

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

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

FOR LINE NUMBER: PAGE 18 OF 126

(check only one)

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

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NAME OF COMMITTEE (In Full)

Amalgamated Transit Union - COPE

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

A. BROWN, CHARLES, , ,

Mailing Address 861 N 16th St

City  
San Jose

State  
CA

Zip Code  
95112-1546

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SANTA CLARA VLY TRANS. AUTH.

Occupation (for Individual)  
OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 20 / 2019

Transaction ID : VSGZEJ9ZCD9

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Brown, Larry, R, ,

Mailing Address 1385 Tennessee Ave

City  
Cincinnati

State  
OH

Zip Code  
45229-1013

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AMALGAMATED TRANSIT UNION

Occupation (for Individual)  
OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 13 / 2019

Transaction ID : VSGZEJ7YJT3

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

C. Brown, Larry, R, ,

Mailing Address 1385 Tennessee Ave

City  
Cincinnati

State  
OH

Zip Code  
45229-1013

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AMALGAMATED TRANSIT UNION

Occupation (for Individual)  
OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 26 / 2019

Transaction ID : VSGZEJACMP1

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

70.00

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