

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
AMALGAMATED TRANSIT UNION - COPE

ADDRESS (number and street) 5025 Wisconsin Ave NW
Check if different than previously reported. (ACC) Washington DC 20016

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00032995 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period **04** / **01** / **2013** through **04** / **30** / **2013**

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

Type or Print Name of Treasurer Lawrence J. Hanley

Signature of Treasurer Lawrence J. Hanley [Electronically Filed] Date **05** / **20** / **2013**

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

AMALGAMATED TRANSIT UNION - 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="2013"/>		<input type="text" value="207821.44"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="282387.08"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="64722.48"/>	<input type="text" value="262478.97"/>
(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="347109.56"/>	<input type="text" value="470300.41"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="30871.90"/>	<input type="text" value="154062.75"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="316237.66"/>	<input type="text" value="316237.66"/>
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="1491.10"/>	

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

AMALGAMATED TRANSIT UNION - 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).....	1749.27	5116.12
(ii) Unitemized	62904.71	255934.64
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	64653.98	261050.76
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	54.82	54.82
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	64708.80	261105.58
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.).....	13.68	1373.39
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))..... ▶	64722.48	262478.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	64722.48	262478.97

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	46.95	187.80
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	46.95	187.80
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17500.00	117000.00
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	13324.95	36874.95
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)) ..	30871.90	154062.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30871.90	154062.75

DETAILED SUMMARY PAGE
of Disbursements

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)	64708.80	261105.58
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	64708.80	261105.58
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	46.95	187.80
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	46.95	187.80

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 27	
(check only one)			
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<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)
AMALGAMATED TRANSIT UNION - COPE

A. RAYMOND B MESSIER
 Full Name (Last, First, Middle Initial)
 Mailing Address 9198 WATER ROAD
 City COTATI State CA Zip Code 94931-4271
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GOLDEN GATE BRIDGE HIGHWAY TRAN Occupation OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 05 / 2013
Transaction ID : 4744807
 Amount of Each Receipt this Period
 55.00

B. JOSE A ROSADO
 Full Name (Last, First, Middle Initial)
 Mailing Address 445 SW 144TH STREET
 City SEATTLE State WA Zip Code 98166-1545
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KING COUNTY DOT-METRO TRANSIT Occupation OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 01 / 2013
Transaction ID : 4745900
 Amount of Each Receipt this Period
 50.00

C. ERIC ST PIERRE
 Full Name (Last, First, Middle Initial)
 Mailing Address 46 HIGH STREET
 City WARWICK State RI Zip Code 02886-1256
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RHODE ISLAND PUBLIC TRANS AUTH Occupation OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 01 / 2013
Transaction ID : 4748220
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional).....▶	125.00
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 27
	<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)
AMALGAMATED TRANSIT UNION - COPE

Full Name (Last, First, Middle Initial) A. LAWRENCE J HANLEY		Date of Receipt MM / DD / YYYY 04 / 11 / 2013 Transaction ID : 4751142
Mailing Address 5025 Wisconsin Ave NW		Amount of Each Receipt this Period 80.00
City Washington State DC Zip Code 20016-4113	FEC ID number of contributing federal political committee. C	
Name of Employer AMALGAMATED TRANSIT UNION	Occupation INTERNATIONAL PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) B. CLAUDIA HUDSON		Date of Receipt MM / DD / YYYY 04 / 11 / 2013 Transaction ID : 4751143
Mailing Address 5025 Wisconsin Ave NW		Amount of Each Receipt this Period 100.00
City Washington State DC Zip Code 20016-4113	FEC ID number of contributing federal political committee. C	
Name of Employer AMALGAMATED TRANSIT UNION	Occupation INTERNATIONAL VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. WILLIAM G MC LEAN		Date of Receipt MM / DD / YYYY 04 / 11 / 2013 Transaction ID : 4751147
Mailing Address 5025 Wisconsin Ave NW		Amount of Each Receipt this Period 83.34
City Washington State DC Zip Code 20016-4113	FEC ID number of contributing federal political committee. C	
Name of Employer AMALGAMATED TRANSIT UNION	Occupation INTERNATIONAL VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

