

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 Ave.**
 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 / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

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 **Costa, John, , ,**

Signature of Treasurer **Costa, John, , ,** [Electronically Filed] Date / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2020"/>		476038.85
(b) Cash on Hand at Beginning of Reporting Period.....	453665.35	
(c) Total Receipts (from Line 19)	35791.26	110657.76
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	489456.61	586696.61
7. Total Disbursements (from Line 31).....	155358.00	252598.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	334098.61	334098.61
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

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Amalgamated Transit Union - COPE

Report Covering the Period: From: M M / D D / Y Y Y Y 02 / 01 / 2020 To: M M / D D / Y Y Y Y 02 / 29 / 2020

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).....	1745.00	1970.00
(ii) Unitemized	34046.26	108687.76
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	35791.26	110657.76
(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)	35791.26	110657.76
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)).....▶	35791.26	110657.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	35791.26	110657.76

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	144500.00	188000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	10858.00	64598.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	155358.00	252598.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	155358.00	252598.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	35791.26	110657.76
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	35791.26	110657.76
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 73
	<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	

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. Donovan, Elliot, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKCP276
 Amount of Each Receipt this Period 5.00
 Memo Item

B. Donovan, Elliot, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKCP2M9
 Amount of Each Receipt this Period 5.00
 Memo Item

C. Donovan, Elliot, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKCP3C8
 Amount of Each Receipt this Period 5.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	15.00
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 73
<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

A. Donovan, Elliot, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKCP3R1
 Amount of Each Receipt this Period 5.00
 Memo Item

B. Donovan, Elliot, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKCP438
 Amount of Each Receipt this Period 5.00
 Memo Item

C. Donovan, Elliot, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKCP462
 Amount of Each Receipt this Period 5.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 15.00
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 8 OF 73
	<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. Donovan, Elliot, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) 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
 02 / 10 / 2020
Transaction ID : VSGZEKCP4Z9
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. Donovan, Elliot, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) 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
 02 / 10 / 2020
Transaction ID : VSGZEKCP5C2
 Amount of Each Receipt this Period
 5.00
 Memo Item

C. Donovan, Elliot, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) 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
 02 / 10 / 2020
Transaction ID : VSGZEKCP5R7
 Amount of Each Receipt this Period
 5.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	20.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 73
	<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. Donovan, Elliot, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKCP634
 Amount of Each Receipt this Period 5.00
 Memo Item

B. Donovan, Elliot, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKCP6H4
 Amount of Each Receipt this Period 5.00
 Memo Item

C. Donovan, Elliot, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKCP6X7
 Amount of Each Receipt this Period 5.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 15.00
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 10 OF 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Amalgamated Transit Union - COPE

A. Donovan, Elliot, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKCP7A0
 Amount of Each Receipt this Period 5.00
 Memo Item

B. Donovan, Elliot, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKCP7N7
 Amount of Each Receipt this Period 5.00
 Memo Item

C. Donovan, Elliot, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKCP8A3
 Amount of Each Receipt this Period 5.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	15.00
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: PAGE 11 OF 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Amalgamated Transit Union - COPE

A. Donovan, Elliot, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKCP8N9
 Amount of Each Receipt this Period 5.00
 Memo Item

B. Donovan, Elliot, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKCP914
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Donovan, Elliot, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKCP9E7
 Amount of Each Receipt this Period 5.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 20.00
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: PAGE 12 OF 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Amalgamated Transit Union - COPE

A. Donovan, Elliot, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKCP9T0
 Amount of Each Receipt this Period 5.00
 Memo Item

B. Donovan, Elliot, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKCPAN3
 Amount of Each Receipt this Period 5.00
 Memo Item

C. Donovan, Elliot, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKCPB00
 Amount of Each Receipt this Period 5.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 15.00
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 13 OF 73
	<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. Donovan, Elliot, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKCPBD3
 Amount of Each Receipt this Period 5.00
 Memo Item

B. Donovan, Elliot, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKCPBG6
 Amount of Each Receipt this Period 5.00
 Memo Item

C. Donovan, Elliot, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKCPBW1
 Amount of Each Receipt this Period 5.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 15.00
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 14 OF 73
<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

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. Donovan, Elliot, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKPC44
 Amount of Each Receipt this Period 5.00
 Memo Item

B. Donovan, Elliot, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKPC7
 Amount of Each Receipt this Period 5.00
 Memo Item

C. Donovan, Elliot, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKPCY8
 Amount of Each Receipt this Period 5.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	15.00
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 15 OF 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Donovan, Elliot, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) 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
 02 / 10 / 2020
Transaction ID : VSGZEKCPDA3
 Amount of Each Receipt this Period 5.00
 Memo Item

B. Donovan, Elliot, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) 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
 02 / 10 / 2020
Transaction ID : VSGZEKCPD78
 Amount of Each Receipt this Period 5.00
 Memo Item

C. Donovan, Elliot, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) 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
 02 / 10 / 2020
Transaction ID : VSGZEKCPD48
 Amount of Each Receipt this Period 5.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	15.00
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 16 OF 73
	<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. Donovan, Elliot, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKCPEJ9
 Amount of Each Receipt this Period 5.00
 Memo Item

B. Donovan, Elliot, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKCPEY3
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Donovan, Elliot, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKCPF82
 Amount of Each Receipt this Period 5.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 20.00
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 73
	<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. Donovan, Elliot, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKCPFN5
 Amount of Each Receipt this Period 5.00
 Memo Item

B. Donovan, Elliot, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKCPG26
 Amount of Each Receipt this Period 5.00
 Memo Item

C. Donovan, Elliot, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKCPGF8
 Amount of Each Receipt this Period 5.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 15.00
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:	PAGE 18 OF 73
	(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

A. Donovan, Elliot, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) 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
 02 / 10 / 2020
Transaction ID : VSGZEKCPH29
 Amount of Each Receipt this Period 5.00
 Memo Item

B. Donovan, Elliot, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) 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
 02 / 10 / 2020
Transaction ID : VSGZEKCPHF1
 Amount of Each Receipt this Period 5.00
 Memo Item

C. Donovan, Elliot, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) 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
 02 / 10 / 2020
Transaction ID : VSGZEKCPJ97
 Amount of Each Receipt this Period 5.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	15.00
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 19 OF 73
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. Donovan, Elliot, H, ,		Date of Receipt MM / DD / YYYY 02 / 10 / 2020
Mailing Address 25 Elizabeth Ct		Transaction ID : VSGZEKCPJW7
City North Dartmouth	State MA	Zip Code 02747-4046
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00
Name of Employer (for Individual) AMALGAMATED TRANSIT UNION	Occupation (for Individual) OPERATOR	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Donovan, Elliot, H, ,		Date of Receipt MM / DD / YYYY 02 / 10 / 2020
Mailing Address 25 Elizabeth Ct		Transaction ID : VSGZEKCPKA5
City North Dartmouth	State MA	Zip Code 02747-4046
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00
Name of Employer (for Individual) AMALGAMATED TRANSIT UNION	Occupation (for Individual) OPERATOR	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Donovan, Elliot, H, ,		Date of Receipt MM / DD / YYYY 02 / 10 / 2020
Mailing Address 25 Elizabeth Ct		Transaction ID : VSGZEKCPMB6
City North Dartmouth	State MA	Zip Code 02747-4046
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00
Name of Employer (for Individual) AMALGAMATED TRANSIT UNION	Occupation (for Individual) OPERATOR	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional).....▶	15.00
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 20 OF 73
	<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. FRAZIER, ERROL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2241 W 24th St

