

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

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

FOR LINE NUMBER: PAGE 241 OF 614

(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)

A. Huynh, Henry, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 15000 Marigold Avenue City Gardena State CA Zip Code 90249 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) County of Los Angeles Occupation (for Individual) Radiologic Technologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00			Date of Receipt M M / D D / Y Y Y Y Y 12 / 30 / 2019 Transaction ID : C7527392 Amount of Each Receipt this Period 20.00 <input type="checkbox"/> Memo Item * Payroll Deduction: \$10.00 Semi-Monthly
B. Hyde, Carla, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 1649 W Imperial Hwy City Los Angeles State CA Zip Code 90047 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) County of Los Angeles Occupation (for Individual) Intermediate Typist-Clerk Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00			Date of Receipt M M / D D / Y Y Y Y Y 12 / 30 / 2019 Transaction ID : C7527237 Amount of Each Receipt this Period 30.00 <input type="checkbox"/> Memo Item * Payroll Deduction: \$15.00 Semi-Monthly
C. Ibarra, Maria, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 1341 W 94Th St City Los Angeles State CA Zip Code 90044 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00			Date of Receipt M M / D D / Y Y Y Y Y 12 / 30 / 2019 Transaction ID : C7524985 Amount of Each Receipt this Period 20.00 <input type="checkbox"/> Memo Item * Payroll Deduction: \$20.00 Monthly
SUBTOTAL of Receipts This Page (optional)..... ▶			70.00
TOTAL This Period (last page this line number only)..... ▶			