

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1291 OF 1743

(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such 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. REDMOND, JOANN, , ,

Mailing Address 11 WHITFIELD RD

City
ACCORDState
NYZip Code
12404FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rondout Val FT & SRPOccupation (for Individual)
TEACHER

Receipt For: 2019

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
12	30	2019

Transaction ID : SA11AI.60374

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. REDMOND, JOANN, , ,

Mailing Address 11 WHITFIELD RD

City
ACCORDState
NYZip Code
12404FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rondout Val FT & SRPOccupation (for Individual)
TEACHER

Receipt For: 2019

☐ 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	2019

Transaction ID : SA11AI.60375

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. REILLY, ROBERT, , ,

Mailing Address 143 MANNING BLVD

City
ALBANYState
NYZip Code
12203FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NYSUTOccupation (for Individual)
MANAGER

Receipt For: 2019

☐ 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
10	04	2019

Transaction ID : SA11AI.60380

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)..... ▶