

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.
UTILITY WORKERS UNION OF AMERICA COPE

ADDRESS (number and street)
Check if different than previously reported. (ACC)
WASHINGTON DC 20006

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

Signature of Treasurer GARY RUFFNER [Electronically Filed] Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

UTILITY WORKERS UNION OF AMERICA COPE

Report Covering the Period: From: / / To: / /

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, <input type="text" value="2012"/> | | 97016.32 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 114894.18 | |
| (c) Total Receipts (from Line 19) | 15059.98 | 34517.61 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 129954.16 | 131533.93 |
| 7. Total Disbursements (from Line 31)..... | 3055.55 | 4635.32 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 126898.61 | 126898.61 |
| 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

Write or Type Committee Name

UTILITY WORKERS UNION OF AMERICA COPE

Report Covering the Period: From: / / To: / /

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 2848.01 | 3353.01 |
| (ii) Unitemized | 12211.97 | 28164.60 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 15059.98 | 31517.61 |
| (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) | 15059.98 | 31517.61 |
| 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 | 3000.00 |
| 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))..... ▶ | 15059.98 | 34517.61 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 15059.98 | 34517.61 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 55.55 | 135.32 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 55.55 | 135.32 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 2500.00 | 4000.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements | 500.00 | 500.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 3055.55 | 4635.32 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 3055.55 | 4635.32 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 15059.98 | 31517.61 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 15059.98 | 31517.61 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 55.55 | 135.32 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 55.55 | 135.32 |

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 15
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. GERARDO ACOSTA
 Full Name (Last, First, Middle Initial)
 Mailing Address 407 E SAINT JOHN ROAD
 City State Zip Code
 PHOENIX AZ 85022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UTILITY WORKERS UNION OF AMERI NATIONAL REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 224.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 29 / 2012
Transaction ID : SA11AI.8671
 Amount of Each Receipt this Period
 112.42
 PAYROLL DEDUCTION

B. STEWART J. ACUFF
 Full Name (Last, First, Middle Initial)
 Mailing Address 8115 HARTFORD AVENUE
 City State Zip Code
 SILVER SPRING MD 20910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UTILITY WORKERS UNION OF AMERI CHIEF OF STAFF
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 247.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 29 / 2012
Transaction ID : SA11AI.8672
 Amount of Each Receipt this Period
 123.76
 PAYROLL DEDUCTION

C. MARK BROOKS
 Full Name (Last, First, Middle Initial)
 Mailing Address 521 CENTRAL AVENUE
 City State Zip Code
 NASHVILLE TN 37211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UTILITY WORKERS UNION RESEARCHER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 224.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 29 / 2012
Transaction ID : SA11AI.8675
 Amount of Each Receipt this Period
 112.42
 PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 348.60
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 15
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 37 BRILL LANE

City State Zip Code
POUGHQUAG NY 12570

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

Name of Employer Occupation
UTILITY WORKERS UNION OF AMERICA NATIONAL REP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
224.84

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 29 / 2012
Transaction ID : SA11AI.8679

Amount of Each Receipt this Period
112.42

PAYROLL DEDUCTION

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

Mailing Address 3534 TWIN SPRUCE DRIVE

City State Zip Code
KALAMAZOO MI 49004

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

Name of Employer Occupation
MICHIGAN STATE UTILITY WORKERS PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
303.68

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 29 / 2012
Transaction ID : SA11AI.8703

Amount of Each Receipt this Period
151.84

EX BOARD MEMBER CONTRIBUTION

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

Mailing Address 286 HOWARD ST

City State Zip Code
WASHINGTON TOWNSHI NJ 07676

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

Name of Employer Occupation
UTILITY WORKERS UNION OF AMERI OFFICIER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
343.10

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 29 / 2012
Transaction ID : SA11AI.8680

Amount of Each Receipt this Period
171.55

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 435.81

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

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

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

Mailing Address 6783 REID DRIVE

City PARMA HEIGHTS State OH Zip Code 44130

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

Name of Employer UTILITY WORKERS UNION OF AMER Occupation NATIONAL REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 206.28

