

SCHEDULE A (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 140

☒ 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)

SEIU COPE (Service Employees International Union Committee On Political Education)

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

A. Deanda, Jose, , ,

Mailing Address 5934 Hudson Ave

City

San Bernardino

State

CA

Zip Code

92404

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

County of San Bernardino

Occupation (for Individual)

Home Healthcare

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

08 / 16 / 2019

Transaction ID : C7496158

Amount of Each Receipt this Period

40.00

☐ Memo Item

* Payroll Deduction: \$40.00 Monthly

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

B. Del Vecchio, Robert, , ,

Mailing Address 9081 Watson St

City

Cypress

State

CA

Zip Code

90630

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

County of Los Angeles

Occupation (for Individual)

Radiologic Technologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

08 / 30 / 2019

Transaction ID : C7498198

Amount of Each Receipt this Period

60.00

☐ Memo Item

* Payroll Deduction: \$30.00 Semi-Monthly

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

C. Diaz, Maria, , ,

Mailing Address 2006 E 74th St

City

Los Angeles

State

CA

Zip Code

90001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

County of Los Angeles

Occupation (for Individual)

Home Healthcare

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

08 / 16 / 2019

Transaction ID : C7494827

Amount of Each Receipt this Period

40.00

☐ Memo Item

* Payroll Deduction: \$40.00 Monthly

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

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

140.00