 / 2020

FEC Identification Number: C

Transaction ID : SB21B.67111

Amount of Each Disbursement this Period: 22007.05

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 55943.06

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

Full Name (Last, First, Middle Initial) A. New York State United Teachers		Date of Disbursement MM / DD / YYYY 12 / 10 / 2020
Mailing Address 800 Troy Schenectady Road		FEC Identification Number C [] Transaction ID : SB21B.67111 Amount of Each Disbursement this Period [] 8277.75
City Latham	State NY	Zip Code 12110
Purpose of Disbursement Legal Personnel Costs		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. New York State United Teachers		Date of Disbursement MM / DD / YYYY 12 / 10 / 2020
Mailing Address 800 Troy Schenectady Road		FEC Identification Number C [] Transaction ID : SB21B.67115 Amount of Each Disbursement this Period [] 1500.00
City Latham	State NY	Zip Code 12110
Purpose of Disbursement Monthly Computer services		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. New York State United Teachers		Date of Disbursement MM / DD / YYYY 12 / 10 / 2020
Mailing Address 800 Troy Schenectady Road		FEC Identification Number C [] Transaction ID : SB21B.67131 Amount of Each Disbursement this Period [] 86308.04
City Latham	State NY	Zip Code 12110
Purpose of Disbursement Postage for Retiree and In-service forms mailing		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 87808.04
TOTAL This Period (last page this line number only).....▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

Full Name (Last, First, Middle Initial) A. VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT		Date of Disbursement M M / D D / Y Y Y Y Y Y 12 / 09 / 2020	
Mailing Address 800 Troy Schenectady Road			
City Latham	State NY	Zip Code 12110-2455	
Purpose of Disbursement Transfer to State PAC		FEC Identification Number C C00021121 Transaction ID : SB22.67087	
Candidate Name		Amount of Each Disbursement this Period 25000.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT		Date of Disbursement M M / D D / Y Y Y Y Y Y 12 / 22 / 2020	
Mailing Address 800 Troy Schenectady Road			
City Latham	State NY	Zip Code 12110-2455	
Purpose of Disbursement Transfer to State PAC		FEC Identification Number C C00021121 Transaction ID : SB22.67088	
Candidate Name		Amount of Each Disbursement this Period 45000.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y Y Y	
Mailing Address			
City	State	Zip Code	
Purpose of Disbursement		FEC Identification Number C	
Candidate Name		Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....▶	70000.00
TOTAL This Period (last page this line number only).....▶	70000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

Full Name (Last, First, Middle Initial) A. New York State United Teachers		Date of Disbursement MM / DD / YYYY 12 / 10 / 2020
Mailing Address 800 Troy Schenectady Road		FEC Identification Number C [] Transaction ID : SB29.67095 Amount of Each Disbursement this Period [] 21683.70
City Latham	State NY	Zip Code 12110
Purpose of Disbursement Monthly Postage expense		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. New York State United Teachers		Date of Disbursement MM / DD / YYYY 12 / 10 / 2020
Mailing Address 800 Troy Schenectady Road		FEC Identification Number C [] Transaction ID : SB29.67096 Amount of Each Disbursement this Period [] 1092.40
City Latham	State NY	Zip Code 12110
Purpose of Disbursement Monthly Postage expense		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. New York State United Teachers		Date of Disbursement MM / DD / YYYY 12 / 10 / 2020
Mailing Address 800 Troy Schenectady Road		FEC Identification Number C [] Transaction ID : SB29.67097 Amount of Each Disbursement this Period [] 309.10
City Latham	State NY	Zip Code 12110
Purpose of Disbursement Monthly printing expense-VoteCope Letters		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 23085.20
TOTAL This Period (last page this line number only).....▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. New York State United Teachers

Full Name (Last, First, Middle Initial)

Mailing Address 800 Troy Schenectady Road

City Latham State NY Zip Code 12110

Purpose of Disbursement Monthly printing expense-VoteCope Letters

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 10 / 2020

FEC Identification Number: C

Transaction ID : SB29.67098

Amount of Each Disbursement this Period: 21.60

Memo Item

B. New York State United Teachers

Full Name (Last, First, Middle Initial)

Mailing Address 800 Troy Schenectady Road

City Latham State NY Zip Code 12110

Purpose of Disbursement Monthly Credit Card Processing Fee - PayPal

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 10 / 2020

FEC Identification Number: C

Transaction ID : SB29.67116

Amount of Each Disbursement this Period: 30.00

Memo Item

C. PayPal, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 4100 Solutions Center, #774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement Monthly Credit Card Processing Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 10 / 2020

FEC Identification Number: C

Transaction ID : SB29.67116.1

Amount of Each Disbursement this Period: 30.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 51.60

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. New York State United Teachers

Full Name (Last, First, Middle Initial)

