

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

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

FOR LINE NUMBER: PAGE 165 OF 239

(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

A. SHEIL, KEVIN, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 95 BEEKMAN AVE # 339 S City SLEEPY HOLLOW State NY Zip Code 10591-2549 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) VERIZON-BELL ATLANTIC NORTH Occupation (for Individual) FIELD TECHNICIAN 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 Y 05 / 28 / 2020 Transaction ID : C29515005 Amount of Each Receipt this Period 50.00 <input type="checkbox"/> Memo Item * Payroll Deduction: \$10 Weekly
B. SHELTON, CHRISTOPHER M., , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 929 DEAN AVE City BRONX State NY Zip Code 10465-1609 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) COMM. WORKERS OF AMER. Occupation (for Individual) STAFF REP. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 720.00			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 19 / 2020 Transaction ID : C29510952 Amount of Each Receipt this Period 80.00 <input type="checkbox"/> Memo Item * Payroll Deduction: \$80 Bi-Weekly
C. SHEPARD, ANTHONY, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 153 EDSYL ST City NEWPORT NEWS State VA Zip Code 23602 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) VERIZON-BELL ATLANTIC NTWK Occupation (for Individual) Information Requested 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 Y 05 / 28 / 2020 Transaction ID : C29543399 Amount of Each Receipt this Period 50.00 <input type="checkbox"/> Memo Item * Payroll Deduction: \$10 Weekly
SUBTOTAL of Receipts This Page (optional).....			180.00
TOTAL This Period (last page this line number only).....			