

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

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

FOR LINE NUMBER: PAGE 25 OF 127

(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. Cornelius, Michael, L, ,

Mailing Address 10000 New Hampshire Ave

City
Silver Spring

State
MD

Zip Code
20903-1706

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Amalgamated Transit Union

Occupation (for Individual)
Joint Industry Council Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : VSGZEJHQ3G9

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Costa, John, A, ,

Mailing Address 10000 New Hampshire Ave

City
Silver Spring

State
MD

Zip Code
20903-1706

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AMALGAMATED TRANSIT UNION

Occupation (for Individual)
INTERNATIONAL VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : VSGZEJHN4K8

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Costa, Joseph, , , Jr.

Mailing Address 30 Jacob St

City
Old Bridge

State
NJ

Zip Code
08857-2257

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N J TRANSIT BUS OPERATIONS INC

Occupation (for Individual)
OPERATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 18 / 2019

Transaction ID : VSGZEJKTVS0

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

125.00

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