City Los Angeles	State CA	Zip Code 90018-1904
---------------------	-------------	------------------------

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

Name of Employer (for Individual) LOS ANGELES CTY METRO TRAN AUT	Occupation (for Individual) OTH
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2020

Transaction ID : VSGZEKB8M70

Amount of Each Receipt this Period
500.00

Memo Item

B. Joseph, Jeffrey, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 25 Elizabeth Ct

City North Dartmouth	State MA	Zip Code 02747-4046
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) AMALGAMATED TRANSIT UNION	Occupation (for Individual) OPERATOR
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2020

Transaction ID : VSGZEK83820

Amount of Each Receipt this Period
5.00

Memo Item

C. Joseph, Jeffrey, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 25 Elizabeth Ct

City North Dartmouth	State MA	Zip Code 02747-4046
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) AMALGAMATED TRANSIT UNION	Occupation (for Individual) OPERATOR
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2020

Transaction ID : VSGZEK83838

Amount of Each Receipt this Period
5.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	510.00
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 21 OF 73
	<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. Joseph, Jeffrey, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2020
Transaction ID : VSGZEK83846
 Amount of Each Receipt this Period
 5.00
 Memo Item

B. Joseph, Jeffrey, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2020
Transaction ID : VSGZEK83870
 Amount of Each Receipt this Period
 5.00
 Memo Item

C. Joseph, Jeffrey, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2020
Transaction ID : VSGZEKCP2J3
 Amount of Each Receipt this Period
 5.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 15.00
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:	PAGE 22 OF 73
	(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

A. Joseph, Jeffrey, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2020
Transaction ID : VSGZEKCP2Z6
 Amount of Each Receipt this Period 5.00
 Memo Item

B. Joseph, Jeffrey, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2020
Transaction ID : VSGZEKCP3A3
 Amount of Each Receipt this Period 5.00
 Memo Item

C. Joseph, Jeffrey, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2020
Transaction ID : VSGZEKCP3P5
 Amount of Each Receipt this Period 5.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	15.00
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 23 OF 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Joseph, Jeffrey, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKCP412
 Amount of Each Receipt this Period 5.00
 Memo Item

B. Joseph, Jeffrey, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKCP488
 Amount of Each Receipt this Period 5.00
 Memo Item

C. Joseph, Jeffrey, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKCP4M2
 Amount of Each Receipt this Period 5.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	15.00
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 24 OF 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Joseph, Jeffrey, A, ,

Mailing Address 25 Elizabeth Ct

City North Dartmouth	State MA	Zip Code 02747-4046
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) AMALGAMATED TRANSIT UNION	Occupation (for Individual) OPERATOR
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2020

Transaction ID : VSGZEKCP515

Amount of Each Receipt this Period
5.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Joseph, Jeffrey, A, ,

Mailing Address 25 Elizabeth Ct

City North Dartmouth	State MA	Zip Code 02747-4046
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) AMALGAMATED TRANSIT UNION	Occupation (for Individual) OPERATOR
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2020

Transaction ID : VSGZEKCP5E8

Amount of Each Receipt this Period
5.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Joseph, Jeffrey, A, ,

Mailing Address 25 Elizabeth Ct

City North Dartmouth	State MA	Zip Code 02747-4046
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) AMALGAMATED TRANSIT UNION	Occupation (for Individual) OPERATOR
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2020

Transaction ID : VSGZEKCP5T3

Amount of Each Receipt this Period
5.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	15.00
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 25 OF 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
Amalgamated Transit Union - COPE

A. Joseph, Jeffrey, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKCP659
 Amount of Each Receipt this Period 5.00
 Memo Item

B. Joseph, Jeffrey, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKCP683
 Amount of Each Receipt this Period 5.00
 Memo Item

C. Joseph, Jeffrey, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKCP6M6
 Amount of Each Receipt this Period 5.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	15.00
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 26 OF 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Joseph, Jeffrey, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKCP6Z3
 Amount of Each Receipt this Period 5.00
 Memo Item

B. Joseph, Jeffrey, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKCP7C6
 Amount of Each Receipt this Period 5.00
 Memo Item

C. Joseph, Jeffrey, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKCP7Q2
 Amount of Each Receipt this Period 5.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	15.00
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 27 OF 73
	<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. Joseph, Jeffrey, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKCP8C8
 Amount of Each Receipt this Period 5.00
 Memo Item

B. Joseph, Jeffrey, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKCP8Q5
 Amount of Each Receipt this Period 5.00
 Memo Item

C. Joseph, Jeffrey, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKCP930
 Amount of Each Receipt this Period 5.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	15.00
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 28 OF 73
	<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. Joseph, Jeffrey, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKCP9G3
 Amount of Each Receipt this Period 5.00
 Memo Item

B. Joseph, Jeffrey, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKCP9W6
 Amount of Each Receipt this Period 5.00
 Memo Item

C. Joseph, Jeffrey, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKCPAB4
 Amount of Each Receipt this Period 5.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 15.00
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 29 OF 73
	<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. Joseph, Jeffrey, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKCPAQ9
 Amount of Each Receipt this Period 5.00
 Memo Item

B. Joseph, Jeffrey, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKCPB34
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Joseph, Jeffrey, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKCPBJ2
 Amount of Each Receipt this Period 5.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	20.00
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:	PAGE 30 OF 73
	(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

A. Joseph, Jeffrey, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKCPBX9
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Joseph, Jeffrey, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKPC60
 Amount of Each Receipt this Period 5.00
 Memo Item

C. Joseph, Jeffrey, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKPCM1
 Amount of Each Receipt this Period 5.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 20.00
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 31 OF 73
	<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. Joseph, Jeffrey, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKCPD04
 Amount of Each Receipt this Period 5.00
 Memo Item

B. Joseph, Jeffrey, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKCPDC8
 Amount of Each Receipt this Period 5.00
 Memo Item

C. Joseph, Jeffrey, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKCPDN9
 Amount of Each Receipt this Period 5.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 15.00
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:	PAGE 32 OF 73
	(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

A. Joseph, Jeffrey, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKCPE14
 Amount of Each Receipt this Period 5.00
 Memo Item

B. Joseph, Jeffrey, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKCPEK6
 Amount of Each Receipt this Period 5.00
 Memo Item

C. Joseph, Jeffrey, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKCPF09
 Amount of Each Receipt this Period 5.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 15.00
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 33 OF 73
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Joseph, Jeffrey, A, ,

