

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) 815 16TH NW

Check if different than previously reported. (ACC) WASHINGTON DC 20006

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

C C00040741

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:
- | | | | |
|--------------------------------------|---|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input checked="" type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

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

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

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

5. Covering Period 04 01 2014 through 04 30 2014

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

Type or Print Name of Treasurer GARY RUFFNER

Signature of Treasurer GARY RUFFNER [Electronically Filed] Date 05 08 2014

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

Office Use Only									
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**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="2014"/>		139388.69
(b) Cash on Hand at Beginning of Reporting Period.....	121502.89	
(c) Total Receipts (from Line 19)	15146.40	58360.60
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	136649.29	197749.29
7. Total Disbursements (from Line 31).....	23350.00	84450.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	113299.29	113299.29
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

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).....	3872.37	10517.71
(ii) Unitemized	11274.03	45342.89
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	15146.40	55860.60
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	15146.40	58360.60
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))..... ▶	15146.40	58360.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	15146.40	58360.60

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	9000.00
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	5000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	5000.00
29. Other Disbursements	20850.00	70450.00
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)) ..	23350.00	84450.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23350.00	84450.00

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)	15146.40	58360.60
34. Total Contribution Refunds (from Line 28(d))	0.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15146.40	53360.60
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: PAGE 6 OF 23
(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)
UTILITY WORKERS UNION OF AMERICA COPE

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

Mailing Address 407 E. SAINT JOHN ROAD

City State Zip Code
PHOENIX AZ 85022

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

Name of Employer Occupation
UWUA NATINAL REP.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
472.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : SA11AI.5144

Amount of Each Receipt this Period
118.18

PAYROLL DEDUCTION

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

Mailing Address 521 CENTRAL AVENUE

City State Zip Code
NASHVILLE TN 37211

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

Name of Employer Occupation
UWUA NATL. REP.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : SA11AI.5145

Amount of Each Receipt this Period
130.10

PAYROLL DEDUCTION

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

Mailing Address 509 CLIFTON AVE.
1ST FLR

City State Zip Code
CLIFTON NJ 07011

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

Name of Employer Occupation
UWUA EXB MEMBER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
318.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : SA11AI.5131

Amount of Each Receipt this Period
79.72

EXB MEMBER CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 328.00

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 7 OF 23
	<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. 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 ▼
318.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

Transaction ID : SA11AI.5138

Amount of Each Receipt this Period
79.72

EXB MEMBER CONTRIBUTION

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

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 ▼
318.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

Transaction ID : SA11AI.5133

Amount of Each Receipt this Period
79.72

EXB MEMBER CONTRIBUTION

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

Mailing Address 284 MT. ETNA ROAD

City SMITHTON	State PA	Zip Code 15479
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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 ▼
295.92

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

Transaction ID : SA11AI.5146

Amount of Each Receipt this Period
73.98

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....▶	233.42
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 23
(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. REGINALD DAVIS

Mailing Address 348 STUYVESANT AVENUE

City State Zip Code
BOOKLYN NY 11223

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

Name of Employer Occupation
UWUA NATL. REP.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
236.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : SA11AI.5147

Amount of Each Receipt this Period
59.08

PAYROLL DEDUCTION

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

Mailing Address 37 BRILL LANE

City State Zip Code
POUGHQUAG NY 12570

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

Name of Employer Occupation
UWUA SAFETY INSTRUCT.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
472.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : SA11AI.5148

Amount of Each Receipt this Period
118.18

PAYROLL DEDUCTION

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

Mailing Address 3534 TWIN SPRUCE DR.

City State Zip Code
KALAMAZOO MI 49004

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

Name of Employer Occupation
UWUA EXB MEMBER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
637.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : SA11AI.5139

Amount of Each Receipt this Period
159.44

EXB MEMBER CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 336.70

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 9 OF 23
(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. DANIEL DOMINGUEZ
Full Name (Last, First, Middle Initial)
Mailing Address 2847 PENASCO
City SAN CLEMENTE State CA Zip Code 92673
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 ▼ 318.88

Date of Receipt 04 / 30 / 2014
Transaction ID : SA11AI.5123
Amount of Each Receipt this Period 79.72
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
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 ▼ 721.32

Date of Receipt 04 / 30 / 2014
Transaction ID : SA11AI.5149
Amount of Each Receipt this Period 180.33
PAYROLL DEDUCTION

C. HARRY FARRELL
Full Name (Last, First, Middle Initial)
Mailing Address 3503 WILLOW POND DRIVE
City RIVERHEAD State NY 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 ▼ 318.88

Date of Receipt 04 / 30 / 2014
Transaction ID : SA11AI.5127
Amount of Each Receipt this Period 79.72
EXB MEMBER CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 339.77
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 23
	<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. ARTURO FRIAS
Full Name (Last, First, Middle Initial)

Mailing Address 1317 MERCED AVENUE

City SOUTH EL MONTE State CA Zip Code 61733

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 ▼ 280.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2014