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 29 / 2012
Transaction ID : SA11Al.8682

Amount of Each Receipt this Period
 103.14

PAYROLL DEDUCTION

B. SHAWN GARVEY
Full Name (Last, First, Middle Initial)

Mailing Address 16 GRAND AVENUE

City LYNBROOK State NY Zip Code 11563

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

Name of Employer UTILITY WORKERS UNION OF AMER, Occupation NATIONAL REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 206.28

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 29 / 2012
Transaction ID : SA11Al.8683

Amount of Each Receipt this Period
 103.14

PAYROLL DEDUCTION

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

Mailing Address 319 DIANA COURT

City BENSONVILLE State IL Zip Code 60106

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

Name of Employer UTILITY WORKERS UNION OF AMER Occupation NATIONAL REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 206.28

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 29 / 2012
Transaction ID : SA11Al.8684

Amount of Each Receipt this Period
 103.14

PAYROLL DEDUCTION

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 309.42 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 OF 15 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

Mailing Address 3539 ARMOUR

City PORT HURON State MI Zip Code 48060

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

Name of Employer UTILITY WORKERS UNION OF AMERI Occupation EXECUTIVE BOARD MEMBER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **410.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 29 / 2012
Transaction ID : SA11AI.8689

Amount of Each Receipt this Period
205.00

EX BOARD MEMBER CONTRIBUTION

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

Mailing Address 8 WALNUT STREET

City FOXBORO State MA Zip Code 02035

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

Name of Employer UTILITY WORKERS UNION OF AMERICA Occupation REGIONAL DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **247.52**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 29 / 2012
Transaction ID : SA11AI.8686

Amount of Each Receipt this Period
123.76

PAYROLL DEDUCTION

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

Mailing Address 42 RAVENWOOD BLVD

City BARNEGAT State NJ Zip Code 08005

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

Name of Employer UTILITY WORKERS UNION OF AMERICA Occupation NATIONAL ORGANIZER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **224.84**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 29 / 2012
Transaction ID : SA11AI.8687

Amount of Each Receipt this Period
112.42

PAYROLL DEDUCTION

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 441.18 |
| 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 15 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

A. LEONIDAS LABELLE
Full Name (Last, First, Middle Initial)
Mailing Address 1977 YALE AVENUE

| | | |
|----------------------|-------------|-------------------|
| City WILLIAMSPORT | State PA | Zip Code 17701 |
|----------------------|-------------|-------------------|

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

| | |
|---|-------------------------|
| Name of Employer UTILITY WORKERS UNION | Occupation ORGANIZER |
|---|-------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **206.28**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | / | 29 | / | 2012 |

Transaction ID : SA11AI.8695

Amount of Each Receipt this Period

| |
|--------|
| 103.14 |
|--------|

PAYROLL DEDUCTION

B. JAMES LEWIS
Full Name (Last, First, Middle Initial)
Mailing Address 2120 LONDERGRAN STREET

| | | |
|--------------------|-------------|-------------------|
| City PITTSBURGH | State PA | Zip Code 15216 |
|--------------------|-------------|-------------------|

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

| | |
|---|---------------------------------------|
| Name of Employer UTILITY WORKERS UNION OF AMERICA, AFL | Occupation NATIONAL REPRESENTATIVE |
|---|---------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **224.84**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | / | 29 | / | 2012 |

Transaction ID : SA11AI.8696

Amount of Each Receipt this Period

| |
|--------|
| 112.42 |
|--------|

PAYROLL DEDUCTION

C. ROBERT MAHONEY
Full Name (Last, First, Middle Initial)
Mailing Address 217 PONDEROSA DRIVE

| | | |
|-----------------|-------------|-------------------|
| City HANOVER | State MA | Zip Code 02339 |
|-----------------|-------------|-------------------|