SUBTOTAL of Receipts This Page (optional).....	263.34
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 27
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMALGAMATED TRANSIT UNION - COPE

Full Name (Last, First, Middle Initial) A. RICHARD MURPHY		Date of Receipt MM / DD / YYYY 04 / 11 / 2013 Transaction ID : 4751148
Mailing Address 5025 Wisconsin Ave NW		Amount of Each Receipt this Period 83.34
City Washington	State DC	Zip Code 20016-4113
FEC ID number of contributing federal political committee. C		
Name of Employer AMALGAMATED TRANSIT UNION	Occupation INTERNATIONAL VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

Full Name (Last, First, Middle Initial) B. YVETTE SALAZAR		Date of Receipt MM / DD / YYYY 04 / 11 / 2013 Transaction ID : 4751157
Mailing Address 2713 EAST 132ND PLACE		Amount of Each Receipt this Period 100.00
City THORNTON	State CO	Zip Code 80241-2071
FEC ID number of contributing federal political committee. C		
Name of Employer AMALGAMATED TRANSIT UNION	Occupation INTERNATIONAL VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. CLINTON C DE VOSS JR		Date of Receipt MM / DD / YYYY 04 / 11 / 2013 Transaction ID : 4751191
Mailing Address 3225 GALVIN RD		Amount of Each Receipt this Period 25.00
City CENTRALIA	State WA	Zip Code 98531-9061
FEC ID number of contributing federal political committee. C		
Name of Employer KING COUNTY DOT-METRO TRANSIT	Occupation OPERATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00	

SUBTOTAL of Receipts This Page (optional).....▶	208.34
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 27
	<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)
AMALGAMATED TRANSIT UNION - COPE

Full Name (Last, First, Middle Initial) A. NEAL I SAFRIN		Date of Receipt M M / D D / Y Y Y Y Y 04 / 11 / 2013 Transaction ID : 4751193
Mailing Address 5451 NE 203RD PLACE		Amount of Each Receipt this Period 25.00
City LAKE FOREST PARK	State WA	Zip Code 98155-0000
FEC ID number of contributing federal political committee.	C	
Name of Employer KING COUNTY DOT-METRO TRANSIT	Occupation OPERATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

Full Name (Last, First, Middle Initial) B. ERIC ST PIERRE		Date of Receipt M M / D D / Y Y Y Y Y 04 / 11 / 2013 Transaction ID : 4753358
Mailing Address 46 HIGH STREET		Amount of Each Receipt this Period 20.00
City WARWICK	State RI	Zip Code 02886-1256
FEC ID number of contributing federal political committee.	C	
Name of Employer RHODE ISLAND PUBLIC TRANS AUTH	Occupation OPERATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) C. NANCY J REED		Date of Receipt M M / D D / Y Y Y Y Y 04 / 08 / 2013 Transaction ID : 4757640
Mailing Address 70 CASTLE SHANNON BLVD		Amount of Each Receipt this Period 49.25
City PITTSBURGH	State PA	Zip Code 15228-2202
FEC ID number of contributing federal political committee.	C	
Name of Employer AMALGAMATED TRANSIT UNION	Occupation OPERATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 344.75	

SUBTOTAL of Receipts This Page (optional).....▶	94.25
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 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMALGAMATED TRANSIT UNION - COPE

Full Name (Last, First, Middle Initial)
A. MARY JO NEUMONT

Mailing Address 376 Anawanda Ave.

