

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 396 OF 517
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)

COMMUNICATIONS WORKERS OF AMERICA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

A. SCHMIDT, KALIOPE, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 1978 BARRONS GLEN <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: 1px solid black; padding: 2px;">City SUGAR LAND</td> <td style="width: 15%; border: 1px solid black; padding: 2px;">State TX</td> <td style="width: 52%; border: 1px solid black; padding: 2px;">Zip Code 77478-0000</td> </tr> </table> FEC ID number of contributing federal political committee. C <table style="width: 100%; border: none;"> <tr> <td style="width: 40%; border: 1px solid black; padding: 2px;"> Name of Employer (for Individual) STATE OF TEXAS </td> <td style="width: 60%; border: 1px solid black; padding: 2px;"> Occupation (for Individual) Information Requested </td> </tr> </table> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <div style="float: right; border: 1px solid black; padding: 2px 10px;"> Aggregate Year-to-Date ▼ 210.00 </div>			City SUGAR LAND	State TX	Zip Code 77478-0000	Name of Employer (for Individual) STATE OF TEXAS	Occupation (for Individual) Information Requested	Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 08 / 16 / 2019 </div> Transaction ID : C28767256 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 30.00 </div> <input type="checkbox"/> Memo Item
City SUGAR LAND	State TX	Zip Code 77478-0000						
Name of Employer (for Individual) STATE OF TEXAS	Occupation (for Individual) Information Requested							
B. SCHNEIDER, DOUG, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 55 KATHIE CT <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: 1px solid black; padding: 2px;">City GERMANTOWN</td> <td style="width: 15%; border: 1px solid black; padding: 2px;">State OH</td> <td style="width: 52%; border: 1px solid black; padding: 2px;">Zip Code 45327-0000</td> </tr> </table> FEC ID number of contributing federal political committee. C <table style="width: 100%; border: none;"> <tr> <td style="width: 40%; border: 1px solid black; padding: 2px;"> Name of Employer (for Individual) AMERITECH </td> <td style="width: 60%; border: 1px solid black; padding: 2px;"> Occupation (for Individual) Information Requested </td> </tr> </table> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <div style="float: right; border: 1px solid black; padding: 2px 10px;"> Aggregate Year-to-Date ▼ 340.00 </div>			City GERMANTOWN	State OH	Zip Code 45327-0000	Name of Employer (for Individual) AMERITECH	Occupation (for Individual) Information Requested	Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 08 / 06 / 2019 </div> Transaction ID : C28762615 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 40.00 </div> <input type="checkbox"/> Memo Item * Payroll Deduction: \$40 Monthly
City GERMANTOWN	State OH	Zip Code 45327-0000						
Name of Employer (for Individual) AMERITECH	Occupation (for Individual) Information Requested							
C. SCHUCHBAUER, MICHAEL, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: 1px solid black; padding: 2px;">City</td> <td style="width: 15%; border: 1px solid black; padding: 2px;">State</td> <td style="width: 52%; border: 1px solid black; padding: 2px;">Zip Code</td> </tr> </table> FEC ID number of contributing federal political committee. C <table style="width: 100%; border: none;"> <tr> <td style="width: 40%; border: 1px solid black; padding: 2px;"> Name of Employer (for Individual) U C RESEARCH UNIT </td> <td style="width: 60%; border: 1px solid black; padding: 2px;"> Occupation (for Individual) Information Requested </td> </tr> </table> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <div style="float: right; border: 1px solid black; padding: 2px 10px;"> Aggregate Year-to-Date ▼ 260.00 </div>			City	State	Zip Code	Name of Employer (for Individual) U C RESEARCH UNIT	Occupation (for Individual) Information Requested	Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 08 / 19 / 2019 </div> Transaction ID : C28779565 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 40.00 </div> <input type="checkbox"/> Memo Item * Payroll Deduction: \$40 Monthly
City	State	Zip Code						
Name of Employer (for Individual) U C RESEARCH UNIT	Occupation (for Individual) Information Requested							
SUBTOTAL of Receipts This Page (optional)..... ▶		<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 110.00 </div>						
TOTAL This Period (last page this line number only)..... ▶		<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> </div>						