

**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="2015"/> | <input type="text" value="40023.05"/> | <input type="text" value="40023.05"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="175736.64"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="12331.99"/> | <input type="text" value="138388.69"/> |
| (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="188068.63"/> | <input type="text" value="178411.74"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="20720.00"/> | <input type="text" value="11063.11"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="167348.63"/> | <input type="text" value="167348.63"/> |
| 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)

Page 3

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)..... | 3861.30 | 33383.46 |
| (ii) Unitemized | 8470.69 | 105005.23 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 12331.99 | 138388.69 |
| (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) | 12331.99 | 138388.69 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 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))..... ▶ | 12331.99 | 138388.69 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 12331.99 | 138388.69 |

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 | 43.11 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 0.00 | 43.11 |
| 22. Transfers to Affiliated/Other Party Committees..... | 5220.00 | 11220.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | -2200.00 |
| 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 | 15500.00 | 2000.00 |
| 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)) .. | 20720.00 | 11063.11 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 20720.00 | 11063.11 |

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) | 12331.99 | 138388.69 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 12331.99 | 138388.69 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 0.00 | 43.11 |
| 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 | 43.11 |

**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 21 |
| | <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 |
|-----------------------------|-----------------------------|-----------------------------|

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

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 ▼
1212.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : SA11AI.6057

Amount of Each Receipt this Period
121.26

PAYROLL DEDUCTION

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

Mailing Address 2307 EMBURY PARK RD

| | | |
|----------------|-------------|-------------------|
| City DAYTON | State OH | Zip Code 45414 |
|----------------|-------------|-------------------|

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 ▼
736.29

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : SA11AI.6041

Amount of Each Receipt this Period
81.81

EXB MEMBER CONTRIBUTION

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

Mailing Address 2017 WEST BOROUGH DR

| | | |
|----------------|-------------|-------------------|
| City HEBRON | State KY | Zip Code 41048 |
|----------------|-------------|-------------------|

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 ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : SA11AI.6042

Amount of Each Receipt this Period
50.00

EXB MEMBER CONTRIBUTION

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 253.07 |
| 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 21 |
| | <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

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

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 ▼ **1335.00**

Date of Receipt **10 / 31 / 2015**

Transaction ID : SA11AI.6058

Amount of Each Receipt this Period **133.50**

PAYROLL DEDUCTION

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

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 ▼ **500.00**

Date of Receipt **10 / 30 / 2015**

Transaction ID : SA11AI.6050

Amount of Each Receipt this Period **50.00**

EXB MEMBER CONTRIBUTION

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

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 ▼ **818.09**

Date of Receipt **10 / 30 / 2015**

Transaction ID : SA11AI.6051

Amount of Each Receipt this Period **81.81**

EXB MEMBER CONTRIBUTION

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 265.31 |
| 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 8 OF 21 |
| | <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. 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 ▼ **1112.60**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : SA11AI.6060

Amount of Each Receipt this Period
111.26

PAYROLL DEDUCTION

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 ▼ **1112.60**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : SA11AI.6061

Amount of Each Receipt this Period
111.26

PAYROLL DEDUCTION

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 ▼ **606.40**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : SA11AI.6062

Amount of Each Receipt this Period
60.64

PAYROLL DEDUCTION

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 283.16 |
| 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 21 |
| | <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. JOHN DEVLIN
Full Name (Last, First, Middle Initial)

Mailing Address 37 BRILL LANE

City POUGHQUAG State NY Zip Code 12570

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

Name of Employer UWUA Occupation SAFETY INSTRUCT.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1212.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : SA11AI.6063

Amount of Each Receipt this Period
 121.26

PAYROLL DEDUCTION

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

Mailing Address 3534 TWIN SPRUCE DR.

City KALAMAZOO State MI Zip Code 49004

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 ▼
1636.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : SA11AI.6052

Amount of Each Receipt this Period
 163.62

EXB MEMBER CONTRIBUTION

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

Mailing Address 286 HOWARD ST.

City WASHINGTON TOWNSHIP State NJ Zip Code 07676

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 ▼
1850.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : SA11AI.6064

Amount of Each Receipt this Period
 185.06

PAYROLL DEDUCTION

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 469.94 |
| 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 21 |
| | <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. SHAWN GARVEY
Full Name (Last, First, Middle Initial)

Mailing Address 16 GRAND AVENUE

City LYNBROOK State NY Zip Code 11563

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 ▼ 1212.60

Date of Receipt 10 / 30 / 2015
Transaction ID : SA11AI.6065

Amount of Each Receipt this Period 121.26

PAYROLL DEDUCTION

B. 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 ▼ 1212.60

Date of Receipt 10 / 30 / 2015
Transaction ID : SA11AI.6066

Amount of Each Receipt this Period 121.26

PAYROLL DEDUCTON

C. 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 ▼ 818.09

Date of Receipt 10 / 10 / 2015
Transaction ID : SA11AI.6053

Amount of Each Receipt this Period 81.81

EXB MEMBER CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 324.33

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 21
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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 ▼ **1212.60**

Date of Receipt
 / /
10 / 30 / 2015

Transaction ID : SA11AI.6067

Amount of Each Receipt this Period
 121.26

PAYROLL DEDUCTION

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

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 ▼ **500.00**

Date of Receipt
 / /
10 / 30 / 2015

Transaction ID : SA11AI.6046

Amount of Each Receipt this Period
 50.00

EXB MEMBER CONTRIBUTION

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

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 ▼ **1212.60**

Date of Receipt
 / /
10 / 30 / 2015

Transaction ID : SA11AI.6068

Amount of Each Receipt this Period
 121.26

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ▶ **292.52**

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 12 OF 21 |
| | <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. 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 ▼ **810.80**

