

**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)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M /

D D D /

Y Y 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 Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

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 Y Y

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 Y  
05 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y  
05 / 31 / 2012

|                                                                                                                                                                               | 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 Y</span><br><span style="border: 1px solid black; padding: 2px;">2012</span> |                                                                       | <span style="border: 1px solid black; padding: 2px;">294631.92</span> |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....                                                                                                                     | <span style="border: 1px solid black; padding: 2px;">391824.14</span> |                                                                       |
| (c) Total Receipts (from Line 19) .....                                                                                                                                       | <span style="border: 1px solid black; padding: 2px;">56306.59</span>  | <span style="border: 1px solid black; padding: 2px;">367537.11</span> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....                                                                           | <span style="border: 1px solid black; padding: 2px;">448130.73</span> | <span style="border: 1px solid black; padding: 2px;">662169.03</span> |
| 7. Total Disbursements (from Line 31) .....                                                                                                                                   | <span style="border: 1px solid black; padding: 2px;">61046.95</span>  | <span style="border: 1px solid black; padding: 2px;">275085.25</span> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                                                                                     | <span style="border: 1px solid black; padding: 2px;">387083.78</span> | <span style="border: 1px solid black; padding: 2px;">387083.78</span> |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....                                                               | <span style="border: 1px solid black; padding: 2px;">0.00</span>      |                                                                       |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....                                                              | <span style="border: 1px solid black; padding: 2px;">0.00</span>      |                                                                       |

☒ 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  
 05 / 01 / 2012

To:

 M M / D D / Y Y Y Y  
 05 / 31 / 2012
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

3243.22

9055.58

(ii) Unitemized .....

53044.89

357392.99

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

56288.11

366448.57

(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) .....

56288.11

366448.57

## 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

1000.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

18.48

88.54

## 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))..... ▶

56306.59

367537.11

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

56306.59

367537.11

**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                         | 234.75                            |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 46.95                         | 234.75                            |
| 22. Transfers to Affiliated/Other Party Committees.....                                        | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 60500.00                      | 245500.00                         |
| 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 .....                                                                  | 500.00                        | 29350.50                          |
| 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)) ..      | 61046.95                      | 275085.25                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 61046.95                      | 275085.25                         |

**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) .....          | 56288.11                      | 366448.57                         |
| 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) .....      | 56288.11                      | 366448.57                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... ► | 46.95                         | 234.75                            |
| 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                         | 234.75                            |

# **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 49  
(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. PAUL KAPLAN**

Mailing Address PO BOX 2561

City

BOCA RATON

State

FL

Zip Code

33427-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PALM TRAN INC

Occupation

Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 05 / 2012

Transaction ID : 3430955

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. RUTH SULLIVAN**

Mailing Address 68 NARRAGANSETT AVENUE

City

TIVERTON

State

RI

Zip Code

02878-4620

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RHODE ISLAND PUBLIC TRANS AUTH

Occupation

OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

05 / 19 / 2012

Transaction ID : 3457130

Amount of Each Receipt this Period

11.00

Full Name (Last, First, Middle Initial)

**C. HOLMAN F CARTER**

Mailing Address 640 ARAPAHOE RD  
APT 3

City

BOULDER

State

CO

Zip Code

80302-5920

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 ▼

500.00

Date of Receipt

05 / 19 / 2012

Transaction ID : 3457153

Amount of Each Receipt this Period

100.00

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

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

151.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 49

☒ 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. 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 ▼

484.00

Date of Receipt

05 / 19 / 2012

Transaction ID : 3457157

Amount of Each Receipt this Period

88.00

Full Name (Last, First, Middle Initial)

## **B. PAUL B NEIL**

Mailing Address 1701 157TH AVENUE NE  
#A101

City

BELLEVUE

State

WA

Zip Code

98008-2777

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KING COUNTY DOT-METRO TRANSIT

Occupation

OPERATOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 11 / 2012

Transaction ID : 3457667

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

## **C. PAUL J BACHTEL**

Mailing Address 8513 MAIN STREET  
#203

City

EDMONDS

State

WA

Zip Code

98026-6940

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KING COUNTY DOT-METRO TRANSIT

Occupation

OPERATOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 11 / 2012

Transaction ID : 3457668

Amount of Each Receipt this Period

25.00

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

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

138.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 49  
(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. JOHN W SEPOLEN**

Mailing Address 2815 SECOND AVE  
APT 230

City State Zip Code  
SEATTLE WA 98121-1261

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KING COUNTY DOT-METRO 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 Y Y  
05 / 11 / 2012

Transaction ID : 3457669

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. JUDY J YOUNG**

Mailing Address 7603 SOUTH 112TH STREET

City State Zip Code  
SEATTLE WA 98178-3227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KING COUNTY DOT-METRO TRANSIT

Occupation  
OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 11 / 2012

Transaction ID : 3457670

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. JACKIE L JETER**

Mailing Address 711 HAACK PLACE

City State Zip Code  
UPPER MARLBORO MD 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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 11 / 2012

Transaction ID : 3457676

Amount of Each Receipt this Period

75.00

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

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

130.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 49  
(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. GRACE GUERRERO**

Mailing Address 139 POPLAR STREET

City State Zip Code  
 RIDGEFIELD PARK NJ 07660-1517

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 N J TRANSIT BUS OPERATIONS INC

Occupation  
 OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 16 / 2012

Transaction ID : 3457750

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

## **B. CHRIS T ABE**

Mailing Address 500 QUINCY AVENUE NE

City State Zip Code  
 RENTON WA 98059-4555

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 KING COUNTY DOT-METRO TRANSIT

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 Y  
 05 / 11 / 2012

Transaction ID : 3461653

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

## **C. ROBERT E BANGS**

Mailing Address 2411 SOUTH 248TH STREET  
 #D-12

City State Zip Code  
 KENT WA 98032-4070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 KING COUNTY DOT-METRO TRANSIT

