

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

COMMUNICATIONS WORKERS OF AMERICA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

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

A. GALAN, CORDELL, , ,

Mailing Address 501 54TH ST

City
LUBBOCKState
TXZip Code
79405FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ATT MOBILITY/ CINGULAROccupation (for Individual)
Information Requested

Receipt For:

☐ 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 |
| 10 | | 04 | | 2019 |

Transaction ID : C28929327

Amount of Each Receipt this Period

20.00

☐ Memo Item

* Payroll Deduction: \$20 Monthly

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

B. GALATI, JAMES, , ,

Mailing Address 908 OLD BRUMWELL RD

City
BLUEFIELDState
WVZip Code
24701FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FRONTIEROccupation (for Individual)
Information Requested

Receipt For:

☐ 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 |
| 10 | | 30 | | 2019 |

Transaction ID : C28911619

Amount of Each Receipt this Period

25.00

☐ Memo Item

* Payroll Deduction: \$5 Monthly

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

C. GALLA, JOHN, , ,

Mailing Address 6718 TRENHOLM ROAD

City
BOARDMANState
OHZip Code
44512FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ATT MOBILITY/ CINGULAROccupation (for Individual)
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 04 | | 2019 |

Transaction ID : C28924056

Amount of Each Receipt this Period

20.00

☐ Memo Item

* Payroll Deduction: \$20 Monthly

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

65.00

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