

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

AMALGAMATED TRANSIT UNION - COPE

ADDRESS (number and street)

5025 Wisconsin Ave NW

☐ Check if different than previously reported. (ACC)

Washington

DC

20016

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00032995

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☒ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
03 01 2014

through

M M M / D D D / Y Y Y Y Y Y  
03 31 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Lawrence J. Hanley

Signature of Treasurer

Lawrence J. Hanley

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
04 17 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMALGAMATED TRANSIT UNION - COPE

Report Covering the Period: From: M M / D D / Y Y Y Y Y 03 / 01 / 2014 To: M M / D D / Y Y Y Y Y 03 / 31 / 2014

|                                                                                                                  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</span> 2014     |                         | 512200.08                         |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....                                                        | 594025.22               |                                   |
| (c) Total Receipts (from Line 19) .....                                                                          | 79903.16                | 218927.72                         |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | 673928.38               | 731127.80                         |
| 7. Total Disbursements (from Line 31) .....                                                                      | 103396.95               | 160596.37                         |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                        | 570531.43               | 570531.43                         |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 0.00                    |                                   |

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**AMALGAMATED TRANSIT UNION - COPE**

Report Covering the Period:

From:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 1 |   | 2 | 0 | 1 | 4 |

To:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 3 | 1 |   | 2 | 0 | 1 | 4 |

| I. Receipts                                                                                            | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:                                                             |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees                                                |                               |                                   |
| (i) Itemized (use Schedule A).....                                                                     | 778.34                        | 2245.34                           |
| (ii) Unitemized .....                                                                                  | 79097.75                      | 216507.45                         |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►                                                       | 79876.09                      | 218752.79                         |
| (b) Political Party Committees .....                                                                   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....                                                     | 0.00                          | 0.00                              |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ..... ► | 79876.09                      | 218752.79                         |
| 12. Transfers From Affiliated/Other Party Committees.....                                              | 0.00                          | 0.00                              |
| 13. All Loans Received .....                                                                           | 0.00                          | 0.00                              |
| 14. Loan Repayments Received.....                                                                      | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....  | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....            | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....                                            | 27.07                         | 174.93                            |
| 18. Transfers from Non-Federal and Levin Funds                                                         |                               |                                   |
| (a) Non-Federal Account (from Schedule H3) .....                                                       | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....                                                               | 0.00                          | 0.00                              |
| (c) Total Transfers (add 18(a) and 18(b))..                                                            | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ►                         | 79903.16                      | 218927.72                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) ..... ►                                  | 79903.16                      | 218927.72                         |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements                                                                              | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:                                                                    |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....                                                                        | 0.00                          | 0.00                              |
| (ii) Non-Federal Share.....                                                                    | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures .....                                                 | 46.95                         | 140.85                            |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 46.95                         | 140.85                            |
| 22. Transfers to Affiliated/Other Party Committees.....                                        | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 91600.00                      | 127700.00                         |
| 24. Independent Expenditures (use Schedule E) .....                                            | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....                   | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....                                                                  | 0.00                          | 0.00                              |
| 27. Loans Made.....                                                                            | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:                                                               |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                          | 0.00                              |
| (b) Political Party Committees .....                                                           | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....                                             | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 0.00                          | 0.00                              |
| 29. Other Disbursements .....                                                                  | 11750.00                      | 32755.52                          |
| 30. Federal Election Activity (2 U.S.C. §431(20))                                              |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....                                                                        | 0.00                          | 0.00                              |
| (ii) "Levin" Share.....                                                                        | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....           | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 103396.95                     | 160596.37                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 103396.95                     | 160596.37                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures                                          | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|----------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....          | 79876.09                      | 218752.79                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                              | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....      | 79876.09                      | 218752.79                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... ► | 46.95                         | 140.85                            |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                   | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) ..... ►              | 46.95                         | 140.85                            |

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

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

FOR LINE NUMBER: PAGE 6 OF 19

(check only one)

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

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)

**AMALGAMATED TRANSIT UNION - COPE**

Full Name (Last, First, Middle Initial)

**A. STANLEY GRONEK**

Mailing Address 1531 48TH STREET

City

BOULDER

State

CO

Zip Code

80303-1143

FEC ID number of contributing  
federal political committee.