Mailing Address 25 Elizabeth Ct

City North Dartmouth	State MA	Zip Code 02747-4046
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) AMALGAMATED TRANSIT UNION	Occupation (for Individual) OPERATOR
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2020

Transaction ID : VSGZEKCPFA8

Amount of Each Receipt this Period
5.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Joseph, Jeffrey, A, ,

Mailing Address 25 Elizabeth Ct

City North Dartmouth	State MA	Zip Code 02747-4046
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) AMALGAMATED TRANSIT UNION	Occupation (for Individual) OPERATOR
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2020

Transaction ID : VSGZEKCPFQ1

Amount of Each Receipt this Period
5.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Joseph, Jeffrey, A, ,

Mailing Address 25 Elizabeth Ct

City North Dartmouth	State MA	Zip Code 02747-4046
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) AMALGAMATED TRANSIT UNION	Occupation (for Individual) OPERATOR
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
260.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2020

Transaction ID : VSGZEKCPG42

Amount of Each Receipt this Period
5.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	15.00
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: PAGE 34 OF 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Amalgamated Transit Union - COPE

A. Joseph, Jeffrey, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKCPGH4
 Amount of Each Receipt this Period 5.00
 Memo Item

B. Joseph, Jeffrey, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKCPH44
 Amount of Each Receipt this Period 5.00
 Memo Item

C. Joseph, Jeffrey, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKCPHH7
 Amount of Each Receipt this Period 5.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 15.00
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 35 OF 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Amalgamated Transit Union - COPE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Joseph, Jeffrey, A, ,			Date of Receipt MM / DD / YYYY 02 / 10 / 2020
Mailing Address 25 Elizabeth Ct			Transaction ID : VSGZEKCPHV6
City North Dartmouth	State MA	Zip Code 02747-4046	Amount of Each Receipt this Period 5.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) AMALGAMATED TRANSIT UNION		Occupation (for Individual) OPERATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Joseph, Jeffrey, A, ,			Date of Receipt MM / DD / YYYY 02 / 10 / 2020
Mailing Address 25 Elizabeth Ct			Transaction ID : VSGZEKCPJ47
City North Dartmouth	State MA	Zip Code 02747-4046	Amount of Each Receipt this Period 5.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) AMALGAMATED TRANSIT UNION		Occupation (for Individual) OPERATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Joseph, Jeffrey, A, ,			Date of Receipt MM / DD / YYYY 02 / 10 / 2020
Mailing Address 25 Elizabeth Ct			Transaction ID : VSGZEKCPJB2
City North Dartmouth	State MA	Zip Code 02747-4046	Amount of Each Receipt this Period 5.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) AMALGAMATED TRANSIT UNION		Occupation (for Individual) OPERATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 260.00		

SUBTOTAL of Receipts This Page (optional).....▶	15.00
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: PAGE 36 OF 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Amalgamated Transit Union - COPE

A. Joseph, Jeffrey, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKCPJF4
 Amount of Each Receipt this Period 5.00
 Memo Item

B. Joseph, Jeffrey, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKCPK08
 Amount of Each Receipt this Period 5.00
 Memo Item

C. Joseph, Jeffrey, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Elizabeth Ct
 City North Dartmouth State MA Zip Code 02747-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMALGAMATED TRANSIT UNION Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKCPKC1
 Amount of Each Receipt this Period 5.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 15.00
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:	PAGE 37 OF 73
	(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

A. Melanson, Wayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O BOX 9544
 City North Dartmouth State MA Zip Code 02747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNION STREET BUS COM INC JOINT Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2020
Transaction ID : VSGZEK83EV9
 Amount of Each Receipt this Period 5.00
 Memo Item

B. Melanson, Wayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O BOX 9544
 City North Dartmouth State MA Zip Code 02747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNION STREET BUS COM INC JOINT Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2020
Transaction ID : VSGZEK83EW7
 Amount of Each Receipt this Period 5.00
 Memo Item

C. Melanson, Wayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O BOX 9544
 City North Dartmouth State MA Zip Code 02747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNION STREET BUS COM INC JOINT Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2020
Transaction ID : VSGZEK83EX5
 Amount of Each Receipt this Period 5.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	15.00
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 38 OF 73
	<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. Melanson, Wayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O BOX 9544

City North Dartmouth	State MA	Zip Code 02747
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) UNION STREET BUS COM INC JOINT	Occupation (for Individual) OPERATOR
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2020
Transaction ID : VSGZEK83EY3

Amount of Each Receipt this Period
 5.00

Memo Item

B. Melanson, Wayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O BOX 9544

City North Dartmouth	State MA	Zip Code 02747
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) UNION STREET BUS COM INC JOINT	Occupation (for Individual) OPERATOR
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2020
Transaction ID : VSGZEKCP2G7

Amount of Each Receipt this Period
 5.00

Memo Item

C. Melanson, Wayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O BOX 9544

City North Dartmouth	State MA	Zip Code 02747
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) UNION STREET BUS COM INC JOINT	Occupation (for Individual) OPERATOR
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2020
Transaction ID : VSGZEKCP2X0

Amount of Each Receipt this Period
 5.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	15.00
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 39 OF 73
	<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. Melanson, Wayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O BOX 9544
 City North Dartmouth State MA Zip Code 02747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNION STREET BUS COM INC JOINT Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2020
Transaction ID : VSGZEKCP387
 Amount of Each Receipt this Period
 5.00
 Memo Item

B. Melanson, Wayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O BOX 9544
 City North Dartmouth State MA Zip Code 02747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNION STREET BUS COM INC JOINT Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2020
Transaction ID : VSGZEKCP4A3
 Amount of Each Receipt this Period
 5.00
 Memo Item

C. Melanson, Wayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O BOX 9544
 City North Dartmouth State MA Zip Code 02747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNION STREET BUS COM INC JOINT Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2020
Transaction ID : VSGZEKCP4P8
 Amount of Each Receipt this Period
 5.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	15.00
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: PAGE 40 OF 73
(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)
Amalgamated Transit Union - COPE

A. Melanson, Wayne, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O BOX 9544

City North Dartmouth	State MA	Zip Code 02747
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) UNION STREET BUS COM INC JOINT	Occupation (for Individual) OPERATOR
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	10	/	2020

Transaction ID : VSGZEKCP531

Amount of Each Receipt this Period
5.00

Memo Item

B. Melanson, Wayne, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O BOX 9544

City North Dartmouth	State MA	Zip Code 02747
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) UNION STREET BUS COM INC JOINT	Occupation (for Individual) OPERATOR
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	10	/	2020

Transaction ID : VSGZEKCP5G4

Amount of Each Receipt this Period
5.00

Memo Item

C. Melanson, Wayne, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O BOX 9544

City North Dartmouth	State MA	Zip Code 02747
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) UNION STREET BUS COM INC JOINT	Occupation (for Individual) OPERATOR
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	10	/	2020

Transaction ID : VSGZEKCP5W8

Amount of Each Receipt this Period
5.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	15.00
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 41 OF 73
	<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. Melanson, Wayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O BOX 9544