City Pittsburgh State PA Zip Code 15228-2439

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

Name of Employer AMALGAMATED TRANSIT UNION Occupation OPERATOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 08 / 2013
Transaction ID : 4757642

Amount of Each Receipt this Period
 37.50

Full Name (Last, First, Middle Initial)
B. MICHAEL W BREIHAN

Mailing Address PO BOX 244

City ARNOLD State MO Zip Code 63010-0244

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

Name of Employer BI-STATE DEVELOPMENT AGENCY Occupation OPERATOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 08 / 2013
Transaction ID : 4757818

Amount of Each Receipt this Period
 30.00

Full Name (Last, First, Middle Initial)
C. MICHAEL W BREIHAN

Mailing Address PO BOX 244

City ARNOLD State MO Zip Code 63010-0244

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

Name of Employer BI-STATE DEVELOPMENT AGENCY Occupation OPERATOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 08 / 2013
Transaction ID : 4757821

Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 97.50

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 27
	(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)
AMALGAMATED TRANSIT UNION - COPE

Full Name (Last, First, Middle Initial) A. MICHAEL W BREIHAN			Date of Receipt
Mailing Address PO BOX 244			<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2013"/>
City ARNOLD	State MO	Zip Code 63010-0244	Transaction ID : 4757844
FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="30.00"/>		
Name of Employer BI-STATE DEVELOPMENT AGENCY	Occupation OPERATOR	Aggregate Year-to-Date ▼ <input type="text" value="330.00"/>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. MICHAEL W BREIHAN			Date of Receipt
Mailing Address PO BOX 244			<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2013"/>
City ARNOLD	State MO	Zip Code 63010-0244	Transaction ID : 4757852
FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="30.00"/>		
Name of Employer BI-STATE DEVELOPMENT AGENCY	Occupation OPERATOR	Aggregate Year-to-Date ▼ <input type="text" value="360.00"/>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. ERIC ST PIERRE			Date of Receipt
Mailing Address 46 HIGH STREET			<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2013"/>
City WARWICK	State RI	Zip Code 02886-1256	Transaction ID : 4761217
FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="40.00"/>		
Name of Employer RHODE ISLAND PUBLIC TRANS AUTH	Occupation OPERATOR	Aggregate Year-to-Date ▼ <input type="text" value="360.00"/>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="100.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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 27
	(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)
AMALGAMATED TRANSIT UNION - COPE

Full Name (Last, First, Middle Initial) A. PAUL KAPLAN		Date of Receipt
Mailing Address PO BOX 2561		<input type="text" value="04"/> / <input type="text" value="20"/> / <input type="text" value="2013"/>
City	State	Zip Code
BOCA RATON	FL	33427-0000
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 4761738
Name of Employer	Occupation	Amount of Each Receipt this Period
PALM TRAN INC	Operator	<input type="text" value="40.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="280.00"/>	

Full Name (Last, First, Middle Initial) B. VIRGINIA A MOFFITT		Date of Receipt
Mailing Address 90 GRANT AVE		<input type="text" value="04"/> / <input type="text" value="20"/> / <input type="text" value="2013"/>
City	State	Zip Code
CRANSTON	RI	02920-7718
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 4763351
Name of Employer	Occupation	Amount of Each Receipt this Period
RHODE ISLAND PUBLIC TRANS AUTH	OPERATOR	<input type="text" value="10.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="210.00"/>	

Full Name (Last, First, Middle Initial) C. JACKIE L JETER		Date of Receipt
Mailing Address 711 HAACK PLACE		<input type="text" value="04"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City	State	Zip Code
UPPER MARLBORO	MD	20774-2164
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 4816779
Name of Employer	Occupation	Amount of Each Receipt this Period
WASH METRO AREA TRANSIT AUTH	OPERATOR	<input type="text" value="75.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="125.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 27
	<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	<input type="checkbox"/>

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMALGAMATED TRANSIT UNION - COPE

Full Name (Last, First, Middle Initial) A. STANLEY GRONEK		Date of Receipt
Mailing Address 1531 48TH STREET		<input type="text" value="04"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City	State	Zip Code
BOULDER	CO	80303-1143
FEC ID number of contributing federal political committee.		Transaction ID : 4816851
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="104.00"/>
Name of Employer	Occupation	
REGIONAL TRANSPORTATION DIST	Operator	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="484.00"/>	