C

Name of Employer

REGIONAL TRANSPORTATION DIST

Occupation

Operator

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 01 / 2014

Transaction ID : 5880580

Amount of Each Receipt this Period

132.00

Full Name (Last, First, Middle Initial)

**B. LAWRENCE J HANLEY**

Mailing Address 5025 Wisconsin Ave NW

City

Washington

State

DC

Zip Code

20016-4113

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AMALGAMATED TRANSIT UNION

Occupation

INTERNATIONAL PRESIDENT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 07 / 2014

Transaction ID : 5896835

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

**C. CLAUDIA HUDSON**

Mailing Address 5025 Wisconsin Ave NW

City

Washington

State

DC

Zip Code

20016-4113

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AMALGAMATED TRANSIT UNION

Occupation

INTERNATIONAL VICE PRESIDENT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 07 / 2014

Transaction ID : 5896836

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

352.00

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

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

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

FOR LINE NUMBER: PAGE 7 OF 19  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMALGAMATED TRANSIT UNION - COPE**

Full Name (Last, First, Middle Initial)

**A. RICHARD MURPHY**

Mailing Address 5025 Wisconsin Ave NW

City State Zip Code  
Washington DC 20016-4113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMALGAMATED TRANSIT UNION

Occupation  
INTERNATIONAL VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y  
03 / 07 / 2014

Transaction ID : 5896841

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Michael W. Breihan**

Mailing Address PO BOX 244

City State Zip Code  
ARNOLD MO 63010-0244

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BI-STATE DEVELOPMENT AGENCY

Occupation  
OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 14 / 2014

Transaction ID : 5908284

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Michael W. Breihan**

Mailing Address PO BOX 244

City State Zip Code  
ARNOLD MO 63010-0244

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BI-STATE DEVELOPMENT AGENCY

Occupation  
OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

180.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 14 / 2014

Transaction ID : 5908287

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

143.34

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 19

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

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NAME OF COMMITTEE (In Full)

**AMALGAMATED TRANSIT UNION - COPE**

Full Name (Last, First, Middle Initial)

**A. Michael W. Breihan**

Mailing Address PO BOX 244

City

ARNOLD

State

MO

Zip Code

63010-0244

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BI-STATE DEVELOPMENT AGENCY

Occupation

OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

03 / 14 / 2014

Transaction ID : 5908290

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Michael W. Breihan**

Mailing Address PO BOX 244

City

ARNOLD

State

MO

Zip Code

63010-0244

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BI-STATE DEVELOPMENT AGENCY

Occupation

OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

03 / 14 / 2014

Transaction ID : 5908293

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. STANLEY GRONEK**

Mailing Address 1531 48TH STREET

City

BOULDER

State

CO

Zip Code

80303-1143

FEC ID number of contributing  
federal political committee.

C

Name of Employer

REGIONAL TRANSPORTATION DIST

Occupation

Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

03 / 24 / 2014

Transaction ID : 5945106

Amount of Each Receipt this Period

88.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

148.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 19  
(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)

**AMALGAMATED TRANSIT UNION - COPE**

Full Name (Last, First, Middle Initial)

**A. MICHAEL J HARMS**

Mailing Address 741 AGNEW ROAD

City

PITTSBURGH

State

PA

Zip Code

15227-3802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PORT AUTH-ALLEG - PAT TRANSIT

Occupation

OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 2 | 6 |   | 2 | 0 | 1 | 4 |

Transaction ID : 5958104

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

**B. JACKIE L JETER**

Mailing Address 711 HAACK PLACE

City

UPPER MARLBORO

State

MD

Zip Code

20774-2164

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WASH METRO AREA TRANSIT AUTH