Transaction ID : SA11AI.5121

Amount of Each Receipt this Period
 70.00

EXB MEMBER CONTRIBUTION

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

Mailing Address 6783 REID DRIVE

City PARMA HEIGHTS State OH Zip Code 44130

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 ▼ 394.48

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2014

Transaction ID : SA11AI.5150

Amount of Each Receipt this Period
 69.22

PAYROLL DEDUCTION

C. 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 ▼ 433.68

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2014

Transaction ID : SA11AI.5151

Amount of Each Receipt this Period
 108.42

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....▶	247.64
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 23
(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. JAMES GENNETT

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 ▼ **433.68**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : SA11AI.5152

Amount of Each Receipt this Period
108.42

PAYROLL DEDUCTION

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

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 ▼ **318.88**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : SA11AI.5140

Amount of Each Receipt this Period
79.72

EXB MEMBER CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. 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 ▼ **433.68**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : SA11AI.5153

Amount of Each Receipt this Period
108.42

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ▶ **296.56**

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 23
(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 HOUSER

Mailing Address 42 RAVENWOOD BLVD

City State Zip Code
BARNEGAT NJ 08005

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

Name of Employer Occupation
UWUA NATL. REP.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
472.72

Date of Receipt
04 / 30 / 2014
Transaction ID : SA11AI.5154

Amount of Each Receipt this Period
118.18

PAYROLL DEDUCTION

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

Mailing Address 270 MANSFIELD RD

City State Zip Code
WASHINGTON PA 15301

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

Name of Employer Occupation
UWUA NATL. REP.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
316.08

Date of Receipt
04 / 30 / 2014
Transaction ID : SA11AI.5155

Amount of Each Receipt this Period
79.02

PAYROLL DEDUCTION

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

Mailing Address 1977 YALE AVENUE

City State Zip Code
WILLIAMSPORT PA 17701

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

Name of Employer Occupation
Utility Workers Union of Ameri National Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
433.68

Date of Receipt
04 / 30 / 2014
Transaction ID : SA11AI.5156

Amount of Each Receipt this Period
108.42

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 305.62

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: PAGE 13 OF 23
(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. DAVID LEONARDI

Mailing Address 1 PINE TREE CIRCLE

City SANDWHICH	State MA	Zip Code 02563
-------------------	-------------	-------------------

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 ▼ **320.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

Transaction ID : SA11AI.5125

Amount of Each Receipt this Period

80.00

EXB MEMBER CONTRIBUTION

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

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 ▼ **472.72**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

Transaction ID : SA11AI.5157

Amount of Each Receipt this Period

118.18

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)
C. NANCY LOGAN

Mailing Address 2308 ARTHUR ST.

City LOS ANGELES	State CA	Zip Code 90065
---------------------	-------------	-------------------

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 ▼ **318.88**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

Transaction ID : SA11AI.5136

Amount of Each Receipt this Period

79.72

EXB MEMBER CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	277.90
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 23
(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. ROBERT MAHONEY

Mailing Address 217 PONDEROSA AVENUE

City State Zip Code
HANOVER MA 02339

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

Name of Employer Occupation
UWUA NATL. REP.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
472.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : SA11AI.5158

Amount of Each Receipt this Period
118.18

PAYROLL DEDUCTION

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

Mailing Address 1100 WESTBORO

City State Zip Code
BIRMINGHAM MI 48009

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

Name of Employer Occupation
UWUA NATL. REP.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : SA11AI.5159

Amount of Each Receipt this Period
130.10

PAYROLL DEDUCTION

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

Mailing Address 4710 E. PLEASANT VALLEY RD

City State Zip Code
INDEPENDENCE OH 44131

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

Name of Employer Occupation
UWUA EXB MEMBER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
436.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : SA11AI.5126

Amount of Each Receipt this Period
109.20

EXB MEMBER CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 357.48

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 15 OF 23
(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. ANDREW O'CONNELL
Full Name (Last, First, Middle Initial)
Mailing Address 395 PELTON AVENUE
City STATEN ISLAND State NY Zip Code 10310
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 ▼ 318.88

Date of Receipt 04 / 30 / 2014
Transaction ID : SA11AI.5120
Amount of Each Receipt this Period 79.72
EXB MEMBER CONTRIBUTION

B. DONALD OPATKA
Full Name (Last, First, Middle Initial)
Mailing Address 7559 ANCHOR LANE
City NORTHFIELD State OH Zip Code 44067
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 ▼ 520.40

Date of Receipt 04 / 30 / 2014
Transaction ID : SA11AI.5160
Amount of Each Receipt this Period 130.10
PAYROLL DEDUCTION

C. 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 ▼ 318.88

Date of Receipt 04 / 30 / 2014
Transaction ID : SA11AI.5141
Amount of Each Receipt this Period 79.72
EXB MEMBER CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 289.54
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 23
(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