Full Name (Last, First, Middle Initial) B. JOSE A ROSADO		Date of Receipt
Mailing Address 445 SW 144TH STREET		<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City	State	Zip Code
SEATTLE	WA	98166-1545
FEC ID number of contributing federal political committee.		Transaction ID : 4818991
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	
KING COUNTY DOT-METRO TRANSIT	OPERATOR	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="325.25"/>	

Full Name (Last, First, Middle Initial) C. RAYMOND B MESSIER		Date of Receipt
Mailing Address 9198 WATER ROAD		<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City	State	Zip Code
COTATI	CA	94931-4271
FEC ID number of contributing federal political committee.		Transaction ID : 4828301
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="55.00"/>
Name of Employer	Occupation	
GOLDEN GATE BRIDGE HIGHWAY TRAN	OPERATOR	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="275.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="209.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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 27
	<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)
AMALGAMATED TRANSIT UNION - COPE

Full Name (Last, First, Middle Initial) A. VIRGINIA A MOFFITT			Date of Receipt
Mailing Address 90 GRANT AVE			<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : 4839005
CRANSTON	RI	02920-7718	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
RHODE ISLAND PUBLIC TRANS AUTH	OPERATOR		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="220.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. ERIC ST PIERRE			Date of Receipt
Mailing Address 46 HIGH STREET			<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : 4839103
WARWICK	RI	02886-1256	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation		
RHODE ISLAND PUBLIC TRANS AUTH	OPERATOR		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. MATTHEW MERVOSH			Date of Receipt
Mailing Address 2919 BREVARD AVENUE			<input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : 4849804
PITTSBURGH	PA	15227-2541	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="41.67"/>
Name of Employer	Occupation		
AMALGAMATED TRANSIT UNION	OPERATOR		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="208.35"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="71.67"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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NAME OF COMMITTEE (In Full)
AMALGAMATED TRANSIT UNION - COPE

Full Name (Last, First, Middle Initial) A. JOSEPH J MENDYK	Date of Receipt M M / D D / Y Y Y Y 04 / 22 / 2013 Transaction ID : 4849816
Mailing Address 3000 SCENIC COURT	Amount of Each Receipt this Period 4.17
City State Zip Code FINLEYVILLE PA 15332-1586	
FEC ID number of contributing federal political committee. C	
Name of Employer Occupation PORT AUTH-ALLEG - PAT TRANSIT OPERATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 433.68

Full Name (Last, First, Middle Initial) B. MICHAEL THURMOND	Date of Receipt M M / D D / Y Y Y Y 04 / 22 / 2013 Transaction ID : 4855138
Mailing Address 960 DAVIS AVENUE	Amount of Each Receipt this Period 42.00
City State Zip Code PITTSBURGH PA 15212-2065	
FEC ID number of contributing federal political committee. C	
Name of Employer Occupation AMALGAMATED TRANSIT UNION OPERATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00

Full Name (Last, First, Middle Initial) C. DIANA M HERMONE	Date of Receipt M M / D D / Y Y Y Y 04 / 16 / 2013 Transaction ID : 4857288
Mailing Address 1539 B DAY AVENUE	Amount of Each Receipt this Period 80.00
City State Zip Code SAN MATEO CA 94403-1608	
FEC ID number of contributing federal political committee. C	
Name of Employer Occupation AMALGAMATED TRANSIT UNION OPERATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00

SUBTOTAL of Receipts This Page (optional).....▶	126.17
TOTAL This Period (last page this line number only).....▶	(Empty box)

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 27
(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)
AMALGAMATED TRANSIT UNION - COPE

Full Name (Last, First, Middle Initial)
A. SAMUEL HALLMAN

Mailing Address 838 E 38TH PLACE
APT 303

City CHICAGO State IL Zip Code 60653-1940

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

Name of Employer CHICAGO TRANSIT AUTHORITY RAIL Occupation OPERATOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
04 / 26 / 2013
Transaction ID : 4859056

