

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

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

FOR LINE NUMBER: PAGE 73 OF 100

(check only one)

☒ 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
BROOKLYNState
NYZip Code
11204-5116FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
International Union Of PaintersOccupation (for Individual)
GLAZIER / GLASS WORKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.07

Date of Receipt

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

Transaction ID : 43030705

Amount of Each Receipt this Period

0.79

☐ Memo Item

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

B. KAPLAN, JOSEPH, D, ,

Mailing Address 1618 70TH ST

City
BROOKLYNState
NYZip Code
11204-5116FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
International Union Of PaintersOccupation (for Individual)
GLAZIER / GLASS WORKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.26

Date of Receipt

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

Transaction ID : 43030706

Amount of Each Receipt this Period

0.19

☐ Memo Item

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

C. KAPLAN, JOSEPH, D, ,

Mailing Address 1618 70TH ST

City
BROOKLYNState
NYZip Code
11204-5116FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
International Union Of PaintersOccupation (for Individual)
GLAZIER / GLASS WORKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

201.70

Date of Receipt

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

Transaction ID : 43030708

Amount of Each Receipt this Period

0.44

☐ Memo Item

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

1.42

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