A. JAMES SHILLITTO
 Full Name (Last, First, Middle Initial)
 Mailing Address 67 EDMORE LANE N
 City State Zip Code
 W ISLIP NY 11795
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UWUA EXB MEMBER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 318.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : SA11AI.5129
 Amount of Each Receipt this Period
 79.72
 EXB MEMBER CONTRIBUTION

B. BETH SIMON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2057 S. OXFORD AVENUE
 City State Zip Code
 LOS ANGELES CA 90018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UWUA GRANT MANAGER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 433.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : SA11AI.5161
 Amount of Each Receipt this Period
 108.42
 PAYROLL DEDUCTION

C. JAMES SLEVIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 53 BLACKBERRY WAY
 City State Zip Code
 HOPEWELL JCT. NY 12533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UWUA EXB MEMBER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 318.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : SA11AI.5130
 Amount of Each Receipt this Period
 79.72
 EXB MEMBER CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 267.86
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 23
	<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. 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 ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : SA11AI.5134

Amount of Each Receipt this Period
100.00

EXB MEMBER CONTRIBUTION

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

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 ▼ 318.88

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : SA11AI.5124

Amount of Each Receipt this Period
79.72

EXB MEMBER CONTRIBUTION

C. 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 ▼ 1200.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : SA11AI.5142

Amount of Each Receipt this Period
300.00

EXB MEMBER CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 479.72

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:	PAGE 18 OF 23
(check only one)	
<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"/>	<input type="checkbox"/> 17

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

A. 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 ▼
448.64

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	30	/	2014

Transaction ID : SA11AI.5162

Amount of Each Receipt this Period
112.16

PAYROLL DEDUCTION

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

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

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

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	112.16
TOTAL This Period (last page this line number only).....▶	3872.37

**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. MALONEY FOR CONGRESS

Mailing Address 49 EAST 92ND ST

City NEW YORK State NY Zip Code 10128

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: NY District: 12

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 22 / 2014

Transaction ID : SB23.5118

Amount of Each Disbursement this Period

2500.00

Category/
Type

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) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

Category/
Type

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) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

Category/
Type

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

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

2500.00

2500.00

**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. CARNEY FOR OHIO

Mailing Address 357 EAST TORRENCE ROAD

City COLUMBUS State OH Zip Code 43214

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 21 / 2014

Transaction ID : SB29.5116

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. CEDILLO FOR CITY COUNCIL

Mailing Address 3700 WILSHIRE BLVD.
SUITE 1050B

City LOS ANGELES State CA Zip Code 90010

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 10 / 2014

Transaction ID : SB29.5105

Amount of Each Disbursement this Period

700.00

Full Name (Last, First, Middle Initial)

C. COUNCIL MBR CEDILLO OFF. HOLDER ACCT. 2013

Mailing Address 3700 WILSHIRE BLVD
SUITE 1050B

City LOS ANGELES State CA Zip Code 90010

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 10 / 2014

Transaction ID : SB29.5100

Amount of Each Disbursement this Period

500.00

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

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

3700.00

**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. ELECTION FUND OF JOHN SHARPE JAMES

Mailing Address PO BOX 4283

City NEWARK State NJ Zip Code 07114

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 11 / 2014

Transaction ID : SB29.5098

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. FITZGERALD FOR GOVERNOR 2014

Mailing Address 340 EAST FULTON STREET

City COLUMBUS State OH Zip Code 43215

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 07 / 2014

Transaction ID : SB29.5093

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF NIN TURNER

Mailing Address 340 EAST FULTON ST.

City COLUMBUS State OH Zip Code 43215

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 07 / 2014

Transaction ID : SB29.5094

Amount of Each Disbursement this Period

5000.00

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

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

10250.00

**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. SENATOR LENO 2012 OFFICE HOLDER ACCOUNT #1354676

Mailing Address 921 11TH STREET
SUITE 904

City SACRAMENTO State CA Zip Code 95814

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 M / D D D / Y Y Y Y Y Y
04 / 10 / 2014

Transaction ID : SB29.5113

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. SOLIS FOR SUPERVIISOR

Mailing Address 1531 PURDUE AVENUE

City LOS ANGELES State CA Zip Code 90025

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 10 / 2014

Transaction ID : SB29.5107

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. STEINBERG FOR LT GOVERNOR 2018

Mailing Address 1100 O ST.
SUITE 200

City SACRAMENTO State CA Zip Code 95814

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 10 / 2014

Transaction ID : SB29.5111

Amount of Each Disbursement this Period

2000.00

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

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

6000.00

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

Use separate schedule(s)
for each category of the
Detailed Summary 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. WESSON FOR CITY COUNCIL 2015

Mailing Address 1769 FALLEN LEAF LANE

City State Zip Code
LINCOLN CA 95648

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 Y
04	/	10	/	2014

Transaction ID : SB29.5109

Amount of Each Disbursement this Period

700.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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)..... ▶

700.00

20650.00