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 Y  
 05 / 11 / 2012

Transaction ID : 3461669

Amount of Each Receipt this Period

25.00

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

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

91.67

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 49  
(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. PRENOYAL C DAVIS**

Mailing Address 19004 SILVER CREEK AVE E

City State Zip Code  
 PUYALLUP WA 98375-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 KING COUNTY DOT-METRO TRANSIT

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 Y Y  
 05 / 11 / 2012

Transaction ID : 3461719

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

## **B. TRACEY R DAVIS**

Mailing Address 4205 AUBURN WAY S  
 LOT 116

City State Zip Code  
 AUBURN WA 98092-7252

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 KING COUNTY DOT-METRO TRANSIT

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 Y Y  
 05 / 11 / 2012

Transaction ID : 3461720

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

## **C. JOHN E EATON**

Mailing Address 4634 365TH AVENUE SE

City State Zip Code  
 FALL CITY WA 98024-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 KING COUNTY DOT-METRO TRANSIT

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 Y Y  
 05 / 11 / 2012

Transaction ID : 3461740

Amount of Each Receipt this Period

25.00

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

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

75.00

# **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 11 OF 49

☒ 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. TROY S EDWARDS**

Mailing Address 510 STEVENS AVENUE SW  
APT S407

City State Zip Code  
RENTON WA 98057-5884

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KING COUNTY DOT-METRO TRANSIT

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 Y  
05 / 11 / 2012

Transaction ID : 3461744

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

## **B. JAMES HARPER**

Mailing Address 32801-29TH AVENUE SW

City State Zip Code  
FEDERAL WAY WA 98023-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KING COUNTY DOT-METRO TRANSIT

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 Y  
05 / 11 / 2012

Transaction ID : 3461791

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

## **C. AUDREY R HEDSTROM**

Mailing Address 22413 11TH AVENUE SE

City State Zip Code  
KENT WA 98031-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KING COUNTY DOT-METRO TRANSIT

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 Y  
05 / 11 / 2012

Transaction ID : 3461793

Amount of Each Receipt this Period

25.00

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

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

75.00

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

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for each category of the  
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NAME OF COMMITTEE (In Full)

**AMALGAMATED TRANSIT UNION - COPE**

Full Name (Last, First, Middle Initial)

**A. JERRY L JACOBS**

Mailing Address 2112 NO 41ST

City  
SEATTLE

State  
WA

Zip Code  
98103-8316

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KING COUNTY DOT-METRO TRANSIT

Occupation

OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

05 / 11 / 2012

Transaction ID : 3461810

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. JAMES L JOHNSON**

Mailing Address 8425 46TH AVENUE SO

City  
SEATTLE

State  
WA

Zip Code  
98118-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KING COUNTY DOT-METRO TRANSIT

Occupation

OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

05 / 11 / 2012

Transaction ID : 3461816

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. DALE L KOPPERDAHL**

Mailing Address 11819 SE 171ST LANE  
#R301

City  
RENTON

State  
WA

Zip Code  
98058-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KING COUNTY DOT-METRO TRANSIT

Occupation

OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

05 / 11 / 2012

Transaction ID : 3461830

Amount of Each Receipt this Period

25.00

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

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

75.00

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**AMALGAMATED TRANSIT UNION - COPE**

Full Name (Last, First, Middle Initial)

**A. WESLEY A MAYS**

Mailing Address 3715 S SHERIDAN AVENUE

City  
TACOMA

State  
WA

Zip Code  
98418-3914

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KING COUNTY DOT-METRO TRANSIT

Occupation

OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

05 / 11 / 2012

Transaction ID : 3461861

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. JOHN C MUNRO**

Mailing Address 5726 145TH PLACE SW

City

EDMONDS

State

WA

Zip Code

98026-3729

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KING COUNTY DOT-METRO TRANSIT

Occupation

OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

05 / 11 / 2012

Transaction ID : 3461890

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. JAMES C SHIPP**

Mailing Address 19007 91 AVENUE  
COURT E

City

PUYALLUP

State

WA

Zip Code

98375-6153

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KING COUNTY DOT-METRO TRANSIT

Occupation

OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

05 / 11 / 2012

Transaction ID : 3461942

Amount of Each Receipt this Period

25.00

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

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

75.00

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**AMALGAMATED TRANSIT UNION - COPE**

Full Name (Last, First, Middle Initial)

**A. CARL SMITHBURG**

Mailing Address 13411 SE 57TH

City

BELLEVUE

State

WA

Zip Code

98006-4106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KING COUNTY DOT-METRO TRANSIT

Occupation

OPERATOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

05 / 11 / 2012

Transaction ID : 3461950

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. THERESA L TOBIN**

Mailing Address 19001 96TH AVENUE COURT E

City

PUYALLUP

State

WA

Zip Code

98375-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KING COUNTY DOT-METRO TRANSIT

Occupation

OPERATOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

05 / 11 / 2012

Transaction ID : 3461975

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. JIMMY O VANN**

Mailing Address 3223 S MONROE STREET

City

TACOMA

State

WA

Zip Code

98409-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KING COUNTY DOT-METRO TRANSIT

Occupation

OPERATOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

05 / 11 / 2012

Transaction ID : 3461985

Amount of Each Receipt this Period

25.00

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

75.00

**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  
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NAME OF COMMITTEE (In Full)

**AMALGAMATED TRANSIT UNION - COPE**

Full Name (Last, First, Middle Initial)

**A. JERRY WALLACE III**

Mailing Address 7706 37TH AVENUE SO

City  
SEATTLE

State  
WA

Zip Code  
98118-4008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KING COUNTY DOT-METRO TRANSIT

Occupation

OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

05 / 11 / 2012

Transaction ID : 3461991

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. DONALD L WARD**

Mailing Address 2538 S RAYMOND ST

City  
SEATTLE

State  
WA

Zip Code  
98108-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KING COUNTY DOT-METRO TRANSIT

Occupation

OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

05 / 11 / 2012

Transaction ID : 3461992

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. KELLY R WICKHAM**

Mailing Address 6706 N VAN DE CAR RD SE

City  
PORT ORCHARD

State  
WA

Zip Code  
98367-8506

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KING COUNTY DOT-METRO TRANSIT

Occupation

OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

05 / 11 / 2012

Transaction ID : 3462005

Amount of Each Receipt this Period

25.00

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

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

75.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 16 OF 49  
(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. MICHELE D WILKINSON**

Mailing Address 3515 GEIS RD

City  
DAYTONState  
OHZip Code  
45416-0000FEC ID number of contributing  
federal political committee.