City North Dartmouth	State MA	Zip Code 02747
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) UNION STREET BUS COM INC JOINT	Occupation (for Individual) OPERATOR
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2020
Transaction ID : VSGZEKCP6P2

Amount of Each Receipt this Period
 5.00

Memo Item

B. Melanson, Wayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O BOX 9544

City North Dartmouth	State MA	Zip Code 02747
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) UNION STREET BUS COM INC JOINT	Occupation (for Individual) OPERATOR
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2020
Transaction ID : VSGZEKCP719

Amount of Each Receipt this Period
 5.00

Memo Item

C. Melanson, Wayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O BOX 9544

City North Dartmouth	State MA	Zip Code 02747
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) UNION STREET BUS COM INC JOINT	Occupation (for Individual) OPERATOR
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2020
Transaction ID : VSGZEKCP7E1

Amount of Each Receipt this Period
 5.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	15.00
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 42 OF 73
	<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. Melanson, Wayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O BOX 9544
 City North Dartmouth State MA Zip Code 02747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNION STREET BUS COM INC JOINT Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2020
Transaction ID : VSGZEKCP7S8
 Amount of Each Receipt this Period 5.00
 Memo Item

B. Melanson, Wayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O BOX 9544
 City North Dartmouth State MA Zip Code 02747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNION STREET BUS COM INC JOINT Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2020
Transaction ID : VSGZEKCP8E4
 Amount of Each Receipt this Period 5.00
 Memo Item

C. Melanson, Wayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O BOX 9544
 City North Dartmouth State MA Zip Code 02747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNION STREET BUS COM INC JOINT Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2020
Transaction ID : VSGZEKCP8S1
 Amount of Each Receipt this Period 5.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	15.00
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 43 OF 73
	<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. Melanson, Wayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O BOX 9544
 City North Dartmouth State MA Zip Code 02747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNION STREET BUS COM INC JOINT Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKCP956
 Amount of Each Receipt this Period 5.00
 Memo Item

B. Melanson, Wayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O BOX 9544
 City North Dartmouth State MA Zip Code 02747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNION STREET BUS COM INC JOINT Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKCP9H1
 Amount of Each Receipt this Period 5.00
 Memo Item

C. Melanson, Wayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O BOX 9544
 City North Dartmouth State MA Zip Code 02747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNION STREET BUS COM INC JOINT Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKCP9Y1
 Amount of Each Receipt this Period 5.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	15.00
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 44 OF 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Amalgamated Transit Union - COPE

A. Melanson, Wayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O BOX 9544
 City North Dartmouth State MA Zip Code 02747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNION STREET BUS COM INC JOINT Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2020
Transaction ID : VSGZEKCPA15
 Amount of Each Receipt this Period
 5.00
 Memo Item

B. Melanson, Wayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O BOX 9544
 City North Dartmouth State MA Zip Code 02747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNION STREET BUS COM INC JOINT Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2020
Transaction ID : VSGZEKCPAD0
 Amount of Each Receipt this Period
 5.00
 Memo Item

C. Melanson, Wayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O BOX 9544
 City North Dartmouth State MA Zip Code 02747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNION STREET BUS COM INC JOINT Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2020
Transaction ID : VSGZEKCPAS5
 Amount of Each Receipt this Period
 5.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	15.00
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 45 OF 73
	<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	

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. Melanson, Wayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O BOX 9544

City North Dartmouth	State MA	Zip Code 02747
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) UNION STREET BUS COM INC JOINT	Occupation (for Individual) OPERATOR
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2020

Transaction ID : VSGZEKCPB59

Amount of Each Receipt this Period
 5.00

Memo Item

B. Melanson, Wayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O BOX 9544

City North Dartmouth	State MA	Zip Code 02747
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) UNION STREET BUS COM INC JOINT	Occupation (for Individual) OPERATOR
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2020

Transaction ID : VSGZEKPC86

Amount of Each Receipt this Period
 5.00

Memo Item

C. Melanson, Wayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O BOX 9544

City North Dartmouth	State MA	Zip Code 02747
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) UNION STREET BUS COM INC JOINT	Occupation (for Individual) OPERATOR
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2020

Transaction ID : VSGZEKPCN9

Amount of Each Receipt this Period
 5.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	15.00
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 46 OF 73
	<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. Melanson, Wayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O BOX 9544
 City North Dartmouth State MA Zip Code 02747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNION STREET BUS COM INC JOINT Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2020
Transaction ID : VSGZEKCPD29
 Amount of Each Receipt this Period 5.00
 Memo Item

B. Melanson, Wayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O BOX 9544
 City North Dartmouth State MA Zip Code 02747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNION STREET BUS COM INC JOINT Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2020
Transaction ID : VSGZEKCPDE4
 Amount of Each Receipt this Period 5.00
 Memo Item

C. Melanson, Wayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O BOX 9544
 City North Dartmouth State MA Zip Code 02747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNION STREET BUS COM INC JOINT Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2020
Transaction ID : VSGZEKCPDQ5
 Amount of Each Receipt this Period 5.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	15.00
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 47 OF 73
	<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. Melanson, Wayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O BOX 9544

City North Dartmouth	State MA	Zip Code 02747
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) UNION STREET BUS COM INC JOINT	Occupation (for Individual) OPERATOR
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2020

Transaction ID : VSGZEKCPE80

Amount of Each Receipt this Period
 5.00

Memo Item

B. Melanson, Wayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O BOX 9544

City North Dartmouth	State MA	Zip Code 02747
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) UNION STREET BUS COM INC JOINT	Occupation (for Individual) OPERATOR
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2020

Transaction ID : VSGZEKCPE97

Amount of Each Receipt this Period
 5.00

Memo Item

C. Melanson, Wayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O BOX 9544

City North Dartmouth	State MA	Zip Code 02747
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) UNION STREET BUS COM INC JOINT	Occupation (for Individual) OPERATOR
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2020

Transaction ID : VSGZEKCPEN2

Amount of Each Receipt this Period
 5.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	15.00
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: PAGE 48 OF 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Amalgamated Transit Union - COPE

A. Melanson, Wayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O BOX 9544
 City North Dartmouth State MA Zip Code 02747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNION STREET BUS COM INC JOINT Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2020
Transaction ID : VSGZEKCPF25
 Amount of Each Receipt this Period 5.00
 Memo Item

B. Melanson, Wayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O BOX 9544
 City North Dartmouth State MA Zip Code 02747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNION STREET BUS COM INC JOINT Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2020
Transaction ID : VSGZEKCPF4
 Amount of Each Receipt this Period 5.00
 Memo Item

C. Melanson, Wayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O BOX 9544
 City North Dartmouth State MA Zip Code 02747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNION STREET BUS COM INC JOINT Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2020
Transaction ID : VSGZEKCPF57
 Amount of Each Receipt this Period 5.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 15.00
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 49 OF 73
	<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. Melanson, Wayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O BOX 9544
 City North Dartmouth State MA Zip Code 02747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNION STREET BUS COM INC JOINT Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2020
Transaction ID : VSGZEKCPG67
 Amount of Each Receipt this Period 5.00
 Memo Item