Occupation

OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 6 |   | 2 | 0 | 1 | 4 |

Transaction ID : 6007623

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |

Amount of Each Receipt this Period

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

135.00

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

778.34

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 19

|                              |                              |                                        |                              |                             |                              |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**AMALGAMATED TRANSIT UNION - COPE**

Full Name (Last, First, Middle Initial)

**A. Bill Foster For Congress**

Mailing Address P.O. Box 9104

|        |       |          |
|--------|-------|----------|
| City   | State | Zip Code |
| Aurora | IL    | 60598    |

Purpose of Disbursement  
Contribution

Candidate Name

**Bill Foster**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 11

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    |   | 05    |   | 2014      |

**Transaction ID : 5820377**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

**B. Duckworth For Congress**

Mailing Address P.O. Box 59568

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Schaumburg | IL    | 60159    |

Purpose of Disbursement  
Contribution

Candidate Name

**Ms. L. Tammy Duckworth**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 08

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    |   | 05    |   | 2014      |

**Transaction ID : 5820378**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

**C. Enyart For Congress**

Mailing Address PO Box 308

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Belleville | IL    | 62222    |

Purpose of Disbursement  
Contribution

Candidate Name

**Mr. William Enyart**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 12

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    |   | 05    |   | 2014      |

**Transaction ID : 5820379**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

|         |
|---------|
| 7500.00 |
|---------|

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 19

|                              |                              |                                        |                              |                             |                              |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**AMALGAMATED TRANSIT UNION - COPE**

Full Name (Last, First, Middle Initial)

**A. Schneider For Congress**

Mailing Address PO Box 1318

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| Deerfield | IL    | 60015    |

Purpose of Disbursement  
Contribution

Candidate Name

**Mr. Bradley Schneider**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 10

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    |   | 05    |   | 2014      |

**Transaction ID : 5820380**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

**B. New York Jobs PAC**

Mailing Address PO Box 708

|          |       |          |
|----------|-------|----------|
| City     | State | Zip Code |
| Melville | NY    | 11747    |

Purpose of Disbursement  
Contribution

Candidate Name

**New York Jobs PAC**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    |   | 11    |   | 2014      |

**Transaction ID : 5880594**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

**C. Mike Honda For Congress**Mailing Address C/O Contribution Solutions, LLC  
123 E. San Carlos St., #531

|          |       |          |
|----------|-------|----------|
| City     | State | Zip Code |
| San Jose | CA    | 95112    |

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Michael Honda**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 17

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    |   | 11    |   | 2014      |

**Transaction ID : 5880595**

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

|          |
|----------|
| 10000.00 |
|----------|

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                              |                              |                                        |                              |                             |                              |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**AMALGAMATED TRANSIT UNION - COPE**

Full Name (Last, First, Middle Initial)

**A. The Niki Tsongas Committee**

Mailing Address PO Box 1454

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Lowell | State<br>MA | Zip Code<br>01853 |
|----------------|-------------|-------------------|

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Nicola Tsongas**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MA District: 03

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    |   | 11    |   | 2014      |

**Transaction ID : 5880596**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

**B. Nolan For Congress Volunteer Committee**

Mailing Address PO Box 1041

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>Brainerd | State<br>MN | Zip Code<br>56401 |
|------------------|-------------|-------------------|

Purpose of Disbursement  
Contribution

Candidate Name

**Mr. Richard Nolan**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MN District: 08

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    |   | 11    |   | 2014      |

**Transaction ID : 5880647**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

**C. Elizabeth Crowley For Congress**

Mailing Address 77-24 83 Street

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>Glendale | State<br>NY | Zip Code<br>11385 |
|------------------|-------------|-------------------|

Purpose of Disbursement  
Debt Retirement

Candidate Name

**Ms. Elizabeth Crowley**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼  
Primary Debt 2012

State: NY District: 06

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    |   | 11    |   | 2014      |

**Transaction ID : 5880648**

Amount of Each Disbursement this Period

|        |
|--------|
| 500.00 |
|--------|

Debt Retirement

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

|         |
|---------|
| 4000.00 |
|---------|

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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 19

|                              |                              |                                        |                              |                             |                              |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**AMALGAMATED TRANSIT UNION - COPE**

