

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

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

FOR LINE NUMBER: PAGE 438 OF 1185

(check only one)

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

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NAME OF COMMITTEE (In Full)

COMMUNICATIONS WORKERS OF AMERICA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

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

A. HALL JR, RICHARD, , ,

Mailing Address 1730 BERYL RD

City
AKRON

State
OH

Zip Code
44312-0000

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AMERITECH

Occupation (for Individual)
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 07 / 2019

Transaction ID : C29015230

Amount of Each Receipt this Period

20.00

☐ Memo Item

* Payroll Deduction: \$20 Monthly

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

B. HALLAM, PHILLIP, , ,

Mailing Address 1320 HILLCREST AVE

City

KALAMAZOO

State

MI

Zip Code

49008-1828

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AMERITECH

Occupation (for Individual)
TECHNICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 07 / 2019

Transaction ID : C29014890

Amount of Each Receipt this Period

20.00

☐ Memo Item

* Payroll Deduction: \$20 Monthly

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

C. HALPAIN, JERRY, , ,

Mailing Address RR 5 BOX 172

City

JACKSONVILLE

State

TX

Zip Code

75766-9321

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STATE OF TEXAS

Occupation (for Individual)
STATE WORKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 01 / 2019

Transaction ID : C29019415

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

60.00

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