C

Name of Employer

GREATER DAYTON RTA

Occupation

OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 |   | 1 | 8 |   | 2 | 0 | 1 | 2 |

Transaction ID : 3464244

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. TONIA STARKEY-OBA**

Mailing Address 84 VERSAILLES COURT

City

CINCINNATI

State

OH

Zip Code

45240-3831

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SW OHIO REGIONAL TRANSIT AUTH

Occupation

OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 |   | 1 | 2 |   | 2 | 0 | 1 | 2 |

Transaction ID : 3467092

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. WARREN M CHAPMAN**

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

WASH METRO AREA TRANSIT AUTH

Occupation

OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 |   | 1 | 2 |   | 2 | 0 | 1 | 2 |

Transaction ID : 3467116

Amount of Each Receipt this Period

40.00

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

115.00

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**AMALGAMATED TRANSIT UNION - COPE**

Full Name (Last, First, Middle Initial)

**A. JAMES D FITZGERALD**

Mailing Address 4608 EAST 13TH AVENUE

City

SPOKANE VALLEY

State

WA

Zip Code

99212-3260

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SPOKANE TRANSIT AUTHORITY

Occupation

OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

05 / 21 / 2012

Transaction ID : 3471809

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**B. MATTHEW MERVOSH**

Mailing Address 2919 BREVARD AVENUE

City

PITTSBURGH

State

PA

Zip Code

15227-2541

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 ▼

171.86

Date of Receipt

05 / 24 / 2012

Transaction ID : 3471823

Amount of Each Receipt this Period

5.18

Full Name (Last, First, Middle Initial)

**C. PAUL KAPLAN**

Mailing Address PO BOX 2561

City

BOCA RATON

State

FL

Zip Code

33427-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PALM TRAN INC

Occupation

Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

05 / 21 / 2012

Transaction ID : 3472229

Amount of Each Receipt this Period

40.00

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

90.18

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

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

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NAME OF COMMITTEE (In Full)

**AMALGAMATED TRANSIT UNION - COPE**

Full Name (Last, First, Middle Initial)

**A. MATTHEW MERVOSH**

Mailing Address 2919 BREVARD AVENUE

City

PITTSBURGH

State

PA

Zip Code

15227-2541

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 ▼

213.53

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 24 / 2012

Transaction ID : 3472235

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. MATTHEW MERVOSH**

Mailing Address 2919 BREVARD AVENUE

City

PITTSBURGH

State

PA

Zip Code

15227-2541

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 ▼

255.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 24 / 2012

Transaction ID : 3472294

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. MICHAEL G THURMOND**

Mailing Address 960 DAVIS AVENUE

City

PITTSBURGH

State

PA

Zip Code

15212-2065

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 ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 24 / 2012

Transaction ID : 3472310

Amount of Each Receipt this Period

42.00

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

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

125.34

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

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

FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMALGAMATED TRANSIT UNION - COPE**

Full Name (Last, First, Middle Initial)

## **A. RALPH T KLUGH**

Mailing Address 3418 CEDAR GLEN DRIVE

City

ALLISON PARK

State

PA

Zip Code

15101-1073

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 ▼

210.00

Date of Receipt

05 / 24 / 2012

Transaction ID : 3472337

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

## **B. 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 ▼

360.00

Date of Receipt

05 / 24 / 2012

Transaction ID : 3472508

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

## **C. WILFRED M OWENS**

Mailing Address 336 OHIO STREET

City

VALLEJO

State

CA

Zip Code

94590-5053

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GOLDEN GATE BRIDGE HIGHWAY TRAN

Occupation

OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

05 / 14 / 2012

Transaction ID : 3475815

Amount of Each Receipt this Period

42.00

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

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

137.00

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**AMALGAMATED TRANSIT UNION - COPE**

Full Name (Last, First, Middle Initial)

**A. PAUL B NEIL**

Mailing Address 1701 157TH AVENUE NE  
 #A101

City State Zip Code  
 BELLEVUE WA 98008-2777

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 KING COUNTY DOT-METRO TRANSIT

Occupation  
 OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
 05 / 24 / 2012

Transaction ID : 3476541

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. PAUL J BACHTEL**

Mailing Address 8513 MAIN STREET  
 #203

City State Zip Code  
 EDMONDS WA 98026-6940

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 KING COUNTY DOT-METRO TRANSIT

Occupation  
 OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
 05 / 24 / 2012

Transaction ID : 3476542

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. JUDY J YOUNG**

Mailing Address 7603 SOUTH 112TH STREET

City State Zip Code  
 SEATTLE WA 98178-3227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 KING COUNTY DOT-METRO TRANSIT

Occupation  
 OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
 05 / 24 / 2012

Transaction ID : 3476547

Amount of Each Receipt this Period

25.00

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

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

75.00

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

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

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☒ 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. RAYMOND B MESSIER**

Mailing Address 9198 WATER ROAD

City State Zip Code  
COTATI CA 94931-4271

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GOLDEN GATE BRIDGE HIGHWAY TRAN