B. Melanson, Wayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O BOX 9544
 City North Dartmouth State MA Zip Code 02747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNION STREET BUS COM INC JOINT Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2020
Transaction ID : VSGZEKCPGK0
 Amount of Each Receipt this Period 5.00
 Memo Item

C. Melanson, Wayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O BOX 9544
 City North Dartmouth State MA Zip Code 02747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNION STREET BUS COM INC JOINT Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2020
Transaction ID : VSGZEKCPH60
 Amount of Each Receipt this Period 5.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	15.00
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: PAGE 50 OF 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Amalgamated Transit Union - COPE

A. Melanson, Wayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O BOX 9544
 City North Dartmouth State MA Zip Code 02747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNION STREET BUS COM INC JOINT Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2020
Transaction ID : VSGZEKCPHK3
 Amount of Each Receipt this Period 5.00
 Memo Item

B. Melanson, Wayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O BOX 9544
 City North Dartmouth State MA Zip Code 02747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNION STREET BUS COM INC JOINT Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2020
Transaction ID : VSGZEKCPJ21
 Amount of Each Receipt this Period 5.00
 Memo Item

C. Melanson, Wayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O BOX 9544
 City North Dartmouth State MA Zip Code 02747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNION STREET BUS COM INC JOINT Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2020
Transaction ID : VSGZEKCPJ55
 Amount of Each Receipt this Period 5.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 15.00
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 51 OF 73
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. Melanson, Wayne, , ,			Date of Receipt MM / DD / YYYY 02 / 10 / 2020
Mailing Address P O BOX 9544			Transaction ID : VSGZEKCPJD8
City North Dartmouth	State MA	Zip Code 02747	Amount of Each Receipt this Period 5.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) UNION STREET BUS COM INC JOINT		Occupation (for Individual) OPERATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Melanson, Wayne, , ,			Date of Receipt MM / DD / YYYY 02 / 10 / 2020
Mailing Address P O BOX 9544			Transaction ID : VSGZEKCPK24
City North Dartmouth	State MA	Zip Code 02747	Amount of Each Receipt this Period 5.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) UNION STREET BUS COM INC JOINT		Occupation (for Individual) OPERATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Melanson, Wayne, , ,			Date of Receipt MM / DD / YYYY 02 / 10 / 2020
Mailing Address P O BOX 9544			Transaction ID : VSGZEKCPKE7
City North Dartmouth	State MA	Zip Code 02747	Amount of Each Receipt this Period 5.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) UNION STREET BUS COM INC JOINT		Occupation (for Individual) OPERATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 235.00		

SUBTOTAL of Receipts This Page (optional).....▶	15.00
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 52 OF 73
	<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. Melanson, Wayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O BOX 9544
 City North Dartmouth State MA Zip Code 02747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNION STREET BUS COM INC JOINT Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKCPKG3
 Amount of Each Receipt this Period 5.00
 Memo Item

B. Melanson, Wayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O BOX 9544
 City North Dartmouth State MA Zip Code 02747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNION STREET BUS COM INC JOINT Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 02 / 10 / 2020
Transaction ID : VSGZEKCPKQ8
 Amount of Each Receipt this Period 5.00
 Memo Item

C. Price, Kenneth, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15648 11T AVENUE SW
 City Burien State WA Zip Code 98166
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KING COUNTY DOT-METRO TRANSIT Occupation (for Individual) OPERATOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 02 / 14 / 2020
Transaction ID : VSGZEKAW364
 Amount of Each Receipt this Period 225.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	235.00
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: PAGE 53 OF 73
(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)
Amalgamated Transit Union - COPE

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SILVER, NEIL, H., ,

Mailing Address 10914 Encino Ave

City Granada Hills State CA Zip Code 91344-4712

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

Name of Employer (for Individual) LOS ANGELES CTY METRO TRAN AUT Occupation (for Individual) 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 Y
 02 / 25 / 2020

Transaction ID : VSGZEKB8M88

Amount of Each Receipt this Period
300.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

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

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

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

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	1745.00

**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"/> 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. Alan Lowenthal For Congress

Mailing Address 16633 Ventura Blvd
Ste 1008

City Encino State CA Zip Code 91436-1856

Purpose of Disbursement Contribution

Candidate Name
Lowenthal, Alan, , ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: CA District: 47

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2020

FEC Identification Number

C C00498212

Transaction ID : VSG06A0MDI

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Andre Carson For Congress

Mailing Address PO Box 1863

City Indianapolis State IN Zip Code 46206-1863

Purpose of Disbursement Contribution

Candidate Name
Carson, Andre, , ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: IN District: 07

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2020

FEC Identification Number

C C00442921

Transaction ID : VSG06A0J54'

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Andre Carson For Congress

Mailing Address PO Box 1863

City Indianapolis State IN Zip Code 46206-1863

Purpose of Disbursement Contribution

Candidate Name
Carson, Andre, , ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: IN District: 07

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2020

FEC Identification Number

C C00442921

Transaction ID : VSG06A0MB

Amount of Each Disbursement this Period

4000.00

Memo Item

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

6500.00

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 checked="" type="checkbox"/> 23	<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. Anthony Brown for Congress		Date of Disbursement MM / DD / YYYY 02 / 28 / 2020
Mailing Address 12138 Central Ave # 671		FEC Identification Number C C00574640 Transaction ID : VSG06A0MDI
City Bowie	State MD	Zip Code 20721-1910
Purpose of Disbursement Contribution		Category/Type
Candidate Name Brown, Anthony, Gregory, ,		Amount of Each Disbursement this Period 2500.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: MD	District: 04	

Full Name (Last, First, Middle Initial) B. Biden for President		Date of Disbursement MM / DD / YYYY 02 / 06 / 2020
Mailing Address PO Box 58174		FEC Identification Number C C00703975 Transaction ID : VSG06A0JG3
City Philadelphia	State PA	Zip Code 19102-8174
Purpose of Disbursement Contribution		Category/Type
Candidate Name Biden, Joseph, R, , Jr		Amount of Each Disbursement this Period 5000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:	

Full Name (Last, First, Middle Initial) C. Biden for President		Date of Disbursement MM / DD / YYYY 02 / 06 / 2020
Mailing Address PO Box 58174		FEC Identification Number C C00703975 Transaction ID : VSG06A0JG
City Philadelphia	State PA	Zip Code 19102-8174
Purpose of Disbursement Contribution		Category/Type
Candidate Name Biden, Joseph, R, , Jr		Amount of Each Disbursement this Period 5000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	12500.00
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 checked="" type="checkbox"/> 23	<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

A. Chris Pappas for Congress

Full Name (Last, First, Middle Initial)
Chris Pappas for Congress

Mailing Address PO Box 313

City Manchester State NH Zip Code 03105-0313

Purpose of Disbursement Contribution

Candidate Name Pappas, Chris, , ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: NH District: 01

Date of Disbursement: 02 / 28 / 2020

FEC Identification Number: C00660464
Transaction ID : VSG06A0MEI
Amount of Each Disbursement this Period: 1500.00