Date of Receipt
10 / 30 / 2015
Transaction ID : SA11AI.6070

Amount of Each Receipt this Period
810.80

PAYROLL DEDUCTION

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 ▼ **1212.60**

Date of Receipt
10 / 30 / 2015
Transaction ID : SA11AI.6071

Amount of Each Receipt this Period
121.26

PAYROLL DEDUCTION

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 ▼ **1212.60**

Date of Receipt
10 / 30 / 2015
Transaction ID : SA11AI.6072

Amount of Each Receipt this Period
121.26

PAYROLL DEDUCTION

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 323.60 |
| 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 21 |
| | <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. ROBERT MAHONEY
Full Name (Last, First, Middle Initial)

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 ▼
1212.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : SA11AI.6073

Amount of Each Receipt this Period
121.26

PAYROLL DEDUCTION

B. GEORGE MANOOGIAN
Full Name (Last, First, Middle Initial)

Mailing Address 1100 WESTBORO

City BIRMINGHAM State MI Zip Code 48009

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 ▼
1335.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : SA11AI.6074

Amount of Each Receipt this Period
133.50

PAYROLL DEDUCTION

C. FRANK MEZNARICH Sr.
Full Name (Last, First, Middle Initial)

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 ▼
1092.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : SA11AI.6040

Amount of Each Receipt this Period
109.20

EXB MEMBER CONTRIBUTION

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 363.96 |
| 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 14 OF 21 |
| | <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. RICHARD PASSARELLI
Full Name (Last, First, Middle Initial)

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 ▼ **818.08**

Date of Receipt **10 / 30 / 2015**

Transaction ID : SA11AI.6054

Amount of Each Receipt this Period **81.81**

EXB MEMBER CONTRIBUTION

B. 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 ▼ **450.00**

Date of Receipt **10 / 30 / 2015**

Transaction ID : SA11AI.6036

Amount of Each Receipt this Period **75.00**

EXB MEMBER CONTRIBUTION

C. 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 ▼ **818.09**

Date of Receipt **10 / 30 / 2015**

Transaction ID : SA11AI.6043

Amount of Each Receipt this Period **81.81**

EXB MEMBER CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **238.62**

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 21 |
| | <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. 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 ▼ **1112.60**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : SA11AI.6075

Amount of Each Receipt this Period
111.26

PAYROLL DEDUCTION

B. 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 ▼ **818.08**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : SA11AI.6044

Amount of Each Receipt this Period
81.81

EXB MEMBER CONTRIBUTION

C. 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 ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : SA11AI.6048

Amount of Each Receipt this Period
100.00

EXB MEMBER CONTRIBUTION

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 293.07 |
| 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 16 OF 21
(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

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

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 ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : SA11AI.6055

Amount of Each Receipt this Period
500.00

EXB MEMBER CONTRIBUTION

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

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 ▼
245.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : SA11AI.6045

Amount of Each Receipt this Period
81.81

EXB MEMBER CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. DAVID THOMPSON

Mailing Address 2066 S ST. RT 231

| | | |
|----------------|-------------|-------------------|
| City TIFFIN | State OH | Zip Code 44883 |
|----------------|-------------|-------------------|

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

| | |
|--|--------------------------|
| Name of Employer UTILITY WORKERS UNION OF AMERC | Occupation EXB MEMBER |
|--|--------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
818.09

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : SA11AI.6039

Amount of Each Receipt this Period
81.81

EXB MEMBER CONTRIBUTION

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 213.62 |
| 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 17 OF 21 |
| | <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. 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : SA11AI.6047

Amount of Each Receipt this Period
 500.00

EXB MEMBER CONTRIBUTION

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

Mailing Address 203 RESERVOIR RD

City MT. PLEASANT State PA Zip Code 15666

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 ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : SA11AI.6056

Amount of Each Receipt this Period
 300.00

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 ▼ 1151.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : SA11AI.6076

Amount of Each Receipt this Period
 115.10

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 465.10

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 18 OF 21
(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 ▼ 225.00

Date of Receipt 10 / 30 / 2015
Transaction ID : SA11AI.6037
Amount of Each Receipt this Period 75.00
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

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

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 75.00 |
| TOTAL This Period (last page this line number only).....▶ | 3861.30 |

**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. OHIO SENATE DEMOCRATIC CAUCUS

Mailing Address 340 E. FULTON STREET

City State Zip Code
COLUMBUS OH 43215

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
10 / 15 / 2015

Transaction ID : SB22.6030

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. THE MIAMI COUNTY DEMOCRATIC PARTY

Mailing Address 7025 E. ST. RT 571

City State Zip Code
TIPP CITY OH 45371

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
10 / 21 / 2015

Transaction ID : SB22.6034

Amount of Each Disbursement this Period

220.00

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

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

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

5220.00

5220.00

**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 MAYOR JOHN BIRKNER, JR

Mailing Address 416 FOURTH AVENUE

City WESTWOOD State NJ Zip Code 07675

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10 | | 22 | | 2015 |

Transaction ID : **SB29.6032**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. JUDGE CHRISTINE DONOHOE FOR SUPREME COURT JUSTICE

Mailing Address 707 GRANT ST
SUITE 3200

City PITTSBURGH State PA Zip Code 15219-1913

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10 | | 15 | | 2015 |

Transaction ID : **SB29.6024**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. KEVIN DOUGHERTY FOR PA

Mailing Address 8566 BUSTLETON AVENUE

City PHILADELPHIA State PA Zip Code 19152

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10 | | 15 | | 2015 |

Transaction ID : **SB29.6026**

Amount of Each Disbursement this Period

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

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

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

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

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