

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 91

(check only one)

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

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NAME OF COMMITTEE (In Full)

Amalgamated Transit Union - COPE

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

A. Cobb, Primos, A, , III

Mailing Address 234 N Broad St

City
Trenton

State
NJ

Zip Code
08608-1306

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NEW JERSEY TRANSIT-MERCER INC

Occupation (for Individual)
OPERATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2019

Transaction ID : VSGZEJBPRR5

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Cornelius, Michael, L, ,

Mailing Address 10000 New Hampshire Ave

City
Silver Spring

State
MD

Zip Code
20903-1706

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Amalgamated Transit Union

Occupation (for Individual)
Joint Industry Council Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 06 / 2019

Transaction ID : VSGZEJBNXC4

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Costa, John, A, ,

Mailing Address 10000 New Hampshire Ave

City
Silver Spring

State
MD

Zip Code
20903-1706

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AMALGAMATED TRANSIT UNION

Occupation (for Individual)
INTERNATIONAL VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 06 / 2019

Transaction ID : VSGZEJBNCB6

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

110.00