Memo Item

B. Citizens To Elect Rick Larsen

Full Name (Last, First, Middle Initial)
Citizens To Elect Rick Larsen

Mailing Address PO Box 326

City Everett State WA Zip Code 98206-0326

Purpose of Disbursement Contribution

Candidate Name Larsen, Rick, , ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: WA District: 02

Date of Disbursement: 02 / 28 / 2020

FEC Identification Number: C00345546
Transaction ID : VSG06A0MA1
Amount of Each Disbursement this Period: 5000.00

Memo Item

C. Colin Allred for Congress

Full Name (Last, First, Middle Initial)
Colin Allred for Congress

Mailing Address PO Box 601631

City Dallas State TX Zip Code 75360-1631

Purpose of Disbursement Contribution

Candidate Name Allred, Colin, , ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: TX District: 32

Date of Disbursement: 02 / 28 / 2020

FEC Identification Number: C00637868
Transaction ID : VSG06A0MD
Amount of Each Disbursement this Period: 4000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 10500.00

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 checked="" type="checkbox"/> 23	<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. Committee to Elect Jared Golden

Mailing Address PO Box 7108

City
Lewiston

State
ME

Zip Code
04243-7108

Purpose of Disbursement
Contribution

Candidate Name

Golden, Jared, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: ME District: 02

Date of Disbursement

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

FEC Identification Number

C C00653816

Transaction ID : VSG06A0M1/

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Committee to Elect Jared Golden

Mailing Address PO Box 7108

City
Lewiston

State
ME

Zip Code
04243-7108

Purpose of Disbursement
Contribution

Candidate Name

Golden, Jared, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: ME District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	2	0

FEC Identification Number

C C00653816

Transaction ID : VSG06A0ME5

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Committee To Re-Elect Henry Hank Johnson

Mailing Address 4153 Flat Shoals Pkwy
Suite 322 Bldg C, 2nd Fl

City
Decatur

State
GA

Zip Code
30034-4106

Purpose of Disbursement
Contribution

Candidate Name

Johnson, Henry, C 'Hank', ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: GA District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	2	0

FEC Identification Number

C C00418293

Transaction ID : VSG06A0MB

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

7500.00

**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"/> 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

A. Conor Lamb for Congress

Full Name (Last, First, Middle Initial)
Conor Lamb for Congress

Date of Disbursement: MM / DD / YYYY
02 / 10 / 2020

Mailing Address PO Box 10381

City Pittsburgh State PA Zip Code 15234-0381

Purpose of Disbursement Contribution

Candidate Name Lamb, Conor, , ,

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: PA District: 18

FEC Identification Number: C00657411
Transaction ID : VSG06A0JMF
Amount of Each Disbursement this Period: 2500.00

Memo Item

B. Dan Lipinski For Congress

Full Name (Last, First, Middle Initial)
Dan Lipinski For Congress

Date of Disbursement: MM / DD / YYYY
02 / 12 / 2020

Mailing Address PO Box 520

City Western Springs State IL Zip Code 60558-0520

Purpose of Disbursement Contribution

Candidate Name Lipinski, Daniel, William, ,

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: IL District: 03

FEC Identification Number: C00405431
Transaction ID : VSG06A0JV7
Amount of Each Disbursement this Period: 5000.00

Memo Item

C. Debbie for Congress

Full Name (Last, First, Middle Initial)
Debbie for Congress

Date of Disbursement: MM / DD / YYYY
02 / 28 / 2020

Mailing Address PO Box 566442

City Miami State FL Zip Code 33256-6442

Purpose of Disbursement Contribution

Candidate Name Mucarsel-Powell, Debbie, , ,

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: FL District: 26

FEC Identification Number: C00652065
Transaction ID : VSG06A0MD
Amount of Each Disbursement this Period: 1500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 9000.00

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 checked="" type="checkbox"/> 23	<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. Deborah Ross for Congress		Date of Disbursement MM / DD / YYYY 02 / 06 / 2020
Mailing Address PO Box 28258		FEC Identification Number C 000729277 Transaction ID : VSG06A0JDE Amount of Each Disbursement this Period 5000.00
City Raleigh	State NC	
Zip Code 27611-8258		Memo Item <input type="checkbox"/>
Purpose of Disbursement Contribution		
Candidate Name Ross, Deborah, , ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC	District: 02	

Full Name (Last, First, Middle Initial) B. Delgado for Congress		Date of Disbursement MM / DD / YYYY 02 / 28 / 2020
Mailing Address PO Box 802		FEC Identification Number C 000633859 Transaction ID : VSG06A0MEF Amount of Each Disbursement this Period 4000.00
City Rhinebeck	State NY	
Zip Code 12572-0802		Memo Item <input type="checkbox"/>
Purpose of Disbursement Contribution		
Candidate Name Delgado, Antonio, , ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 19	

Full Name (Last, First, Middle Initial) C. Donald M Payne Jr For Congress		Date of Disbursement MM / DD / YYYY 02 / 26 / 2020
Mailing Address PO Box 2406		FEC Identification Number C 000519355 Transaction ID : VSG06A0M11 Amount of Each Disbursement this Period 2500.00
City Newark	State NJ	
Zip Code 07114-0406		Memo Item <input type="checkbox"/>
Purpose of Disbursement Contribution		
Candidate Name Payne, Donald, M, , Jr.		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NJ	District: 10	

SUBTOTAL of Disbursements This Page (optional).....▶	11500.00
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 checked="" type="checkbox"/> 23	<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. Elizabeth Pannill Fletcher for Congress

Mailing Address 3262 Westheimer Rd
636

City Houston State TX Zip Code 77098-1002

Purpose of Disbursement
Contribution

Candidate Name

Fletcher, Elizabeth Pannill, , ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: TX District: 07

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2020

FEC Identification Number

C C00640045

Transaction ID : VSG06A0MDI

Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Espailat for Congress

Mailing Address 210 Sherman Ave
Ste B

City New York State NY Zip Code 10034-3350

Purpose of Disbursement
Contribution

Candidate Name

Espailat, Adriano, , ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify)

State: NY District: 13

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2020

FEC Identification Number

C C00518365

Transaction ID : VSG06A0MDI

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Finkenauer for Congress

Mailing Address PO Box 598

City Dubuque State IA Zip Code 52004-0598

Purpose of Disbursement
Contribution

Candidate Name

Finkenauer, Abby, , ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: IA District: 01

Date of Disbursement

MM / DD / YYYY
02 / 06 / 2020

FEC Identification Number

C C00637074

Transaction ID : VSG06A0JG;

Amount of Each Disbursement this Period

4000.00

Memo Item

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

10500.00

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 checked="" type="checkbox"/> 23	<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. Frederica S. Wilson For Congress

Mailing Address 19821 NW 2nd Ave
354

City Miami Gardens State FL Zip Code 33169-3341

Purpose of Disbursement
Contribution

Candidate Name
Wilson, Frederica, S., ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General
 Other (specify) ▼