Amount of Each Receipt this Period
63.75

Full Name (Last, First, Middle Initial)
B. PAUL KAPLAN

Mailing Address PO BOX 2561

City BOCA RATON State FL Zip Code 33427-0000

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

Name of Employer PALM TRAN INC Occupation Operator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
04 / 12 / 2013
Transaction ID : 4860183

Amount of Each Receipt this Period
40.00

Full Name (Last, First, Middle Initial)
C. JOSE A ROSADO

Mailing Address 445 SW 144TH STREET

City SEATTLE State WA Zip Code 98166-1545

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

Name of Employer KING COUNTY DOT-METRO TRANSIT Occupation OPERATOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.25

Date of Receipt
04 / 25 / 2013
Transaction ID : 4866410

Amount of Each Receipt this Period
0.25

SUBTOTAL of Receipts This Page (optional).....▶ 104.00

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 17 OF 27
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMALGAMATED TRANSIT UNION - COPE

Full Name (Last, First, Middle Initial)
A. PAUL B NEIL

Mailing Address 1701 157TH AVENUE NE
#A101

City BELLEVUE State WA Zip Code 98008-2777

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

Name of Employer KING COUNTY DOT-METRO TRANSIT Occupation OPERATOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 25 / 2013

Transaction ID : **4866718**

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. PAUL J BACHTEL

Mailing Address 8513 MAIN STREET
#203

City EDMONDS State WA Zip Code 98026-6940

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

Name of Employer KING COUNTY DOT-METRO TRANSIT Occupation OPERATOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 25 / 2013

Transaction ID : **4866719**

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. CLINTON C DE VOSS JR

Mailing Address 3225 GALVIN RD

City CENTRALIA State WA Zip Code 98531-9061

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

Name of Employer KING COUNTY DOT-METRO TRANSIT Occupation OPERATOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 25 / 2013

Transaction ID : **4866720**

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 27
	<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)
AMALGAMATED TRANSIT UNION - COPE

A. JUDY J YOUNG
Full Name (Last, First, Middle Initial)

Mailing Address 7603 SOUTH 112TH STREET

City	State	Zip Code
SEATTLE	WA	98178-3227

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

Name of Employer	Occupation
KING COUNTY DOT-METRO TRANSIT	OPERATOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		25		2013

Transaction ID : 4866721

Amount of Each Receipt this Period

25.00

B. NEAL I SAFRIN
Full Name (Last, First, Middle Initial)

Mailing Address 5451 NE 203RD PLACE

City	State	Zip Code
LAKE FOREST PARK	WA	98155-0000

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

Name of Employer	Occupation
KING COUNTY DOT-METRO TRANSIT	OPERATOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		25		2013

Transaction ID : 4866722

Amount of Each Receipt this Period

25.00

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

Mailing Address 827 BUTLER ROAD

City	State	Zip Code
KITTANNING	PA	16201-1950

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

Name of Employer	Occupation
SAN DIEGO TRANSIT CORP	OPERATOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		25		2013

Transaction ID : 4866778

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	1749.27

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 19 OF 27
<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14
<input checked="" type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMALGAMATED TRANSIT UNION - COPE

A. ATU COPE SPH

Full Name (Last, First, Middle Initial)
Mailing Address 5025 Wisconsin Ave NW

City Washington State DC Zip Code 20016

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
54.82

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 02 / 2013

Transaction ID : 4857137

Amount of Each Receipt this Period
54.82

Missdeposit of Funds; Refunded in May 2013

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 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 Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	54.82
TOTAL This Period (last page this line number only).....▶	54.82

**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)
AMALGAMATED TRANSIT UNION - COPE

Full Name (Last, First, Middle Initial)

A. Chris Gibson For Congress

Mailing Address PO Box 234

City State Zip Code
Saratoga Springs NY 12866

Purpose of Disbursement
Contribution

Candidate Name

Rep. Chris Gibson

Office Sought: House
 Senate
 President
State: NY District: 19

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 4734831

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Schakowsky For Congress

Mailing Address P.O. Box 5130

City State Zip Code
Evanston IL 60204

Purpose of Disbursement
Contribution

Candidate Name

Rep. Jan Schakowsky

Office Sought: House
 Senate
 President
State: IL District: 09

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 4734832

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. Pallone For Congress

Mailing Address PO Box 3176

City State Zip Code
Long Branch NJ 07740

Purpose of Disbursement
Contribution

Candidate Name

Rep. Frank Pallone Jr.