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

| | |
|---|----------------------------------|
| Name of Employer UTILITY WORKERS UNION OF AMERICA, AFL | Occupation NATIONAL ORGANIZER |
|---|----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **224.84**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | / | 29 | / | 2012 |

Transaction ID : SA11AI.8697

Amount of Each Receipt this Period

| |
|--------|
| 112.42 |
|--------|

PAYROLL DEDUCTION

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 327.98 |
| 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 15
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. GEORGE MANOOGIAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1100 WESTBORO
 City BIRMINGHAM State MI Zip Code 48009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UTILITY WORKERS UNION OF AMERICA Occupation NATIONAL REP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.52

Date of Receipt 02 / 29 / 2012
Transaction ID : SA11AI.8698
 Amount of Each Receipt this Period 123.76
 PAYROLL DEDUCTION

B. FRANK MEZMARICH SR
 Full Name (Last, First, Middle Initial)
 Mailing Address 4710 E. PLEASANT VALLEY ROAD
 City INDEPENDENCE State OH Zip Code 44131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LOCAL 270 Occupation EXEC BOARD MEMBER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 218.40

Date of Receipt 02 / 29 / 2012
Transaction ID : SA11AI.8681
 Amount of Each Receipt this Period 109.20
 EX BOARD MEMBER CONTRIBUTION

C. DONALD OPATKA
 Full Name (Last, First, Middle Initial)
 Mailing Address 7559 ANCHOR LANE
 City NORTHFIELD State OH Zip Code 44067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UTILITY WORKERS UNION OF AMERICA Occupation REGIONAL DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.52

Date of Receipt 02 / 29 / 2012
Transaction ID : SA11AI.8702
 Amount of Each Receipt this Period 123.76
 PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....▶ 356.72
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 15
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. WILLIAM STERNER

Mailing Address 333 STATE STREET

City CHARLEROI State PA Zip Code 15022

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

Name of Employer UTILITY WORKERS UNION OF AMERICA Occupation EXECUTIVE BOARD MEMBER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **206.28**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 29 / 2012

Transaction ID : SA11AI.8710

Amount of Each Receipt this Period
103.14

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)
B. SAM WEINSTEIN

Mailing Address 8219 FLOWER AVENUE

City TAKOMA PARK State MD Zip Code 20912-6858

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

Name of Employer UTILITY WORKERS UNION Occupation ASST TO THE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **236.92**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 29 / 2012

Transaction ID : SA11AI.8712

Amount of Each Receipt this Period
118.46

PAYROLL DEDUCTION

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

Mailing Address 203 RESERVOIR RD

City MT PLEASANT State PA Zip Code 15666

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

Name of Employer ALLEGHENY ENERGY Occupation UTILITY WORKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 29 / 2012

Transaction ID : SA11AI.8707

Amount of Each Receipt this Period
300.00

EX BOARD MEMBER CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ **521.60**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 15
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. CARL WOOD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10103 LIVE OAK AVENUE
 City State Zip Code
 CHERRY VALLEY CA 92223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UTLITY WORKERS UNION OF AMERIC LEGAL ADVISER TO PRESIDENT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 213.40

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 29 / 2012
Transaction ID : SA11AI.8713
 Amount of Each Receipt this Period
 106.70
PAYROLL DEDUCTION

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 106.70 |
| TOTAL This Period (last page this line number only).....▶ | 2848.01 |

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

Full Name (Last, First, Middle Initial)

A. PETERS FOR CONGRESS

Mailing Address PO BOX 226

City BLOOMFIELD HILLS State MI Zip Code 48303-0226

Purpose of Disbursement
CONTRIBUTION

Candidate Name

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 16 / 2012

Transaction ID : SB23.8668

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

2500.00

2500.00

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

Full Name (Last, First, Middle Initial)

A. NELLIE POU FOR SENATE

Mailing Address PO BOX 2996

City PATERSON State NJ Zip Code 07509

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2011
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 13 / 2012

Transaction ID : SB29.8620

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

500.00

500.00