Full Name (Last, First, Middle Initial)

**A. Capuano For Congress Committee**

Mailing Address PO Box 440305

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Somerville | MA    | 02144    |

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Michael Capuano**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MA District: 07

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 11    |   | 2014        |

**Transaction ID : 5880674**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

**B. Julia Brownley For Congress**

Mailing Address PO Box 2018

|               |       |          |
|---------------|-------|----------|
| City          | State | Zip Code |
| Thousand Oaks | CA    | 91358    |

Purpose of Disbursement  
Contribution

Candidate Name

**Ms. Julia Brownley**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 26

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 11    |   | 2014        |

**Transaction ID : 5880676**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

**C. Committee for a Livable Future**Mailing Address 830 NE Holladay Street  
Room 105

|          |       |          |
|----------|-------|----------|
| City     | State | Zip Code |
| Portland | OR    | 97232    |

Purpose of Disbursement  
Contribution

Candidate Name

**Committee for a Livable Future**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 11    |   | 2014        |

**Transaction ID : 5880680**

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

|          |
|----------|
| 10000.00 |
|----------|

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**AMALGAMATED TRANSIT UNION - COPE**

Full Name (Last, First, Middle Initial)

## **A. Tim Bishop For Congress**

Mailing Address PO Box 437

City Farmingville State NY Zip Code 11738

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Timothy Bishop**

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 01

Date of Disbursement

M M / D D / Y Y Y Y Y  
03 / 11 / 2014

**Transaction ID : 5880682**

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

## **B. Citizens For Eleanor Holmes Norton**

Mailing Address 2201 Wisconsin Avenue, NW  
Suite 320

City Washington State DC Zip Code 20007

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Eleanor Norton**

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: DC District: 00

Date of Disbursement

M M / D D / Y Y Y Y Y  
03 / 11 / 2014

**Transaction ID : 5880684**

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

## **C. Citizens For Eleanor Holmes Norton**

Mailing Address 2201 Wisconsin Avenue, NW  
Suite 320

City Washington State DC Zip Code 20007

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Eleanor Norton**

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: DC District: 00

Date of Disbursement

M M / D D / Y Y Y Y Y  
03 / 11 / 2014

**Transaction ID : 5880687**

Amount of Each Disbursement this Period

5000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►

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

10000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 19

|                              |                              |                                        |                              |                             |                              |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**AMALGAMATED TRANSIT UNION - COPE**

Full Name (Last, First, Middle Initial)

**A. Paul Tonko For Congress**Mailing Address 911 Central Avenue  
PO Box 221

City Albany State NY Zip Code 12206

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Paul Tonko**Office Sought: ☒ House  
☐ Senate  
☐ President  
State: NY District: 20Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 11    | / | 2014        |

**Transaction ID : 5880688**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

**B. Michael Grimm For Congress**

Mailing Address PO Box 61806

City Staten Island State NY Zip Code 10306

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Michael Grimm**Office Sought: ☒ House  
☐ Senate  
☐ President  
State: NY District: 11Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 13    | / | 2014        |

**Transaction ID : 5884222**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

**C. Titus For Congress**

Mailing Address PO Box 72454

City Las Vegas State NV Zip Code 89170

Purpose of Disbursement  
Contribution

Candidate Name

**Ms. Dina Titus**Office Sought: ☒ House  
☐ Senate  
☐ President  
State: NV District: 01Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 13    | / | 2014        |

**Transaction ID : 5884227**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

|         |
|---------|
| 6000.00 |
|---------|

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                              |                              |                                        |                              |                             |                              |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**AMALGAMATED TRANSIT UNION - COPE**

Full Name (Last, First, Middle Initial)

**A. The Bill Keating Committee**

Mailing Address P.O. Box 3065

|              |       |          |
|--------------|-------|----------|
| City         | State | Zip Code |
| Buzzards Bay | MA    | 02532    |