Office Sought: House
 Senate
 President
State: NJ District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 4743454

Amount of Each Disbursement this Period

Contribution

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

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

**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)
AMALGAMATED TRANSIT UNION - COPE

Full Name (Last, First, Middle Initial)

A. Kurt Schrader For Congress

Mailing Address PO Box 3314

City Oregon City State OR Zip Code 97045

Purpose of Disbursement
Contribution

Candidate Name

Rep. Kurt Schrader

Office Sought: House
 Senate
 President
State: OR District: 05

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 11 / 2013

Transaction ID : 4743455

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Elizabeth Colbert Busch For Congress

Mailing Address PO Box 21949

City Charleston State SC Zip Code 29413

Purpose of Disbursement

Candidate Name

Ms. Elizabeth Busch

Office Sought: House
 Senate
 President
State: SC District: 01

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Special-General2013

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 16 / 2013

Transaction ID : 4747910

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Citizens To Elect Rick Larsen

Mailing Address PO Box 326

City Everett State WA Zip Code 98206

Purpose of Disbursement
Contribution

Candidate Name

Rep. Rick Larsen

Office Sought: House
 Senate
 President
State: WA District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 16 / 2013

Transaction ID : 4747912

Amount of Each Disbursement this Period

1000.00

Contribution

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

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

7000.00

**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)
AMALGAMATED TRANSIT UNION - COPE

Full Name (Last, First, Middle Initial)

A. Hagan For US Senate Inc

Mailing Address PO Box 29103

City Greensboro State NC Zip Code 27429

Purpose of Disbursement
Contribution

011

Candidate Name
Sen. Kay Hagan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		18		2013

Transaction ID : 4751907

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Louise Slaughter Re-Election Committee

Mailing Address 1150 University Avenue
Bldg 5

City Rochester State NY Zip Code 14607

Purpose of Disbursement
Contribution

011

Candidate Name
Rep. Louise Slaughter

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 25

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		18		2013

Transaction ID : 4751910

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Al Franken For Senate 2014

Mailing Address PO Box 583144

City Minneapolis State MN Zip Code 55458

Purpose of Disbursement
Contribution

011

Candidate Name
Sen. Al Franken

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MN District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2013

Transaction ID : 4758566

Amount of Each Disbursement this Period

2500.00

Contribution

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

7500.00

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

17500.00

**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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMALGAMATED TRANSIT UNION - COPE

Full Name (Last, First, Middle Initial)

A. Local Union 1700

Mailing Address 5025 Wisconsin Ave NW

City Washington State DC Zip Code 20016

Purpose of Disbursement
Refund for check deposited in error on 2/23/2013

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 4721476

Amount of Each Disbursement this Period

Refund for check deposited in error on 2/23/2013

Full Name (Last, First, Middle Initial)

B. Democratic Majority

Mailing Address 1201 S Veterans Pkwy
Suite C

City Springfield State IL Zip Code 62704

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 4734833

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. Citizens for Maria A. Berrios

Mailing Address 33 N La Salle St
Suite 3300

City Chicago State IL Zip Code 60602

Purpose of Disbursement
Maria Berrios, STATE HOUSE 39th IL

Candidate Name

IL Rep. Maria Berrios

Office Sought: House Senate President
State: IL District: 39

Disbursement For: 2014 Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 4734927

Amount of Each Disbursement this Period

Maria Berrios, STATE HOUSE 39th IL

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

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

**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)
AMALGAMATED TRANSIT UNION - COPE

Full Name (Last, First, Middle Initial)