State: FL District: 24

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2020

FEC Identification Number

C C00460055

Transaction ID : VSG06A0MDI

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Garamendi For Congress

Mailing Address PO Box 65322

City Washington State DC Zip Code 20035-5322

Purpose of Disbursement
Contribution

Candidate Name
Garamendi, John, , ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General
 Other (specify)

State: CA District: 03

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2020

FEC Identification Number

C C00462697

Transaction ID : VSG06A0MB1

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Harley Rouda for Congress

Mailing Address 120 Newport Center Dr
28

City Newport Beach State CA Zip Code 92660-6916

Purpose of Disbursement
Contribution

Candidate Name
Rouda, Harley, E., , Jr

Office Sought: House Senate President
Disbursement For: 2020 Primary General
 Other (specify) ▼

State: CA District: 48

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2020

FEC Identification Number

C C00633982

Transaction ID : VSG06A0ME

Amount of Each Disbursement this Period

4000.00

Memo Item

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

11500.00

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 checked="" type="checkbox"/> 23	<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

A. Huffman For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 151563

City San Rafael State CA Zip Code 94915-1563

Purpose of Disbursement Contribution

Candidate Name
Huffman, Jared, , ,

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

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Date of Disbursement: 02 / 28 / 2020

FEC Identification Number: C00536680
Transaction ID : VSG06A0MDI
Amount of Each Disbursement this Period: 1500.00

Memo Item

B. Joe Morelle for Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 90914

City Rochester State NY Zip Code 14609-0914

Purpose of Disbursement Contribution

Candidate Name
Morelle, Joseph, D., ,

Office Sought: House Senate President
State: NY District: 25

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Date of Disbursement: 02 / 27 / 2020

FEC Identification Number: C00675108
Transaction ID : VSG06A0M55
Amount of Each Disbursement this Period: 2500.00

Memo Item

C. Josh Harder for Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 4426

City Modesto State CA Zip Code 95352-4426

Purpose of Disbursement Contribution

Candidate Name
Harder, Josh, , ,

Office Sought: House Senate President
State: CA District: 10

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Date of Disbursement: 02 / 06 / 2020

FEC Identification Number: C00639146
Transaction ID : VSG06A0JDI
Amount of Each Disbursement this Period: 2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 6500.00

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 checked="" type="checkbox"/> 23	<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. Langevin For Congress

Mailing Address 181 Knight St
Ste A

City
Warwick

State
RI

Zip Code
02886-1296

Purpose of Disbursement
Contribution

Candidate Name

LANGEVIN, JAMES R., , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: RI District: 02

Date of Disbursement

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

FEC Identification Number

C C00344697

Transaction ID : VSG06A0JMI

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Mark DeSaulnier for Congress

Mailing Address PO Box 6066

City
Concord

State
CA

Zip Code
94524-1066

Purpose of Disbursement
Contribution

Candidate Name

DeSaulnier, Mark, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: CA District: 11

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	2	0

FEC Identification Number

C C00554709

Transaction ID : VSG06A0MDI

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MENENDEZ FOR SENATE

Mailing Address PO Box 32248

City
Newark

State
NJ

Zip Code
07102-0648

Purpose of Disbursement
Contribution

Candidate Name

MENENDEZ, ROBERT, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: NJ District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	4		2	0	2	0

FEC Identification Number

C C00264564

Transaction ID : VSG06A0K4I

Amount of Each Disbursement this Period

2500.00

Memo Item

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"/> 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. Napolitano For Congress		Date of Disbursement MM / DD / YYYY 02 / 04 / 2020
Mailing Address 555 Capitol Mall Ste 400		FEC Identification Number C00334706 Transaction ID : VSG06A0JA5 Amount of Each Disbursement this Period 2500.00
City Sacramento	State CA	Zip Code 95814-4503
Purpose of Disbursement Contribution		Category/ Type
Candidate Name Napolitano, Grace, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 32	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Norma Torres for Congress		Date of Disbursement MM / DD / YYYY 02 / 13 / 2020
Mailing Address 728 W Edna Pl		FEC Identification Number C00557652 Transaction ID : VSG06A0JY4 Amount of Each Disbursement this Period 1000.00
City Covina	State CA	Zip Code 91722-3222
Purpose of Disbursement Contribution		Category/ Type
Candidate Name Torres, Norma, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA	District: 35	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Salud Carbajal for Congress		Date of Disbursement MM / DD / YYYY 02 / 28 / 2020
Mailing Address PO Box 1290		FEC Identification Number C00576041 Transaction ID : VSG06A0MD Amount of Each Disbursement this Period 5000.00
City Santa Barbara	State CA	Zip Code 93102-1290
Purpose of Disbursement Contribution		Category/ Type
Candidate Name Carbajal, Salud, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 24	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	8500.00
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 checked="" type="checkbox"/> 23	<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

A. Sean Patrick Maloney For Congress

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 270

M M M	/	D D D	/	Y Y Y Y Y
02		28		2020

City Newburgh State NY Zip Code 12551-0270

FEC Identification Number

Purpose of Disbursement Contribution

C	C00512426
---	-----------

Candidate Name
Maloney, Sean Patrick, , ,

Category/Type

Transaction ID : VSG06A0MBI

Amount of Each Disbursement this Period

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼
 State: NY District: 18

5000.00

Memo Item

B. Sharice for Congress

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 13851 W 63rd St
NUM 303

M M M	/	D D D	/	Y Y Y Y Y
02		28		2020

City Shawnee State KS Zip Code 66216-3800

FEC Identification Number

Purpose of Disbursement Contribution

C	C00670034
---	-----------

Candidate Name
Dauids, Sharice, , ,

Category/Type

Transaction ID : VSG06A0MDI

Amount of Each Disbursement this Period

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼
 State: KS District: 03

1500.00

Memo Item

C. Sherman For Congress

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 777 S Figueroa St
Ste 4050

M M M	/	D D D	/	Y Y Y Y Y
02		10		2020

City Los Angeles State CA Zip Code 90017-5864

FEC Identification Number

Purpose of Disbursement Contribution

C	C00308742
---	-----------

Candidate Name
Sherman, Brad, , ,

Category/Type

Transaction ID : VSG06A0JN:

Amount of Each Disbursement this Period

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼
 State: CA District: 30

1000.00

Memo Item

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

7500.00

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

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**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"/> 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. Sires For Congress

Mailing Address 6050 Kennedy Blvd E
Apt 6B

City
West New York

State
NJ

Zip Code
07093-3932

Purpose of Disbursement
Contribution

Candidate Name

Sires, Albio, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: NJ District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	2	0

FEC Identification Number

C C00410753

Transaction ID : VSG06A0MA

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. STANTON FOR CONGRESS

Mailing Address 4340 E Indian School Rd
Ste 21-518

City
Phoenix

State
AZ

Zip Code
85018-5398

Purpose of Disbursement
Contribution

Candidate Name

STANTON, GREG, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: AZ District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	2	0