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. William Keating**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MA District: 09

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    |   | 13    |   | 2014      |

**Transaction ID : 5884235**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

**B. Crowley For Congress**

Mailing Address 84-56 Grand Avenue

|          |       |          |
|----------|-------|----------|
| City     | State | Zip Code |
| Elmhurst | NY    | 11373    |

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Joseph Crowley**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 14

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    |   | 20    |   | 2014      |

**Transaction ID : 5908120**

Amount of Each Disbursement this Period

|         |
|---------|
| 2600.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

**C. Hagan For US Senate Inc**

Mailing Address PO Box 29103

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Greensboro | NC    | 27429    |

Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Kay Hagan**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District:

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    |   | 20    |   | 2014      |

**Transaction ID : 5908123**

Amount of Each Disbursement this Period

|         |
|---------|
| 4000.00 |
|---------|

Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

|         |
|---------|
| 9100.00 |
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 19

|                              |                              |                                        |                              |                             |                              |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**AMALGAMATED TRANSIT UNION - COPE**

Full Name (Last, First, Middle Initial)

**A. Democratic Senatorial Campaign Committee**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    |   | 25    |   | 2014      |

Mailing Address 120 Maryland Ave NE

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Washington | DC    | 20002    |

Purpose of Disbursement  
Contribution

011

**Transaction ID : 5920951**

Amount of Each Disbursement this Period

|          |
|----------|
| 15000.00 |
|----------|

Candidate Name

**Democratic Senatorial Campaign Committee**Category/  
Type

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

|                   |                                            |                                  |
|-------------------|--------------------------------------------|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) ▼ |                                  |

Contribution

State: District:

Full Name (Last, First, Middle Initial)

**B. Democratic Congressional Campaign Committee**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    |   | 25    |   | 2014      |

Mailing Address 430 S Capitol Street SE  
2nd Floor

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Washington | DC    | 20003    |

Purpose of Disbursement  
Contribution

011

**Transaction ID : 5920952**

Amount of Each Disbursement this Period

|          |
|----------|
| 15000.00 |
|----------|

Candidate Name

**Democratic Congressional Campaign Committee**Category/  
Type

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

|                   |                                            |                                  |
|-------------------|--------------------------------------------|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) ▼ |                                  |

Contribution

State: District:

Full Name (Last, First, Middle Initial)

**C. Aimee Belgard For Congress**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    |   | 28    |   | 2014      |

Mailing Address PO Box 35

|             |       |          |
|-------------|-------|----------|
| City        | State | Zip Code |
| Willingboro | NJ    | 08046    |

Purpose of Disbursement  
Contribution

011

**Transaction ID : 5925026**

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

Candidate Name

**Aimee Belgard**Category/  
Type

|                |                                           |
|----------------|-------------------------------------------|
| Office Sought: | <input checked="" type="checkbox"/> House |
|                | <input type="checkbox"/> Senate           |
|                | <input type="checkbox"/> President        |

|                   |      |                                             |                                  |
|-------------------|------|---------------------------------------------|----------------------------------|
| Disbursement For: | 2014 | <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
|                   |      | <input type="checkbox"/> Other (specify) ▼  |                                  |

Contribution

State: NJ District: 03

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

|          |
|----------|
| 35000.00 |
|----------|

|          |
|----------|
| 91600.00 |
|----------|

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 19

|                              |                              |                              |                              |                                        |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|----------------------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**AMALGAMATED TRANSIT UNION - COPE**

Full Name (Last, First, Middle Initial)

**A. Friends of Tari Renner**

Mailing Address 2 Sable Oaks Ct

|             |       |          |
|-------------|-------|----------|
| City        | State | Zip Code |
| Bloomington | IL    | 61704    |

|                                     |
|-------------------------------------|
| Purpose of Disbursement             |
| Tari Renner, MAYOR - BLOOMINGTON IL |

Candidate Name

**Tari Renner**

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

|                                                                              |
|------------------------------------------------------------------------------|
| Disbursement For: 2017                                                       |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                                   |