A. Committee to Elect PJ Murray Judge

Mailing Address PO Box 13423

City Pittsburgh State PA Zip Code 15243

Purpose of Disbursement
Phillip PJ Murray, COMMON PLEAS JUDGE PA

011

Candidate Name

Phillip PJ Murray

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 22 / 2013

Transaction ID : 4755979

Amount of Each Disbursement this Period

2500.00

Phillip PJ Murray, COMMON PLEAS JUDGE PA

Full Name (Last, First, Middle Initial)

B. Elect Bill Kortz Committee

Mailing Address 514 Ridgeview Drive

City Dravosburg State PA Zip Code 15034

Purpose of Disbursement
William Kortz, STATE HOUSE 38th PA

011

Candidate Name

PA Rep. William Kortz II

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 38

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 22 / 2013

Transaction ID : 4755993

Amount of Each Disbursement this Period

500.00

William Kortz, STATE HOUSE 38th PA

Full Name (Last, First, Middle Initial)

C. Friends of Chelsa Wagner

Mailing Address PO Box 3347

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement
Chelsa Wagner, Allegheny County - County Controller PA

011

Candidate Name

Chelsa Wagner

Category/
Type

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 / 22 / 2013

Transaction ID : 4755995

Amount of Each Disbursement this Period

1000.00

Chelsa Wagner, Allegheny County - County Controller PA

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

4000.00

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

**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)
AMALGAMATED TRANSIT UNION - COPE

Full Name (Last, First, Middle Initial)

A. Committee to Elect Mark Tranquilli for Judge

Mailing Address PO Box 14577

City State Zip Code
Pittsburgh PA 15234

Purpose of Disbursement
Mark Tranquilli, COMMON PLEAS JUDGE PA

Candidate Name
Mark Tranquilli

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	22	/	2013

Transaction ID : 4755997

Amount of Each Disbursement this Period

<input type="text" value="5000.00"/>

Mark Tranquilli, COMMON PLEAS JUDGE PA

Full Name (Last, First, Middle Initial)

B. Dwaine Caraway Campaign

Mailing Address 1934 Argyle Ave

City State Zip Code
Dallas TX 75203

Purpose of Disbursement
Dwaine Caraway, CITY OF DALLAS - CITY COUNCIL 4th TX

Candidate Name
Dwaine Caraway

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	22	/	2013

Transaction ID : 4756045

Amount of Each Disbursement this Period

<input type="text" value="1000.00"/>

Dwaine Caraway, CITY OF DALLAS - CITY COUNCIL 4th TX

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

<input type="text"/>

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

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

<input type="text" value="6000.00"/>

<input type="text" value="13324.95"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 26 OF 27
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
AMALGAMATED TRANSIT UNION - COPE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Harbinger Publications	Nature of Debt (Purpose): Flyers
Mailing Address PO Box 8325	
City State Zip Code Columbia SC 29202	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : 4869000	
Amount Incurred This Period <input type="text" value="1491.10"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1491.10"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>	Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>
---	---	---	---

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>	Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>
---	---	---	---

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="1491.10"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="1491.10"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="1491.10"/>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) AMALGAMATED TRANSIT UNION - COPE	FEC IDENTIFICATION NUMBER ▼ C C00032995
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Harbinger Publications [MEMO ITEM] Flyers	Date MM / DD / YYYY 04 / 22 / 2013
Mailing Address PO Box 8325	Amount 1491.10
City Columbia State SC Zip Code 29202	
Purpose of Expenditure Flyers	Category/Type 011
Name of Federal Candidate Supported or Opposed by Expenditure: Ms. Elizabeth Busch	Office Sought: <input checked="" type="checkbox"/> House State: SC <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
1491.10	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General

Transaction ID : 4755877

Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	MM / DD / YYYY
City State Zip Code	Amount
Purpose of Expenditure	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	0.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Lawrence J. Hanley [Electronically Filed] Date 05 / 20 / 2013

Signature _____