

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

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

FOR LINE NUMBER: PAGE 16 OF 53

(check only one)

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

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NAME OF COMMITTEE (In Full)

Communication Workers of America Local 13000

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

A. Long, Dan, , ,

Mailing Address 525 Benner Rd

City  
 Bellefonte

State  
 PA

Zip Code  
 16823-8243

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 Verizon

Occupation (for Individual)  
 Splicing Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 20 / 2019

Transaction ID : A385FB15426AC4E44A3C

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Cowher, Michael D, , ,

Mailing Address 29 Reynolds St

City  
 Pittston

State  
 PA

Zip Code  
 18640-3005

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 Verizon

Occupation (for Individual)  
 Splicing Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 20 / 2019

Transaction ID : A4CF5510F692C4DBD86E

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Long, Dan, , ,

Mailing Address 525 Benner Rd

City  
 Bellefonte

State  
 PA

Zip Code  
 16823-8243

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 Verizon

Occupation (for Individual)  
 Splicing Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 29 / 2019

Transaction ID : AC607FB2A3CE64A18963

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

30.00

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