State: District:

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    |   | 05    |   | 2014      |

**Transaction ID : 5820177**

Amount of Each Disbursement this Period

|        |
|--------|
| 500.00 |
|--------|

Tari Renner, MAYOR - BLOOMINGTON IL

Full Name (Last, First, Middle Initial)

**B. Deluca for Legislator Committee**

Mailing Address 1438 Homestead Rd

|        |       |          |
|--------|-------|----------|
| City   | State | Zip Code |
| Verona | PA    | 15147    |

|                                     |
|-------------------------------------|
| Purpose of Disbursement             |
| Anthony DeLuca, STATE HOUSE 32nd PA |

Candidate Name

**Representa Anthony DeLuca**

|                |                                           |
|----------------|-------------------------------------------|
| Office Sought: | <input checked="" type="checkbox"/> House |
|                | <input type="checkbox"/> Senate           |
|                | <input type="checkbox"/> President        |

|                                                                              |
|------------------------------------------------------------------------------|
| Disbursement For: 2014                                                       |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                                   |

State: PA District: 32

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    |   | 11    |   | 2014      |

**Transaction ID : 5880690**

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

Anthony DeLuca, STATE HOUSE 32nd PA

Full Name (Last, First, Middle Initial)

**C. Friends of Dom Costa**

Mailing Address PO Box 38306

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Pittsburgh | PA    | 15238    |

|                                |
|--------------------------------|
| Purpose of Disbursement        |
| Dom Costa, STATE HOUSE 21st PA |

Candidate Name

**PA Rep. Dom Costa**

|                |                                           |
|----------------|-------------------------------------------|
| Office Sought: | <input checked="" type="checkbox"/> House |
|                | <input type="checkbox"/> Senate           |
|                | <input type="checkbox"/> President        |

|                                                                              |
|------------------------------------------------------------------------------|
| Disbursement For: 2014                                                       |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                                   |

State: PA District: 21

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    |   | 11    |   | 2014      |

**Transaction ID : 5880695**

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

Dom Costa, STATE HOUSE 21st PA

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

|          |
|----------|
| 10500.00 |
|----------|

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|--|

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 19

|                              |                              |                              |                              |                                        |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|----------------------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**AMALGAMATED TRANSIT UNION - COPE**

Full Name (Last, First, Middle Initial)

**A. Dillard for Governor**Mailing Address 837 S Westmore Ave  
Suite A-4B

City Lombard State IL Zip Code 60148

Purpose of Disbursement  
Kirk Dillard, GOVERNOR IL

Candidate Name

**Kirk Dillard**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    |   | 13    |   | 2014      |

**Transaction ID : 5884236**

Amount of Each Disbursement this Period

|        |
|--------|
| 250.00 |
|--------|

Kirk Dillard, GOVERNOR IL

Full Name (Last, First, Middle Initial)

**B. Citizens for Judy Baar Topinka**

Mailing Address PO Box 93

City Springfield State IL Zip Code 62705

Purpose of Disbursement  
Judy Baar Topinka, COMPTROLLER IL

Candidate Name

**Judy Baar Topinka**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    |   | 13    |   | 2014      |

**Transaction ID : 5884267**

Amount of Each Disbursement this Period

|        |
|--------|
| 500.00 |
|--------|

Judy Baar Topinka, COMPTROLLER IL

Full Name (Last, First, Middle Initial)

**C. Friends of Jay Travis**Mailing Address 1507 E 53rd Street  
Suite 490

City Chicago State IL Zip Code 60615

Purpose of Disbursement  
Jhatayn Travis, STATE HOUSE 26th IL

Candidate Name

**Jhatayn Travis**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 26

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    |   | 13    |   | 2014      |

**Transaction ID : 5884276**

Amount of Each Disbursement this Period

|        |
|--------|
| 500.00 |
|--------|

Jhatayn Travis, STATE HOUSE 26th IL

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

|         |
|---------|
| 1250.00 |
|---------|

|          |
|----------|
| 11750.00 |
|----------|