

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**International Union of Painters and Allied Trades Political Action Together Political Committee**

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

**A. KAPLAN, JOSEPH, D, ,**

Mailing Address 1618 70TH ST

City  
BROOKLYN

State  
NY

Zip Code  
11204-5116

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
International Union Of Painters

Occupation (for Individual)  
GLAZIER / GLASS WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

199.55

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 19 / 2018

**Transaction ID : 43030702**

Amount of Each Receipt this Period

0.04

☐ Memo Item

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

**B. KAPLAN, JOSEPH, D, ,**

Mailing Address 1618 70TH ST

City  
BROOKLYN

State  
NY

Zip Code  
11204-5116

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
International Union Of Painters

Occupation (for Individual)  
GLAZIER / GLASS WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

199.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 19 / 2018

**Transaction ID : 43030703**

Amount of Each Receipt this Period

0.05

☐ Memo Item

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

**C. KAPLAN, JOSEPH, D, ,**

Mailing Address 1618 70TH ST

City  
BROOKLYN

State  
NY

Zip Code  
11204-5116

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
International Union Of Painters

Occupation (for Individual)  
GLAZIER / GLASS WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

200.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 19 / 2018

**Transaction ID : 43030704**

Amount of Each Receipt this Period

0.68

☐ Memo Item

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

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

0.77