

# **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)

PAGE 71 OF 127

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Amalgamated Transit Union - COPE**

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

**A. Miller, Troy, L., ,**

Mailing Address 4206 Ryan Ct

City  
Liberty Twp

State  
OH

Zip Code  
45011-8193

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SW OHIO REGIONAL TRANSIT AUTH

Occupation (for Individual)  
OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 07 / 2019

**Transaction ID : VSGZEJM8RX4**

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

**B. Miller, Troy, L., ,**

Mailing Address 4206 Ryan Ct

City  
Liberty Twp

State  
OH

Zip Code  
45011-8193

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SW OHIO REGIONAL TRANSIT AUTH

Occupation (for Individual)  
OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 22 / 2019

**Transaction ID : VSGZEJJ2V83**

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

**C. Mills, Thomas, W., ,**

Mailing Address 96 Veazie St

City  
Providence

State  
RI

Zip Code  
02908-2457

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RHODE ISLAND PUBLIC TRANS AUTH

Occupation (for Individual)  
OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 01 / 2019

**Transaction ID : VSGZEJKD9X9**

Amount of Each Receipt this Period

9.00

☐ Memo Item

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

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

39.00