Occupation  
OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 24 / 2012

Transaction ID : 3477014

Amount of Each Receipt this Period

27.50

Full Name (Last, First, Middle Initial)

**B. TONIA STARKEY-OBA**

Mailing Address 84 VERSAILLES COURT

City State Zip Code  
CINCINNATI OH 45240-3831

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SW OHIO REGIONAL TRANSIT AUTH

Occupation  
OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 25 / 2012

Transaction ID : 3477046

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. RUTH SULLIVAN**

Mailing Address 68 NARRAGANSETT AVENUE

City State Zip Code  
TIVERTON RI 02878-4620

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RHODE ISLAND PUBLIC TRANS AUTH

Occupation  
OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 14 / 2012

Transaction ID : 3481442

Amount of Each Receipt this Period

11.00

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

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

63.50

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**AMALGAMATED TRANSIT UNION - COPE**

Full Name (Last, First, Middle Initial)

**A. JOHN C MUNRO**

Mailing Address 5726 145TH PLACE SW

City

EDMONDS

State

WA

Zip Code

98026-3729

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KING COUNTY DOT-METRO TRANSIT

Occupation

OPERATOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 26 / 2012

Transaction ID : 3482143

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. FRANKLIN E DODSON**

Mailing Address 26058 NO 1725 EAST ROAD

City

LEXINGTON

State

IL

Zip Code

61753-9383

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BLOOMINGTON-NORM PUB TRANS SYS

Occupation

OPERATOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

05 / 29 / 2012

Transaction ID : 4090741

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

**C. RONALD L COX**

Mailing Address 8514 S SHYROCK RD

City

GLASFORD

State

IL

Zip Code

61533-9458

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GREATER PEORIA MASS TRAN DIST

Occupation

OPERATOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

05 / 29 / 2012

Transaction ID : 4090775

Amount of Each Receipt this Period

10.00

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

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

77.00

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

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

FOR LINE NUMBER: PAGE 23 OF 49  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMALGAMATED TRANSIT UNION - COPE**

Full Name (Last, First, Middle Initial)

**A. RONALD L COX**

Mailing Address 8514 S SHYROCK RD

City State Zip Code  
GLASFORD IL 61533-9458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GREATER PEORIA MASS TRAN DIST

Occupation  
OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 29 / 2012

Transaction ID : 4090777

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. JOHN A CRUZ**

Mailing Address 118 THIRD BEACH ROAD

City State Zip Code  
MIDDLETOWN RI 02842-5762

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RHODE ISLAND PUBLIC TRANS AUTH

Occupation  
OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 29 / 2012

Transaction ID : 4095244

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. ROGER LIMA JR**

Mailing Address 4 JACKSON ST

City State Zip Code  
NORTH PROVIDENCE RI 02904-4223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RHODE ISLAND PUBLIC TRANS AUTH

Occupation  
OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 29 / 2012

Transaction ID : 4095299

Amount of Each Receipt this Period

10.00

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

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

50.00

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

PAGE 24 OF 49

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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. ANTHONY MACHADO**

Mailing Address 85 MAPLE STREET

City

COVENTRY

State

RI

Zip Code

02816-5404

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RHODE ISLAND PUBLIC TRANS AUTH

Occupation

OPERATOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    | / | 29    | / | 2012        |

Transaction ID : 4095300

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. VIRGINIA A MOFFITT**

Mailing Address 90 GRANT AVE

City

CRANSTON

State

RI

Zip Code

02920-7718

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RHODE ISLAND PUBLIC TRANS AUTH

Occupation

OPERATOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    | / | 29    | / | 2012        |

Transaction ID : 4095324

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. ALFRED MULLAUGH**

Mailing Address 453 BUTTONWOODS AVENUE

City

WARWICK

State

RI

Zip Code

02886-8132

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RHODE ISLAND PUBLIC TRANS AUTH

Occupation

OPERATOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    | / | 29    | / | 2012        |

Transaction ID : 4095331

Amount of Each Receipt this Period

10.00

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

30.00

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 25 OF 49  
(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. RUTH SULLIVAN

Mailing Address 68 NARRAGANSETT AVENUE

City State Zip Code  
TIVERTON RI 02878-4620

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RHODE ISLAND PUBLIC TRANS AUTH

Occupation  
OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 29 / 2012

Transaction ID : 4095377

Amount of Each Receipt this Period

11.00

Full Name (Last, First, Middle Initial)

B. OWEN C SWEETLAND

Mailing Address 139 ROUNDS AVENUE

City State Zip Code  
RIVERSIDE RI 02915-1737

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RHODE ISLAND PUBLIC TRANS AUTH

Occupation  
OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 29 / 2012

Transaction ID : 4095378

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. DENNIS ANTONELLIS

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 10 / 2012

Transaction ID : 4098346

Amount of Each Receipt this Period

42.00

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

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

83.00

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

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

FOR LINE NUMBER: PAGE 26 OF 49  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMALGAMATED TRANSIT UNION - COPE**

Full Name (Last, First, Middle Initial)

**A. ROBERT H BAKER**

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 10 / 2012

Transaction ID : 4098347

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

**B. PAUL D BOWEN**

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 10 / 2012

Transaction ID : 4098349

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. JOHN COSTA**

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 10 / 2012

Transaction ID : 4098351

Amount of Each Receipt this Period

50.00

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

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

142.00

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

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

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMALGAMATED TRANSIT UNION - COPE**

Full Name (Last, First, Middle Initial)

**A. 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 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 10 / 2012

Transaction ID : 4098356

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

**B. 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 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 10 / 2012

Transaction ID : 4098357

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. KENNETH R KIRK**

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 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 10 / 2012

Transaction ID : 4098359

Amount of Each Receipt this Period

50.00

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

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

230.00

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

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

**AMALGAMATED TRANSIT UNION - COPE**

Full Name (Last, First, Middle Initial)

**A. STEPHAN MAC DOUGALL**

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 ▼

250.00

Date of Receipt

05 / 10 / 2012

Transaction ID : 4098360

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. WILLIAM G MC LEAN**

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 ▼

416.70

Date of Receipt

05 / 10 / 2012

Transaction ID : 4098361

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. RICHARD MURPHY**

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 ▼

416.70

Date of Receipt

05 / 10 / 2012

Transaction ID : 4098362

Amount of Each Receipt this Period

83.34

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

216.68

**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 29 OF 49  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMALGAMATED TRANSIT UNION - COPE**

Full Name (Last, First, Middle Initial)

**A. JAVIER M PEREZ JR**

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

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 10 / 2012

Transaction ID : 4098364

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. RODNEY RICHMOND**

Mailing Address 5387 STILLWATER DRIVE

City

NEW ORLEANS

State

LA

Zip Code

70128-3410

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 10 / 2012

Transaction ID : 4098368

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

**C. YVETTE SALAZAR**

Mailing Address 2713 EAST 132ND PLACE

City

THORNTON

State

CO

Zip Code

80241-2071

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 ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 10 / 2012

Transaction ID : 4098371

Amount of Each Receipt this Period

75.00

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

158.67

**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:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMALGAMATED TRANSIT UNION - COPE**

Full Name (Last, First, Middle Initial)

**A. CHARLES E WATSON**

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

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

05 / 10 / 2012

Transaction ID : 4098377

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. ANTHONY WITHINGTON**

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

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

05 / 10 / 2012

Transaction ID : 4098379

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. RAY H CAMPBELL**

Mailing Address 28648 226TH AVENUE SE

City

MAPLE VALLEY

State

WA

Zip Code

98038-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KING COUNTY DOT-METRO TRANSIT

Occupation

OPERATOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.00

Date of Receipt

05 / 26 / 2012

Transaction ID : 4103324

Amount of Each Receipt this Period

22.00

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

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

105.34

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)

**AMALGAMATED TRANSIT UNION - COPE**

Full Name (Last, First, Middle Initial)

**A. CHRIS T ABE**

Mailing Address 500 QUINCY AVENUE NE

City  
RENTON

State  
WA

Zip Code  
98059-4555

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KING COUNTY DOT-METRO TRANSIT

Occupation

OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 26 / 2012

**Transaction ID : 4103328**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. ROBERT E BANGS**

Mailing Address 2411 SOUTH 248TH STREET  
#D-12

City  
KENT

State  
WA

Zip Code  
98032-4070

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KING COUNTY DOT-METRO TRANSIT

Occupation

OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 26 / 2012

**Transaction ID : 4103371**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. PRENOYAL C DAVIS**

Mailing Address 19004 SILVER CREEK AVE E

City  
PUYALLUP

State  
WA

Zip Code  
98375-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KING COUNTY DOT-METRO TRANSIT

Occupation

OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 26 / 2012

**Transaction ID : 4103520**

Amount of Each Receipt this Period

25.00

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

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

75.00

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

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

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(check only one)

PAGE 32 OF 49

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NAME OF COMMITTEE (In Full)

**AMALGAMATED TRANSIT UNION - COPE**

Full Name (Last, First, Middle Initial)

## **A. TRACEY R DAVIS**

Mailing Address 4205 AUBURN WAY S  
 LOT 116

City State Zip Code  
 AUBURN WA 98092-7252

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 KING COUNTY DOT-METRO TRANSIT

Occupation  
 OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 26 / 2012

Transaction ID : 4103522

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

## **B. JOHN E EATON**

Mailing Address 4634 365TH AVENUE SE

City State Zip Code  
 FALL CITY WA 98024-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 KING COUNTY DOT-METRO TRANSIT

Occupation  
 OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 26 / 2012

Transaction ID : 4103567

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

## **C. TROY S EDWARDS**

Mailing Address 510 STEVENS AVENUE SW  
 APT S407

City State Zip Code  
 RENTON WA 98057-5884

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 KING COUNTY DOT-METRO TRANSIT

Occupation  
 OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 26 / 2012

Transaction ID : 4103572

Amount of Each Receipt this Period

25.00

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

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

75.00

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

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

FOR LINE NUMBER: PAGE 33 OF 49  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMALGAMATED TRANSIT UNION - COPE**

Full Name (Last, First, Middle Initial)

**A. DAVID S FAIRBANKS**

Mailing Address 8622 202ND SW

City State Zip Code  
EDMONDS WA 98026-6644

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KING COUNTY DOT-METRO TRANSIT

Occupation  
OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 26 / 2012

**Transaction ID : 4103585**

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

**B. JAMES HARPER**

Mailing Address 32801-29TH AVENUE SW

City State Zip Code  
FEDERAL WAY WA 98023-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KING COUNTY DOT-METRO TRANSIT

Occupation  
OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 26 / 2012

**Transaction ID : 4103680**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. AUDREY R HEDSTROM**

Mailing Address 22413 11TH AVENUE SE

City State Zip Code  
KENT WA 98031-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KING COUNTY DOT-METRO TRANSIT

Occupation  
OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 26 / 2012

**Transaction ID : 4103690**

Amount of Each Receipt this Period

25.00

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

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

71.00

# **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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMALGAMATED TRANSIT UNION - COPE**

Full Name (Last, First, Middle Initial)

**A. JERRY L JACOBS**

Mailing Address 2112 NO 41ST

City  
SEATTLE

State  
WA

Zip Code  
98103-8316

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KING COUNTY DOT-METRO TRANSIT

Occupation

OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 26 / 2012

Transaction ID : 4103737

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. JAMES L JOHNSON**

Mailing Address 8425 46TH AVENUE SO

City  
SEATTLE

State  
WA

Zip Code  
98118-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KING COUNTY DOT-METRO TRANSIT

Occupation

OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 26 / 2012

Transaction ID : 4103759

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. DALE L KOPPERDAHL**

Mailing Address 11819 SE 171ST LANE  
#R301

City  
RENTON

State  
WA

Zip Code  
98058-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KING COUNTY DOT-METRO TRANSIT

Occupation

OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 26 / 2012

Transaction ID : 4103801

Amount of Each Receipt this Period

25.00

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

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

75.00

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

Use separate schedule(s)  
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMALGAMATED TRANSIT UNION - COPE**

Full Name (Last, First, Middle Initial)

**A. SAMUEL LEAANA**

Mailing Address 1217 H STREET SE

City State Zip Code  
 AUBURN WA 98002-6729

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 KING COUNTY DOT-METRO TRANSIT

Occupation  
 OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

05 / 26 / 2012

Transaction ID : 4103821

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

**B. CAROL A LEAK**

Mailing Address 1992 SW 352ND STREET

City State Zip Code  
 FEDERAL WAY WA 98023-3784

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 KING COUNTY DOT-METRO TRANSIT

Occupation  
 OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

05 / 26 / 2012

Transaction ID : 4103823

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

**C. WESLEY A MAYS**

Mailing Address 3715 S SHERIDAN AVENUE

City State Zip Code  
 TACOMA WA 98418-3914

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 KING COUNTY DOT-METRO TRANSIT

Occupation  
 OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 26 / 2012

Transaction ID : 4103889

Amount of Each Receipt this Period

25.00

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

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

67.00

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**AMALGAMATED TRANSIT UNION - COPE**

Full Name (Last, First, Middle Initial)

**A. JOHN L MURROW**

Mailing Address 10457 DES MOINES WAY S  
#202

City State Zip Code  
SEATTLE WA 98168-5616

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KING COUNTY DOT-METRO TRANSIT

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 Y  
05 / 26 / 2012

**Transaction ID : 4103956**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. CARL SMITHBURG**

Mailing Address 13411 SE 57TH

City State Zip Code  
BELLEVUE WA 98006-4106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KING COUNTY DOT-METRO TRANSIT

Occupation  
OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 26 / 2012

**Transaction ID : 4104166**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. CECILY K THOMPSON**

Mailing Address 607 37TH STREET SE  
#108

City State Zip Code  
AUBURN WA 98002-8039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KING COUNTY DOT-METRO TRANSIT

Occupation  
OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.40

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 26 / 2012

**Transaction ID : 4104217**

Amount of Each Receipt this Period

20.84

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

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

70.84

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

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☐ 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. THERESA L TOBIN**

Mailing Address 19001 96TH AVENUE COURT E

City

PUYALLUP

State

WA

Zip Code

98375-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KING COUNTY DOT-METRO TRANSIT

Occupation

OPERATOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 26 / 2012

Transaction ID : 4104222

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. JIMMY O VANN**

Mailing Address 3223 S MONROE STREET

City

TACOMA

State

WA

Zip Code

98409-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KING COUNTY DOT-METRO TRANSIT

Occupation

OPERATOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 26 / 2012

Transaction ID : 4104245

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. JERRY WALLACE III**

Mailing Address 7706 37TH AVENUE SO

City

SEATTLE

State

WA

Zip Code

98118-4008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KING COUNTY DOT-METRO TRANSIT

Occupation

OPERATOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 26 / 2012

Transaction ID : 4104256

Amount of Each Receipt this Period

25.00

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

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

75.00

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 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. DONALD L WARD**

Mailing Address 2538 S RAYMOND ST

City  
SEATTLE

State  
WA

Zip Code  
98108-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KING COUNTY DOT-METRO TRANSIT

Occupation

OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 26 / 2012

Transaction ID : 4104258

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. KELLY R WICKHAM**

Mailing Address 6706 N VAN DE CAR RD SE

City

PORT ORCHARD

State

WA

Zip Code

98367-8506

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KING COUNTY DOT-METRO TRANSIT

Occupation

OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 26 / 2012

Transaction ID : 4104283

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. JAMES C SHIPP**

Mailing Address 19007 91 AVENUE  
COURT E

City

PUYALLUP

State

WA

Zip Code

98375-6153

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KING COUNTY DOT-METRO TRANSIT

Occupation

OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 26 / 2012

Transaction ID : 4104343

Amount of Each Receipt this Period

25.00

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

75.00

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

3243.22

**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 checked="" 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 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. Cybersource Corp.**

Mailing Address 1295 Charleston Road

|              |       |          |
|--------------|-------|----------|
| City         | State | Zip Code |
| Mountainview | CA    | 94043    |

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

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

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

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    |   | 02    |   | 2012        |

**Transaction ID : 4102322**

Amount of Each Disbursement this Period

|       |
|-------|
| 46.95 |
|-------|

Credit Card Processing Fee

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Purpose of Disbursement

Candidate Name

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

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

Date of Disbursement

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

Amount of Each Disbursement this Period

|  |
|--|
|  |
|--|

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Purpose of Disbursement

Candidate Name

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

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

Date of Disbursement

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

Amount of Each Disbursement this Period

|  |
|--|
|  |
|--|

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

|       |
|-------|
| 46.95 |
|-------|

|       |
|-------|
| 46.95 |
|-------|

**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. Democratic State Central Committee of Maryland**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    |   | 10    |   | 2012        |

Mailing Address 33 West Street  
Suite 200

City Annapolis State MD Zip Code 21401

Purpose of Disbursement  
Contribution

011

**Transaction ID : 3431529**

Amount of Each Disbursement this Period

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

Candidate Name

**Democratic State Central Committee of Maryland**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Contribution

State: District:

Full Name (Last, First, Middle Initial)

**B. Braley For Congress**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    |   | 10    |   | 2012        |

Mailing Address PO Box 390

City Waterloo State IA Zip Code 50704

Purpose of Disbursement  
Contribution

011

**Transaction ID : 3431551**

Amount of Each Disbursement this Period

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

Candidate Name

**Rep. Bruce Braley**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012 ☒ Primary ☐ General  
☐ Other (specify) ▼

Contribution

State: IA District: 01

Full Name (Last, First, Middle Initial)

**C. Matheson For Congress**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    |   | 10    |   | 2012        |

Mailing Address PO Box 521048

City Salt Lake City State UT Zip Code 84152

Purpose of Disbursement  
Contribution

011

**Transaction ID : 3435789**

Amount of Each Disbursement this Period

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

Candidate Name

**Rep. James Matheson**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012 ☒ Primary ☐ General  
☐ Other (specify) ▼

Contribution

State: UT District: 04

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

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

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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 41 OF 49

|                              |                              |                                        |                              |                             |                              |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <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   | State | Zip Code |
| Lowell | MA    | 01853    |

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Nicola Tsongas**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MA District: 05

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    |   | 10    |   | 2012        |

**Transaction ID : 3435791**

Amount of Each Disbursement this Period

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

Contribution

Full Name (Last, First, Middle Initial)

**B. John Tierney For Congress**

Mailing Address 49 Federal Street

|       |       |          |
|-------|-------|----------|
| City  | State | Zip Code |
| Salem | MA    | 01970    |

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. John Tierney**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MA District: 06

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    |   | 10    |   | 2012        |

**Transaction ID : 3435792**

Amount of Each Disbursement this Period

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

Contribution

Full Name (Last, First, Middle Initial)

**C. 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: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MA District: 09

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    |   | 10    |   | 2012        |

**Transaction ID : 3435793**

Amount of Each Disbursement this Period

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

Contribution

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

|         |
|---------|
| 3000.00 |
|---------|

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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 42 OF 49

|                              |                              |                                        |                              |                             |                              |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <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. Kuster For Congress, Inc.**

Mailing Address P.O. Box 1498

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Concord | NH    | 03302    |

Purpose of Disbursement  
Contribution

Candidate Name

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

State: NH District: 02

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    |   | 10    |   | 2012        |

**Transaction ID : 3435794**

Amount of Each Disbursement this Period

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

Contribution

Full Name (Last, First, Middle Initial)

**B. Langevin For Congress**

Mailing Address 181a Knight Street

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Warwick | RI    | 02886    |

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. James Langevin**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: RI District: 02

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    |   | 10    |   | 2012        |

**Transaction ID : 3435796**

Amount of Each Disbursement this Period

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

Contribution

Full Name (Last, First, Middle Initial)

**C. Friends Of Cheri Bustos**

Mailing Address P.O. Box 77

|             |       |          |
|-------------|-------|----------|
| City        | State | Zip Code |
| East Moline | IL    | 61244    |

Purpose of Disbursement  
Contribution

Candidate Name

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

State: IL District: 17

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    |   | 10    |   | 2012        |

**Transaction ID : 3435798**

Amount of Each Disbursement this Period

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

Contribution

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

|          |
|----------|
| 11000.00 |
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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 43 OF 49

|                              |                              |                                        |                              |                             |                              |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <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. Mark Critz For Congress Committee**Mailing Address 647 Main Street  
Suite 110

City Johnstown State PA Zip Code 15901

Purpose of Disbursement  
Debt Retirement

Candidate Name

**Rep. Mark Critz**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 12

Primary Debt 2012

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    |   | 10    |   | 2012        |

**Transaction ID : 3435807**

Amount of Each Disbursement this Period

|         |
|---------|
| 1500.00 |
|---------|

Debt Retirement

Full Name (Last, First, Middle Initial)

**B. Mark Critz For Congress Committee**Mailing Address 647 Main Street  
Suite 110

City Johnstown State PA Zip Code 15901

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Mark Critz**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 12

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    |   | 10    |   | 2012        |

**Transaction ID : 3435812**

Amount of Each Disbursement this Period

|         |
|---------|
| 2000.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

**C. Citizens For Waters**

Mailing Address 555 So.Flower St.,Suite 4210

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Maxine Waters**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 43

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    |   | 10    |   | 2012        |

**Transaction ID : 3435813**

Amount of Each Disbursement this Period

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

Contribution

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

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| 4500.00 |
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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 44 OF 49

|                              |                              |                                        |                              |                             |                              |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <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. Heidi For Senate**

Mailing Address PO Box 1577

|          |       |          |
|----------|-------|----------|
| City     | State | Zip Code |
| Bismarck | ND    | 58502    |

Purpose of Disbursement  
Contribution

Candidate Name

**Ms. Heidi Heitkamp**

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

State: ND District:

|                                                                              |
|------------------------------------------------------------------------------|
| Disbursement For: 2012                                                       |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                                   |

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    |   | 10    |   | 2012        |

**Transaction ID : 3435814**

Amount of Each Disbursement this Period

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

Contribution

Full Name (Last, First, Middle Initial)

**B. Rush Holt For Congress**

Mailing Address PO Box 782

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Pennington | NJ    | 08534    |

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Rush Holt**

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

State: NJ District: 12

|                                                                              |
|------------------------------------------------------------------------------|
| Disbursement For: 2012                                                       |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                                   |

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    |   | 10    |   | 2012        |

**Transaction ID : 3435815**

Amount of Each Disbursement this Period

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

Contribution

Full Name (Last, First, Middle Initial)

**C. Gillan For Congress**

Mailing Address PO Box 1978

|          |       |          |
|----------|-------|----------|
| City     | State | Zip Code |
| Billings | MT    | 59103    |

Purpose of Disbursement  
Contribution

Candidate Name

**Kim Gillan**

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

State: MT District: 00

|                                                                              |
|------------------------------------------------------------------------------|
| Disbursement For: 2012                                                       |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                                   |

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    |   | 10    |   | 2012        |

**Transaction ID : 3435816**

Amount of Each Disbursement this Period

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

Contribution

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

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| 7000.00 |
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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 45 OF 49

|                              |                              |                                        |                              |                             |                              |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <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. John D. Dingell For Congress**Mailing Address 700 13th Street, NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. John Dingell**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 12

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    |   | 10    |   | 2012        |

**Transaction ID : 3435817**

Amount of Each Disbursement this Period

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

Contribution

Full Name (Last, First, Middle Initial)

**B. Defazio For Congress**

Mailing Address PO Box 1316

City Springfield State OR Zip Code 97477

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Peter DeFazio**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OR District: 04

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    |   | 10    |   | 2012        |

**Transaction ID : 3435820**

Amount of Each Disbursement this Period

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

Contribution

Full Name (Last, First, Middle Initial)

**C. Keep Nick Rahall In Congress Committee**

Mailing Address P O Box 64

City Beckley State WV Zip Code 25801

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Nick Rahall II**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WV District: 03

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    |   | 10    |   | 2012        |

**Transaction ID : 3435822**

Amount of Each Disbursement this Period

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

Contribution

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

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| 11000.00 |
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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 46 OF 49

|                              |                              |                                        |                              |                             |                              |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <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. Ron Barber For Congress**

Mailing Address PO Box 57715

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Tucson | State<br>AZ | Zip Code<br>85732 |
|----------------|-------------|-------------------|

Purpose of Disbursement  
Contribution

Candidate Name

**Mr. Ronald Barber**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☐ General☒ Other (specify) ▼

Special-General2012

State: AZ District: 08

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    |   | 10    |   | 2012        |

**Transaction ID : 3435823**

Amount of Each Disbursement this Period

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

Contribution

Full Name (Last, First, Middle Initial)

**B. Montanans For Tester**

Mailing Address PO Box 3171

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>Billings | State<br>MT | Zip Code<br>59103 |
|------------------|-------------|-------------------|

Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Jon Tester**Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General☐ Other (specify) ▼

State: MT District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    |   | 10    |   | 2012        |

**Transaction ID : 3435825**

Amount of Each Disbursement this Period

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

Contribution

Full Name (Last, First, Middle Initial)

**C. McCaskill For Missouri 2012**Mailing Address 700 13th Street NW  
Suite 600

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Washington | State<br>DC | Zip Code<br>20005 |
|--------------------|-------------|-------------------|

Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Claire McCaskill**Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General☐ Other (specify) ▼

State: MO District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    |   | 10    |   | 2012        |

**Transaction ID : 3435826**

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 47 OF 49

|                              |                              |                                        |                              |                             |                              |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <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. Martin Heinrich For Senate**

Mailing Address P.O. Box 25763

|             |       |          |
|-------------|-------|----------|
| City        | State | Zip Code |
| Albuquerque | NM    | 87125    |

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Martin Heinrich**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NM District: 01

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    |   | 10    |   | 2012        |

**Transaction ID : 3435827**

Amount of Each Disbursement this Period

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

Contribution

Full Name (Last, First, Middle Initial)

**B. McCaskill For Missouri 2012**Mailing Address 700 13th Street NW  
Suite 600

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Washington | DC    | 20005    |

Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Claire McCaskill**Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MO District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    |   | 15    |   | 2012        |

**Transaction ID : 3440848**

Amount of Each Disbursement this Period

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

Contribution

Full Name (Last, First, Middle Initial)

**C. Julia Brownley For Congress**

Mailing Address 728 W Edna Place

|        |       |          |
|--------|-------|----------|
| City   | State | Zip Code |
| Covina | CA    | 91722    |

Purpose of Disbursement  
Contribution

Candidate Name

**Ms. Julia Brownley**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 26

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    |   | 22    |   | 2012        |

**Transaction ID : 3456952**

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 |
|---------|

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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)

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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. Elizabeth Crowley For Congress**

Mailing Address 77-24 83 Street

|          |       |          |
|----------|-------|----------|
| City     | State | Zip Code |
| Glendale | NY    | 11385    |

Purpose of Disbursement  
Contribution

Candidate Name

**Ms. Elizabeth Crowley**

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

State: NY District: 06

|                                                                              |
|------------------------------------------------------------------------------|
| Disbursement For: 2012                                                       |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                                   |

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    |   | 23    |   | 2012        |

**Transaction ID : 3458094**

Amount of Each Disbursement this Period

|         |
|---------|
| 3000.00 |
|---------|

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Purpose of Disbursement

Candidate Name

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

State: District:

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

Date of Disbursement

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

Amount of Each Disbursement this Period

|  |
|--|
|  |
|--|

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Purpose of Disbursement

Candidate Name

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

State: District:

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

Date of Disbursement

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

Amount of Each Disbursement this Period

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|--|
|  |
|--|

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

|         |
|---------|
| 3000.00 |
|---------|

|          |
|----------|
| 60500.00 |
|----------|

**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 49 OF 49

|                              |                              |                              |                              |                                        |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|----------------------------------------|------------------------------|
| <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. People for Robert Matzie**

Mailing Address 315 Wilson Ave

|          |       |          |
|----------|-------|----------|
| City     | State | Zip Code |
| Ambridge | PA    | 15003    |

Purpose of Disbursement  
Contribution

Candidate Name

**PA Rep. Robert Matzie**

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

State: PA District: 16

|                                                                              |
|------------------------------------------------------------------------------|
| Disbursement For: 2012                                                       |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                                   |

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    |   | 31    |   | 2012        |

**Transaction ID : 3477233**

Amount of Each Disbursement this Period

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

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Purpose of Disbursement

Candidate Name

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

State: District:

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

Date of Disbursement

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

Amount of Each Disbursement this Period

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|--|
|  |
|--|

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Purpose of Disbursement

Candidate Name

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

State: District:

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

Date of Disbursement

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

Amount of Each Disbursement this Period

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|--|
|  |
|--|

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

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

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