

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 873 OF 1185

(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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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. ROBERTS, BRENDA A, , ,**

Mailing Address 6484 S ABILENE ST

City  
CENTENNIALState  
COZip Code  
80111-2429FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
COMM. WORKERS OF AMER.Occupation (for Individual)  
CWA Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

642.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2019

**Transaction ID : C29030933**

Amount of Each Receipt this Period

68.00

☐ Memo Item

\* Payroll Deduction: \$68 Bi-Weekly

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

**B. ROBERTS, DIANNA, , ,**

Mailing Address 2601 S BRAESWOOD BLVD APT 306

City  
HoustonState  
TXZip Code  
77025FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
STATE OF TEXASOccupation (for Individual)  
Manager of Clinical Data Mgmt System

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

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

**Transaction ID : C29020510**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. ROBERTS, DIANNA, , ,**

Mailing Address 2601 S BRAESWOOD BLVD APT 306

City  
HoustonState  
TXZip Code  
77025FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
STATE OF TEXASOccupation (for Individual)  
Manager of Clinical Data Mgmt Systems

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2019

**Transaction ID : C29020511**

Amount of Each Receipt this Period

30.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

128.00

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