

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

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

FOR LINE NUMBER: PAGE 87 OF 364

(check only one)

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

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NAME OF COMMITTEE (In Full)

**SEIU COPE (Service Employees International Union Committee On Political Education)**

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

**A. Diaz, Linda, , ,**

Mailing Address 803 W Dike St

City  
Glendora

State  
CA

Zip Code  
91740

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
County of Los Angeles

Occupation (for Individual)  
Eligibility Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 18 / 2019

**Transaction ID : C7519766**

Amount of Each Receipt this Period

20.00

☐ Memo Item

\* Payroll Deduction: \$10.00 Semi-Monthly

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

**B. Diaz, Maria, , ,**

Mailing Address 2006 E 74th St

City  
Los Angeles

State  
CA

Zip Code  
90001

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
County of Los Angeles

Occupation (for Individual)  
Home Healthcare

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

11 / 25 / 2019

**Transaction ID : C7517046**

Amount of Each Receipt this Period

40.00

☐ Memo Item

\* Payroll Deduction: \$40.00 Monthly

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

**C. Dike, Beatrice, , ,**

Mailing Address 20721 Shearer Ave

City  
Carson

State  
CA

Zip Code  
90745

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
County of Los Angeles

Occupation (for Individual)  
Nursing Attendant I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 18 / 2019

**Transaction ID : C7520070**

Amount of Each Receipt this Period

20.00

☐ Memo Item

\* Payroll Deduction: \$10.00 Semi-Monthly

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

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

80.00