

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

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

FOR LINE NUMBER: PAGE 396 OF 703

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. MCBRIDE, SHAD, , ,

Mailing Address 558 S. RACCOON RD. #H55

City
AUSTINTOWN

State
OH

Zip Code
44515

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ATT MOBILITY/ CINGULAR

Occupation (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 : C28924148

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. MCCARTY, KRISTEN, , ,

Mailing Address 801 S 22ND PL
UNIT A

City
MOUNT VERNON

State
WA

Zip Code
98274

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ATT MOBILITY/ CINGULAR

Occupation (for Individual)
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 04 / 2019

Transaction ID : C28947009

Amount of Each Receipt this Period

40.00

☐ Memo Item

* Payroll Deduction: \$40 Monthly

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

C. MCCLAIN, PAMELA, , ,

Mailing Address 161 W MARKET ST

City
NEWARK

State
NJ

Zip Code
07103-3428

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NJ STATE EMPLOYEES ADMN CLERICAL

Occupation (for Individual)
Family Services Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2019

Transaction ID : C28884884

Amount of Each Receipt this Period

40.00

☐ Memo Item

* Payroll Deduction: \$40 Bi-Weekly

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

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

100.00