Mailing Address 800 Troy Schenectady Road

City Latham State NY Zip Code 12110

Purpose of Disbursement Quarterly PAC Stipend

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 10 / 2020

FEC Identification Number: C

Transaction ID : SB29.67123

Amount of Each Disbursement this Period: 2352.35

Memo Item

B. Mcevoy, Kimberly, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 537 Buck Rd

City Accord State NY Zip Code 12404

Purpose of Disbursement Quarterly PAC Stipend

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 10 / 2020

FEC Identification Number: C

Transaction ID : SB29.67123.0

Amount of Each Disbursement this Period: 214.62

Memo Item

C. Flynn, Nancy, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 209 Frey Ave

City Endicott State NY Zip Code 13760

Purpose of Disbursement Quarterly PAC Stipend

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 10 / 2020

FEC Identification Number: C

Transaction ID : SB29.67123.:

Amount of Each Disbursement this Period: 214.62

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2352.35

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Linda, Ashley, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 16 Booth Blvd

City Wappingers Falls State NY Zip Code 12590

Purpose of Disbursement Quarterly PAC Stipend

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 10 / 2020

FEC Identification Number: C

Transaction ID : SB29.67123.2

Amount of Each Disbursement this Period: 214.62

Memo Item

B. Lysandrou, Marie, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 21 Fischer Ave

City Kingston State NY Zip Code 12401

Purpose of Disbursement Quarterly PAC Stipend

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 10 / 2020

FEC Identification Number: C

Transaction ID : SB29.67123.3

Amount of Each Disbursement this Period: 214.62

Memo Item

C. Kane, Claire, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 45 Ponckhockie St.

City Kingston State NY Zip Code 12401

Purpose of Disbursement Quarterly PAC Stipend

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 10 / 2020

FEC Identification Number: C

Transaction ID : SB29.67123.4

Amount of Each Disbursement this Period: 214.63

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Ciani, Robert, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 22 Chestnut St

City Nesconset State NY Zip Code 11767

Purpose of Disbursement Quarterly PAC Stipend

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 10 / 2020

FEC Identification Number: C

Transaction ID : SB29.67123.5

Amount of Each Disbursement this Period: 639.62

Memo Item

B. BOGEY, ANDREW D, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 86 SOUTH ST

City BOLIVAR State NY Zip Code 14715

Purpose of Disbursement Quarterly PAC Stipend

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 10 / 2020

FEC Identification Number: C

Transaction ID : SB29.67123.6

Amount of Each Disbursement this Period: 639.62

Memo Item

C. New York State United Teachers

Full Name (Last, First, Middle Initial)

Mailing Address 800 Troy Schenectady Road

City Latham State NY Zip Code 12110

Purpose of Disbursement Membership Political Education

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 22 / 2020

FEC Identification Number: C

Transaction ID : SB29.67089

Amount of Each Disbursement this Period: 7315.07

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 7315.07

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

Full Name (Last, First, Middle Initial) A. New York State United Teachers		Date of Disbursement MM / DD / YYYY 12 / 22 / 2020
Mailing Address 800 Troy Schenectady Road		FEC Identification Number C Transaction ID : SB29.67090 Amount of Each Disbursement this Period 4065.81
City Latham	State NY	
Purpose of Disbursement VoteCope Coordinator Travel	Zip Code 12110	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. New York State United Teachers		Date of Disbursement MM / DD / YYYY 12 / 22 / 2020
Mailing Address 800 Troy Schenectady Road		FEC Identification Number C Transaction ID : SB29.67091 Amount of Each Disbursement this Period 56510.00
City Latham	State NY	
Purpose of Disbursement Travel Expenses	Zip Code 12110	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. New York State United Teachers		Date of Disbursement MM / DD / YYYY 12 / 22 / 2020
Mailing Address 800 Troy Schenectady Road		FEC Identification Number C Transaction ID : SB29.67092 Amount of Each Disbursement this Period 4354.62
City Latham	State NY	
Purpose of Disbursement PAC Coordinator travel	Zip Code 12110	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	64930.43
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

Full Name (Last, First, Middle Initial)

A. PayPal, Inc.

Mailing Address 4100 Solutions Center, #774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Paypal service charge/Credit card transaction fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2020

FEC Identification Number

C []

Transaction ID : SB29.71708

Amount of Each Disbursement this Period

[] 871.58

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[] 871.58

TOTAL This Period (last page this line number only)..... ▶

[] 98606.23

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 1093 OF 1094
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 VOICE OF TEACHERS FOR EDUC/CMTE ON POL EDUC OF NY STATE UNTD TEACHERS (VOTE/COPE) OF NYSUT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor New York State United Teachers			Nature of Debt (Purpose): Polling Center calls to members re: CD 26 special election
Mailing Address 800 Troy Schenectady Road			
City Latham	State NY	Zip Code 12110	

Outstanding Balance Beginning This Period <input type="text" value="12642.00"/>		Transaction ID : SD10.22412	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="12642.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>			
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>			
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>	

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="12642.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="12642.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="12642.00"/>

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.22412

Calls to indentify potential voters for Hochul in the special election and calls to remind members to vote.(Current loan amount of 12642.00 from a balance of 12642.00 has been forgiven)(A previous settlement amount of 12642.00 has been rescinded)

Form/Schedule:

Transaction ID: