

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

UTILITY WORKERS UNION OF AMERICA COPE

ADDRESS (number and street) 1300 L STREET NW

Check if different than previously reported. (ACC) SUITE 1200

WASHINGTON DC 20005

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00040741 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 / D D / Y Y Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the:

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

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y Y Y 08 / 01 / 2016 through M M / D D / Y Y Y Y Y Y 08 / 31 / 2016

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 MICHAEL COLEMAN

Signature of Treasurer MICHAEL COLEMAN [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 09 / 08 / 2016

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

UTILITY WORKERS UNION OF AMERICA COPE

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		<input type="text" value="183134.51"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="235024.19"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="12268.76"/>	<input type="text" value="104158.44"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="247292.95"/>	<input type="text" value="287292.95"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="6300.00"/>	<input type="text" value="46300.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="240992.95"/>	<input type="text" value="240992.95"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

UTILITY WORKERS UNION OF AMERICA COPE

Report Covering the Period: From: / / To: / /

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).....	3382.73	23102.88
(ii) Unitemized	8886.03	80055.56
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	12268.76	103158.44
(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)	12268.76	103158.44
12. Transfers From Affiliated/Other Party Committees.....	0.00	1000.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
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))..... ▶	12268.76	104158.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	12268.76	104158.44

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B 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	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	1100.00	6100.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	32500.00
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	200.00	7700.00
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)) ..	6300.00	46300.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6300.00	46300.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	12268.76	103158.44
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12268.76	103158.44
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**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 6 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
UTILITY WORKERS UNION OF AMERICA COPE

A. GERALD ACOSTA
Full Name (Last, First, Middle Initial)

Mailing Address 407 E. SAINT JOHN ROAD

City PHOENIX	State AZ	Zip Code 85022
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FEC ID number of contributing federal political committee. **C**

Name of Employer UWUA	Occupation NATINAL REP.
--------------------------	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
996.96

Date of Receipt
08 / 31 / 2016
Transaction ID : SA11AI.6472

Amount of Each Receipt this Period
124.62

Memo Item
Payroll Deductions

B. GREG S ADAMS
Full Name (Last, First, Middle Initial)

Mailing Address 2307 EMBURY PARK RD

City DAYTON	State OH	Zip Code 45414
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FEC ID number of contributing federal political committee. **C**

Name of Employer UTILITY WORKERS UNION OF AMERI	Occupation BOARD MEMBER
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
654.48

Date of Receipt
08 / 31 / 2016
Transaction ID : SA11AI.6491

Amount of Each Receipt this Period
81.81

Memo Item
Payroll Deductions

C. JAMES ANDERSON
Full Name (Last, First, Middle Initial)

Mailing Address 2017 WEST BOROUGH DR

City HEBRON	State KY	Zip Code 41048
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FEC ID number of contributing federal political committee. **C**

Name of Employer UWUA	Occupation EXB MEMBER
--------------------------	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
08 / 31 / 2016
Transaction ID : SA11AI.6492

Amount of Each Receipt this Period
50.00

Memo Item
EXB Member Contribution

SUBTOTAL of Receipts This Page (optional).....	256.43
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)	PAGE 7 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UTILITY WORKERS UNION OF AMERICA COPE

A. MARK BROOKS
Full Name (Last, First, Middle Initial)

Mailing Address 521 CENTRAL AVENUE

City NASHVILLE State TN Zip Code 37211

FEC ID number of contributing federal political committee. **C**

Name of Employer UWUA Occupation NATL. REP.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1097.60

Date of Receipt
08 / 31 / 2016
Transaction ID : SA11AI.6473

Amount of Each Receipt this Period
137.20

Memo Item
Payroll Deductions

B. NICHOLAS J CARACAPPA
Full Name (Last, First, Middle Initial)

Mailing Address 486 HAWKINS RD

City SELDEN State NY Zip Code 11784

FEC ID number of contributing federal political committee. **C**

Name of Employer UTILITY WORKERS UNION Occupation EXB MEMBER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
08 / 31 / 2016
Transaction ID : SA11AI.6493

Amount of Each Receipt this Period
50.00

Memo Item
EXB Member Contribution

C. NOEL CHRISTMAS
Full Name (Last, First, Middle Initial)

Mailing Address 2508 PHEASANT HOLLOW DR.

City PLAINSBORO State NJ Zip Code 08536

FEC ID number of contributing federal political committee. **C**

Name of Employer UWUA Occupation EXB MEMBER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
654.48

Date of Receipt
08 / 31 / 2016
Transaction ID : SA11AI.6494

Amount of Each Receipt this Period
81.81

Memo Item
EXB Member Contribution

SUBTOTAL of Receipts This Page (optional).....▶	269.01
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 8 OF 20
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UTILITY WORKERS UNION OF AMERICA COPE

A. KELLY COOPER
Full Name (Last, First, Middle Initial)

Mailing Address 520 MCNEILAN ROAD

City WEST UNION State OH Zip Code 45693

FEC ID number of contributing federal political committee. **C**

Name of Employer UWUA Occupation EXB MEMBER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **914.72**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 31 / 2016

Transaction ID : SA11AI.6474

Amount of Each Receipt this Period
114.34

Memo Item
Payroll Deductions

B. RICHARD COSSELL
Full Name (Last, First, Middle Initial)

Mailing Address 284 MT. ETNA ROAD

City SMITHTON State PA Zip Code 15479

FEC ID number of contributing federal political committee. **C**

Name of Employer UWUA Occupation NATL. REP.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **914.72**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 31 / 2016

Transaction ID : SA11AI.6475

Amount of Each Receipt this Period
114.34

Memo Item
Payroll Deductions

C. REGINALD DAVIS
Full Name (Last, First, Middle Initial)

Mailing Address 348 STUYVESANT AVENUE

City BOOKLYN State NY Zip Code 11223

FEC ID number of contributing federal political committee. **C**

Name of Employer UWUA Occupation NATL. REP.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **498.56**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 31 / 2016

Transaction ID : SA11AI.6476

Amount of Each Receipt this Period
62.32

Memo Item
Payroll Deductions

SUBTOTAL of Receipts This Page (optional).....▶	291.00
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: (check only one)	PAGE 9 OF 20
<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)
UTILITY WORKERS UNION OF AMERICA COPE

A. PATRICK DILLON
Full Name (Last, First, Middle Initial)

Mailing Address 3534 TWIN SPRUCE DR.

City KALAMAZOO	State MI	Zip Code 49004
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FEC ID number of contributing federal political committee. **C**

Name of Employer UWUA	Occupation EXB MEMBER
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1308.96

Date of Receipt
08 / 31 / 2016
Transaction ID : SA11AI.6496

Amount of Each Receipt this Period
163.62

Memo Item
EXB Member Contribution

B. JOHN DUFFY
Full Name (Last, First, Middle Initial)

Mailing Address 286 HOWARD ST.

City WASHINGTON TOWNSHIP	State NJ	Zip Code 07676
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FEC ID number of contributing federal political committee. **C**

Name of Employer Utility Workers Union of Ameri	Occupation Vice President
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1578.74

Date of Receipt
08 / 31 / 2016
Transaction ID : SA11AI.6477

Amount of Each Receipt this Period
196.48

Memo Item
Payroll Deductions

C. SHAWN GARVEY
Full Name (Last, First, Middle Initial)

Mailing Address 16 GRAND AVENUE

City LYNBROOK	State NY	Zip Code 11563
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FEC ID number of contributing federal political committee. **C**

Name of Employer UWUA	Occupation NATL. REPR.
--------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
996.96

Date of Receipt
08 / 31 / 2016
Transaction ID : SA11AI.6478

Amount of Each Receipt this Period
124.62

Memo Item
Payroll Deductions

SUBTOTAL of Receipts This Page (optional).....	484.72
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)	PAGE 10 OF 20
<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)
UTILITY WORKERS UNION OF AMERICA COPE

A. JAMES GENNETT
Full Name (Last, First, Middle Initial)

Mailing Address 319 DIANA COURT

City BENSONVILLE State IL Zip Code 60106

FEC ID number of contributing federal political committee. **C**

Name of Employer UWUA Occupation NATL. REPR.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **996.96**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 31 / 2016
Transaction ID : SA11AI.6479

Amount of Each Receipt this Period
124.62

Memo Item
Payroll Deductions

B. RICHARD HARKINS
Full Name (Last, First, Middle Initial)

Mailing Address 21557 SHEFFIELD

City FARMINGTON HILLS State MI Zip Code 48335

FEC ID number of contributing federal political committee. **C**

Name of Employer UWUA Occupation EXB MEMBER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **654.48**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 31 / 2016
Transaction ID : SA11AI.6497

Amount of Each Receipt this Period
81.81

Memo Item
EXB Member Contribution

C. JAMES HARRISON
Full Name (Last, First, Middle Initial)

Mailing Address 3539 ARMOUR

City PORT HURON State MI Zip Code 48060

FEC ID number of contributing federal political committee. **C**

Name of Employer UTILITY WORKERS UNION OF AMERI Occupation NATL. REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **996.96**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 31 / 2016
Transaction ID : SA11AI.6480

Amount of Each Receipt this Period
124.62

Memo Item
Payroll Deductions

SUBTOTAL of Receipts This Page (optional).....▶	331.05
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 11 OF 20
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UTILITY WORKERS UNION OF AMERICA COPE

A. KEITH HOLMES
Full Name (Last, First, Middle Initial)

Mailing Address 3827 ARENDELL AVENUE

City PHILADELPHIA State PA Zip Code 19114

FEC ID number of contributing federal political committee. **C**

Name of Employer UWUA Occupation EXB MEMBER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 31 / 2016
Transaction ID : SA11AI.6498

Amount of Each Receipt this Period 50.00

Memo Item
EXB Member Contribution

B. ROBERT HOUSER
Full Name (Last, First, Middle Initial)

Mailing Address 42 RAVENWOOD BLVD

City BARNEGAT State NJ Zip Code 08005

FEC ID number of contributing federal political committee. **C**

Name of Employer UWUA Occupation NATL. REP.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 996.96

Date of Receipt 08 / 31 / 2016
Transaction ID : SA11AI.6481

Amount of Each Receipt this Period 124.62

Memo Item
Payroll Deductions

C. DANIEL HURLEY
Full Name (Last, First, Middle Initial)

Mailing Address 101 ARBUTUS AVENUE

City BRAINTREE State MA Zip Code 02184

FEC ID number of contributing federal political committee. **C**

Name of Employer UTILITY WORKERS UNION OF AMERI Occupation NATL. REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 996.96

Date of Receipt 08 / 31 / 2016
Transaction ID : SA11AI.6482

Amount of Each Receipt this Period 124.62

Memo Item
Payroll Deductions

SUBTOTAL of Receipts This Page (optional)..... ▶ 299.24

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 12 OF 20
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UTILITY WORKERS UNION OF AMERICA COPE

A. LAWRENCE KELLEY
Full Name (Last, First, Middle Initial)

Mailing Address 270 MANSFIELD RD

City WASHINGTON State PA Zip Code 15301

FEC ID number of contributing federal political committee. **C**

Name of Employer UWUA Occupation NATL. REP.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **666.72**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 31 / 2016

Transaction ID : SA11AI.6483

Amount of Each Receipt this Period
83.34

Memo Item
Payroll Deductions

B. LEONIDAS LABELLE
Full Name (Last, First, Middle Initial)

Mailing Address 1977 YALE AVENUE

City WILLIAMSPORT State PA Zip Code 17701

FEC ID number of contributing federal political committee. **C**

Name of Employer Utility Workers Union of Ameri Occupation National Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **996.96**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 31 / 2016

Transaction ID : SA11AI.6484

Amount of Each Receipt this Period
124.62

Memo Item
Payroll Deductions

C. JAMES LEWIS
Full Name (Last, First, Middle Initial)

Mailing Address 2120 LONDERGRAN STREET

City PITTSBURGH State PA Zip Code 15216

FEC ID number of contributing federal political committee. **C**

Name of Employer UWUA Occupation NAT. REP.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **996.96**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 31 / 2016

Transaction ID : SA11AI.6485

Amount of Each Receipt this Period
124.62

Memo Item
Payroll Deductions

SUBTOTAL of Receipts This Page (optional).....	332.58
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)	PAGE 13 OF 20
	<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	<input type="checkbox"/> 18

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NAME OF COMMITTEE (In Full)
UTILITY WORKERS UNION OF AMERICA COPE

Full Name (Last, First, Middle Initial)
A. ROBERT MAHONEY

Mailing Address 217 PONDEROSA AVENUE

City HANOVER State MA Zip Code 02339

FEC ID number of contributing federal political committee. **C**

Name of Employer UWUA Occupation NATL. REP.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **996.96**

Date of Receipt **08 / 31 / 2016**

Transaction ID : SA11AI.6486

Amount of Each Receipt this Period **124.62**

Memo Item
Payroll Deductions

Full Name (Last, First, Middle Initial)
B. FRANK MEZMARICH Sr.

Mailing Address 4710 E. PLEASANT VALLEY RD

City INDEPENDENCE State OH Zip Code 44131

FEC ID number of contributing federal political committee. **C**

Name of Employer UWUA Occupation EXB MEMBER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **873.60**

Date of Receipt **08 / 31 / 2016**

Transaction ID : SA11AI.6499

Amount of Each Receipt this Period **109.20**

Memo Item
EXB Member Contribution

Full Name (Last, First, Middle Initial)
C. RICHARD PASSARELLI

Mailing Address 2347 WOODVIEW LANE

City NAPERVILLE State IL Zip Code 60565

FEC ID number of contributing federal political committee. **C**

Name of Employer UWUA Occupation EXB MEMBER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **654.48**

Date of Receipt **08 / 31 / 2016**

Transaction ID : SA11AI.6500

Amount of Each Receipt this Period **81.81**

Memo Item
EXB Member Contribution

SUBTOTAL of Receipts This Page (optional).....▶	315.63
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 14 OF 20
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UTILITY WORKERS UNION OF AMERICA COPE

A. ANTHONY PEDAGNA
Full Name (Last, First, Middle Initial)

Mailing Address 66 DIVISION AVENUE

City MASSAPEQUA State NY Zip Code 11758

FEC ID number of contributing federal political committee. **C**

Name of Employer UTILITY WORKERS UNION OF AMERI Occupation EXECUTIVE BOARD MEMBER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 08 / 31 / 2016
Transaction ID : SA11AI.6501

Amount of Each Receipt this Period 75.00

Memo Item
EXB Member Contribution

B. JAMES SHILLITTO
Full Name (Last, First, Middle Initial)

Mailing Address 67 EDMORE LANE N

City W ISLIP State NY Zip Code 11795

FEC ID number of contributing federal political committee. **C**

Name of Employer UWUA Occupation EXB MEMBER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 654.48

Date of Receipt 08 / 31 / 2016
Transaction ID : SA11AI.6503

Amount of Each Receipt this Period 81.81

Memo Item
EXB Member Contribution

C. BETH SIMON
Full Name (Last, First, Middle Initial)

Mailing Address 2057 S. OXFORD AVENUE

City LOS ANGELES State CA Zip Code 90018

FEC ID number of contributing federal political committee. **C**

Name of Employer UWUA Occupation GRANT MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 914.72

Date of Receipt 08 / 31 / 2016
Transaction ID : SA11AI.6489

Amount of Each Receipt this Period 114.34

Memo Item
Payroll Deductions

SUBTOTAL of Receipts This Page (optional)..... ▶ 271.15

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)	PAGE 15 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UTILITY WORKERS UNION OF AMERICA COPE

A. JAMES SLEVIN
Full Name (Last, First, Middle Initial)

Mailing Address 53 BLACKBERRY WAY

City HOPEWELL JCT. State NY Zip Code 12533

FEC ID number of contributing federal political committee. **C**

Name of Employer UWUA Occupation EXB MEMBER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 654.48

Date of Receipt 08 / 31 / 2016
Transaction ID : SA11AI.6504

Amount of Each Receipt this Period 81.81

Memo Item
EXB Member Contribution

B. MICHAEL P SMITH
Full Name (Last, First, Middle Initial)

Mailing Address 8603 ODOWLING

City ONSTED State MI Zip Code 49265

FEC ID number of contributing federal political committee. **C**

Name of Employer UTILITY WORKERS UNION OF AMERI Occupation EXECUTIVE BOARD MEMBER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 31 / 2016
Transaction ID : SA11AI.6505

Amount of Each Receipt this Period 100.00

Memo Item
EXB Member Contribution

C. ROBERT K STAHL
Full Name (Last, First, Middle Initial)

Mailing Address 7415 DITMAS BLVD.

City E. ELMHURST State NY Zip Code 11370

FEC ID number of contributing federal political committee. **C**

Name of Employer UTILITY WORKERS UNION OF AMERI Occupation BOARD MEMBER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 31 / 2016
Transaction ID : SA11AI.6506

Amount of Each Receipt this Period 50.00

Memo Item
EXB Member Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 231.81

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)	PAGE 16 OF 20
<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)
UTILITY WORKERS UNION OF AMERICA COPE

A. JOSEPH SWENGLISH
Full Name (Last, First, Middle Initial)

Mailing Address 3300 PREBLE AVE.

City PITTSBURGH State PA Zip Code 15233

FEC ID number of contributing federal political committee. **C**

Name of Employer UTILITY WORKERS UNION OF AMERC Occupation EXECUTIVE BOARD MEMBER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **654.48**

Date of Receipt **08 / 31 / 2016**

Transaction ID : SA11AI.6507

Amount of Each Receipt this Period **81.81**

Memo Item
 EXB Member Contribution

B. LISA M VELLA
Full Name (Last, First, Middle Initial)

Mailing Address 147-06 17TH AVENUE

City WHITESTONE State NY Zip Code 11357

FEC ID number of contributing federal political committee. **C**

Name of Employer UTILITY WORKERS UNION OF AMERI Occupation BOARD MEMBER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **08 / 31 / 2016**

Transaction ID : SA11AI.6508

Amount of Each Receipt this Period **25.00**

Memo Item
 EXB Member Contribution

C. CARL WOOD
Full Name (Last, First, Middle Initial)

Mailing Address 10103 LIVE OAK AVENUE

City CHERRY VALLEY State CA Zip Code 92223

FEC ID number of contributing federal political committee. **C**

Name of Employer UWUA Occupation NATL. REP.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **946.40**

Date of Receipt **08 / 31 / 2016**

Transaction ID : SA11AI.6490

Amount of Each Receipt this Period **118.30**

Memo Item
 Payroll Deductions

SUBTOTAL of Receipts This Page (optional).....▶	225.11
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 17 OF 20
(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)
UTILITY WORKERS UNION OF AMERICA COPE

A. CRAIG WRIGHT
Full Name (Last, First, Middle Initial)
Mailing Address 2111 EDWIN PLACE
City LANSING State MI Zip Code 48911
FEC ID number of contributing federal political committee. **C**
Name of Employer UTILITY WORKERS UNION Occupation EXECUTIVE BOARD MEMBER
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **600.00**

Date of Receipt **08 / 31 / 2016**
Transaction ID : SA11AI.6510
Amount of Each Receipt this Period **75.00**
 Memo Item
EXB Member Contribution

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date

Date of Receipt
Amount of Each Receipt this Period
 Memo Item

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date

Date of Receipt
Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	3382.73

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input checked="" 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)
UTILITY WORKERS UNION OF AMERICA COPE

Full Name (Last, First, Middle Initial)

A. LOS ANGELES COUNTY DEMOCRATIC PARTY

Mailing Address 3350 WILSHIRE BLVD.
#1203

City LOS ANGELES State CA Zip Code 90010

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 11 / 2016

Transaction ID : SB22.6470

Amount of Each Disbursement this Period

1100.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

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

1100.00

1100.00

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

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

FOR LINE NUMBER:
(check only one)

<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)
UTILITY WORKERS UNION OF AMERICA COPE

Full Name (Last, First, Middle Initial)

A. STRICKLAND FOR SENATE

Mailing Address PO BOX 2196

City State Zip Code
COLUMBUS OH 43216

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: OH District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	19	/	2016

Transaction ID : SB23.6469

Amount of Each Disbursement this Period

5000.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Memo Item

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

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

5000.00

5000.00

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

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

FOR LINE NUMBER:
(check only one)

<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)
UTILITY WORKERS UNION OF AMERICA COPE

Full Name (Last, First, Middle Initial)

A. FRIENDS OF GINA CERILLI

Mailing Address PO BOX 265

City NEW STANTON State PA Zip Code 15672

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2019
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 31 / 2016

Transaction ID : SB29.6512

Amount of Each Disbursement this Period

200.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

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

200.00

200.00