

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) 10000 NEW HAMPSHIRE AVENUE
Check if different than previously reported. (ACC) SILVER SPRING MD 20903

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 01 / 01 / 2016 through 01 / 31 / 2016

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

Type or Print Name of Treasurer Lawrence J. Hanley

Signature of Treasurer Lawrence J. Hanley [Electronically Filed] Date 02 / 19 / 2016

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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="2016"/>		<input type="text" value="517210.88"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="517210.88"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="69295.09"/>	<input type="text" value="69295.09"/>
(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="586505.97"/>	<input type="text" value="586505.97"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="40158.00"/>	<input type="text" value="40158.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="546347.97"/>	<input type="text" value="546347.97"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

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).....	0.00	0.00
(ii) Unitemized	69271.52	69271.52
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	69271.52	69271.52
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	69271.52	69271.52
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.).....	23.57	23.57
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))..... ▶	69295.09	69295.09
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	69295.09	69295.09

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.....	34500.00	34500.00
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	108.00	108.00
(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)).....	108.00	108.00
29. Other Disbursements	5550.00	5550.00
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)) ..	40158.00	40158.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	40158.00	40158.00

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)	69271.52	69271.52
34. Total Contribution Refunds (from Line 28(d))	108.00	108.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	69163.52	69163.52
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 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

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. CARROLL FOR COLORADO

Mailing Address PO BOX 470783

City State Zip Code
AURORA CO 80047

Purpose of Disbursement
Contribution

Candidate Name
MORGAN L. CARROLL

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: CO District: 06

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2016

Transaction ID : SB23.4138

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. CASTRO FOR CONGRESS

Mailing Address PO BOX 544

City State Zip Code
SAN ANTONIO TX 78292

Purpose of Disbursement
Contribution

Candidate Name
JOAQUIN CASTRO

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: TX District: 20

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2016

Transaction ID : SB23.4139

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FILEMON VELA FOR CONGRESS

Mailing Address 10715 GULF DALE ST
STE 235

City State Zip Code
SAN ANTONIO TX 78216

Purpose of Disbursement
Contribution

Candidate Name
FILEMON VELA

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: TX District: 34

Date of Disbursement

MM / DD / YYYY
01 / 07 / 2016

Transaction ID : SB23.4127

Amount of Each Disbursement this Period

2500.00

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

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

8500.00

**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. FRIENDS OF RAJA FOR CONGRESS

Mailing Address PO BOX 681202

City State Zip Code
SCHAUMBURG IL 60168

Purpose of Disbursement
Contribution

Candidate Name

S. RAJA KRISHNAMOORTHY

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	1	6

Transaction ID : SB23.4132

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. GARAMENDI FOR CONGRESS

Mailing Address 1050 17TH ST NW STE 590

City State Zip Code
WASHINGTON DC 20036

Purpose of Disbursement
Contribution

Candidate Name

JOHN GARAMENDI

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	1	6

Transaction ID : SB23.4126

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. MAGGIE FOR NH

Mailing Address PO BOX 298

City State Zip Code
CONCORD NH 03302

Purpose of Disbursement
Contribution

Candidate Name

MARGARET WOOD HASSAN

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NH District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	1	6

Transaction ID : SB23.4141

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

1	1	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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. NADLER FOR CONGRESS

Mailing Address VILLAGE STATION, PO BOX 40

City NEW YORK State NY Zip Code 10014

Purpose of Disbursement
Contribution

Candidate Name
JERROLD L. NADLER

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NY District: 10

Date of Disbursement

MM / DD / YYYY
01 / 07 / 2016

Transaction ID : SB23.4128

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. NADLER FOR CONGRESS

Mailing Address VILLAGE STATION, PO BOX 40

City NEW YORK State NY Zip Code 10014

Purpose of Disbursement
Contribution

Candidate Name
JERROLD L. NADLER

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NY District: 10

Date of Disbursement

MM / DD / YYYY
01 / 07 / 2016

Transaction ID : SB23.4129

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. TRANSPORTATION TRADES DEPARTMENT AFL-CIO POLITICAL ACTION COMMITTEE (TTD/PAC)

Mailing Address 815 16TH ST NW
4TH FLOOR

City WASHINGTON State DC Zip Code 20006

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
01 / 15 / 2016

Transaction ID : SB23.4140

Amount of Each Disbursement this Period

5000.00

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

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

15000.00

34500.00

**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)
AMALGAMATED TRANSIT UNION - COPE

Full Name (Last, First, Middle Initial)

A. Bill Dodd for Senate 2016

Mailing Address 7 Gleneagle Circle

City Napa State CA Zip Code 94558

Purpose of Disbursement
Non-Federal Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2016

Transaction ID : SB29.4137

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Committee for a Better MLT

Mailing Address 4405 243rd Place, SW

City Mountlake Terrace State WA Zip Code 98043

Purpose of Disbursement
Non-Federal Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 21 / 2016

Transaction ID : SB29.4143

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Committee to Elect Mark Kern

Mailing Address 111 S. High St.

City Belleville State IL Zip Code 62220

Purpose of Disbursement
Non-Federal Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 21 / 2016

Transaction ID : SB29.4144

Amount of Each Disbursement this Period

250.00

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

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

3250.00

**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)
AMALGAMATED TRANSIT UNION - COPE

Full Name (Last, First, Middle Initial)

A. Elect De'Sean Quinn for Tukwilla Mayor

Mailing Address 4636 S 150th St.

City State Zip Code
Tukwilla WA 98188

Purpose of Disbursement
Non-Federal Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /
01 / 07 / 2016

Transaction ID : SB29.4134

Amount of Each Disbursement this Period

300.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Friends of John Chelminiak

Mailing Address 227 Bellevue Way, NE, #367

City State Zip Code
Bellevue WA 98004

Purpose of Disbursement
Non-Federal Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /
01 / 07 / 2016

Transaction ID : SB29.4133

Amount of Each Disbursement this Period

500.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. Friends of Mike Busch

Mailing Address 207 McKendree Ave.

City State Zip Code
Annapolis MD 21401

Purpose of Disbursement
Non-Federal Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /
01 / 07 / 2016

Transaction ID : SB29.4136

Amount of Each Disbursement this Period

1000.00

Category/
Type

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

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

1800.00

**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)
AMALGAMATED TRANSIT UNION - COPE

Full Name (Last, First, Middle Initial)

A. Yambi for Fife

Mailing Address 2337 58th Ave. East, Apt. 8

City Fife State WA Zip Code 98424

Purpose of Disbursement
Non-Federal Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 07 / 2016

Transaction ID : SB29.4135

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

500.00

5550.00