

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

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

FOR LINE NUMBER: PAGE 336 OF 703

(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)

COMMUNICATIONS WORKERS OF AMERICA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

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

A. KOWALSKI, DAVID, , ,

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
COMM. WORKERS OF AMER.Occupation (for Individual)
Information Requested

Receipt For:

☐ 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
10 / 08 / 2019

Transaction ID : C28925431

Amount of Each Receipt this Period

24.00

☐ Memo Item

* Payroll Deduction: \$24 Bi-Weekly

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

B. KRAEMER, LINDA, , ,

Mailing Address 74 BISSELL RD

City

COVENTRY

State

CT

Zip Code

06238

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SBC-SNETOccupation (for Individual)
Information Requested

Receipt For:

☐ 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
10 / 23 / 2019

Transaction ID : C28909903

Amount of Each Receipt this Period

40.00

☐ Memo Item

* Payroll Deduction: \$20 Monthly

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

C. KRAFT, KAREN, , ,

Mailing Address 13039 6TH AVE S

City

BURIEN

State

WA

Zip Code

98168-2701

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ALASKA AIRLINESOccupation (for Individual)
Information Requested

Receipt For:

☐ 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
10 / 21 / 2019

Transaction ID : C28946366

Amount of Each Receipt this Period

60.00

☐ Memo Item

* Payroll Deduction: \$60 Monthly

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

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

124.00