FEC Identification Number

C C00657304

Transaction ID : VSG06A0MDI

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Stephen Lynch For Congress

Mailing Address 105 Farragut Rd

City
South Boston

State
MA

Zip Code
02127-6663

Purpose of Disbursement
Contribution

Candidate Name

LYNCH, STEPHEN, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	2	0

FEC Identification Number

C C00366948

Transaction ID : VSG06A0MD

Amount of Each Disbursement this Period

5000.00

Memo Item

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

12500.00

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 checked="" type="checkbox"/> 23	<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. Steve Cohen For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2020

Mailing Address 349 Kenilworth Pl

FEC Identification Number

C C00422980

Transaction ID : VSG06A0MA
Amount of Each Disbursement this Period

5000.00

Memo Item

City Memphis State TN Zip Code 38112-5405

Purpose of Disbursement Contribution

Category/Type

Candidate Name
Cohen, Stephen, Ira, ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: TN District: 09

Full Name (Last, First, Middle Initial)
B. The Bill Keating Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		07		2020

Mailing Address PO Box 3065

FEC Identification Number

C C00479063

Transaction ID : VSG06A0JHS
Amount of Each Disbursement this Period

2500.00

Memo Item

City Buzzards Bay State MA Zip Code 02532-0765

Purpose of Disbursement Contribution

Category/Type

Candidate Name
Keating, William, Richard, ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: MA District: 09

Full Name (Last, First, Middle Initial)
C. Titus For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		06		2020

Mailing Address PO Box 72454

FEC Identification Number

C C00499467

Transaction ID : VSG06A0JD
Amount of Each Disbursement this Period

2500.00

Memo Item

City Las Vegas State NV Zip Code 89170-2454

Purpose of Disbursement Contribution

Category/Type

Candidate Name
Titus, Dina, , ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: NV District: 01

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

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

10000.00

**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"/> 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. Titus For Congress

Mailing Address PO Box 72454

City
Las Vegas

State
NV

Zip Code
89170-2454

Purpose of Disbursement
Contribution

Candidate Name

Titus, Dina, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: NV District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	2	0

FEC Identification Number

C C00499467

Transaction ID : VSG06A0MBI

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Tom Malinowski for Congress

Mailing Address PO Box 58

City
Martinsville

State
NJ

Zip Code
08836-0058

Purpose of Disbursement
Contribution

Candidate Name

Malinowski, Tom, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: NJ District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	0		2	0	2	0

FEC Identification Number

C C00656686

Transaction ID : VSG06A0KM

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Tom Malinowski for Congress

Mailing Address PO Box 58

City
Martinsville

State
NJ

Zip Code
08836-0058

Purpose of Disbursement
Contribution

Candidate Name

Malinowski, Tom, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: NJ District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	2	0

FEC Identification Number

C C00656686

Transaction ID : VSG06A0MD

Amount of Each Disbursement this Period

1500.00

Memo Item

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

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

6500.00

**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"/> 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

A. VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 1006

City Frederiksted State VI Zip Code 00841-1006

Purpose of Disbursement Contribution

Candidate Name **PLASKETT, STACEY, , ,**

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: VI District: 00

Date of Disbursement: 02 / 28 / 2020

FEC Identification Number: C00528182
Transaction ID : VSG06A0MDI
Amount of Each Disbursement this Period: 5000.00

Memo Item

B.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	144500.00

**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"/> 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

A. ATU Local Union 0256

Full Name (Last, First, Middle Initial)

Mailing Address 2776 21st St

City Sacramento State CA Zip Code 95818-3145

Purpose of Disbursement Refund for Funds Deposited in Error

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 02 / 03 / 2020

FEC Identification Number: C

Transaction ID : VSG06A0J56

Amount of Each Disbursement this Period: 2508.00

Memo Item

B. Chicago Progressive Reform Caucus

Full Name (Last, First, Middle Initial)

Mailing Address 2500 S Saint Louis Ave

City Chicago State IL Zip Code 60623-3925

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 02 / 27 / 2020

FEC Identification Number: C

Transaction ID : VSG06A0M54

Amount of Each Disbursement this Period: 1000.00

Memo Item

C. Croke for Illinois

Full Name (Last, First, Middle Initial)

Mailing Address 1701 N North Park Ave Apt 2

City Chicago State IL Zip Code 60614-5757

Purpose of Disbursement Non-Federal Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 02 / 10 / 2020

FEC Identification Number: C

Transaction ID : VSG06A0JN1

Amount of Each Disbursement this Period: 250.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3758.00

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"/> 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. Friends of John F. Weishan Jr.

Mailing Address 2719 S Cleveland Park Dr

City
West Allis

State
WI

Zip Code
53219-2810

Purpose of Disbursement
Non-Federal Contribution

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C []
Transaction ID : VSG06A0JM5
Amount of Each Disbursement this Period

[] 500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Mattie Hunter

Mailing Address 11604 S Church St

City
Chicago

State
IL

Zip Code
60643-4838

Purpose of Disbursement
Non-Federal Contribution

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

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

FEC Identification Number

C []
Transaction ID : VSG06A0JND
Amount of Each Disbursement this Period

[] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Omar Aquino

Mailing Address 1000 N Rockwell St

City
Chicago

State
IL

Zip Code
60622-3457

Purpose of Disbursement
Contribution

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	7		2	0	2	0

FEC Identification Number

C []
Transaction ID : VSG06A0M5:
Amount of Each Disbursement this Period

[] 250.00

Memo Item

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

[] 1750.00

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"/> 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

A. Jones for State Representative

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 289 Paxton Ave

M M M	/	D D D	/	Y Y Y Y Y
02		27		2020

City Calumet City State IL Zip Code 60409-1748

FEC Identification Number

Purpose of Disbursement
Contribution

C

Candidate Name

Category/
Type

Transaction ID : VSG06A0M4Z

Amount of Each Disbursement this Period

Office Sought: House Senate President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

500.00

State: District:

Memo Item

B. Larson for MKE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 3233 S Herman St

M M M	/	D D D	/	Y Y Y Y Y
02		10		2020

City Milwaukee State WI Zip Code 53207-2851

FEC Identification Number

Purpose of Disbursement
Non-Federal Contribution

C

Candidate Name

Category/
Type

Transaction ID : VSG06A0JN3

Amount of Each Disbursement this Period

Office Sought: House Senate President

Disbursement For:
 Primary General
 Other (specify)

2500.00

State: District:

Memo Item

C. Marina for Milwaukee

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 2475 S Saint Clair St

M M M	/	D D D	/	Y Y Y Y Y
02		10		2020

City Milwaukee State WI Zip Code 53207-1950

FEC Identification Number

Purpose of Disbursement
Non-Federal Contribution

C

Candidate Name

Category/
Type

Transaction ID : VSG06A0JMI

Amount of Each Disbursement this Period

Office Sought: House Senate President

Disbursement For:
 Primary General
 Other (specify) ▼

500.00

State: District:

Memo Item

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

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

3500.00

10258.00
