24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
Amalgamated Transit Union - COPE		
	C C00032995	
Check if 24-hour report		
Full Name of Payee	Date of Public Distribution/Dissemination	
Bonavita, John, , ,	M M / D D / Y Y Y Y	
Mailing Address 374 Barlow Ave	11 03 2020	
	Amount	
City State Zip Code	3969.46	
Staten Island NY 10308-1302	Transaction ID: VSG06A1QXB8 Date of Disbursement or Obligation	
Purpose of Expenditure Leaflet and Lawn Sign Distribution Category/ Type 004	M = M / D = D / Y = Y = Y	
Name of Federal Candidate Support Office	e Sought: House District:	
Biden, Joseph, R, , Jr Oppose	President Senate State:	
Calendar Year-To-Date Per Election for Office Sought Disbut 2020	orsement For: Primary ☐ Primary ☐ General ☐ Other (specify) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	
Full Name of Payee	Date of Public Distribution/Dissemination	
Bonavita, John, , ,	11 03 2020	
Mailing Address 374 Barlow Ave	11 05 2020	
	Amount	
City State Zip Code	3969.45	
Staten Island NY 10308-1302	Transaction ID : VSG06A1QXG8 Date of Disbursement or Obligation	
Purpose of Expenditure Leaflet and Lawn Sign Distribution Category/ Type 004	M = M / D = D / Y = Y = Y	
Name of Federal Candidate X Support Office	e Sought: 🗶 House District:11	
Rose, Max, , ,	President Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought Disbrace 16099.62 Disbrace 2020	ursement For: Primary Seneral	
Tel Election for Office Sought	Other (specify) -	
(a) SUBTOTAL of Itemized Independent Expenditures	7938.91	
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7	
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Costa, John, , , [Electronically Filed] Date	12 10 2020	
Signature		

Schedule E)	PAGE 2 OF 7 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
Amalgamated Transit Union - COPE	C C00032995	
Check if 24-hour report 48-hour report New report Amends re	eport filed on	
Full Name of Payee	Date of Public Distribution/Dissemination	
Burgos, Jose, L, ,	11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 40 Yukon Ave	Amount	
City State Zip Code	320.82	
Staten Island NY 10314-5808	Transaction ID : VSG06A1QXH5 Date of Disbursement or Obligation	
Purpose of Expenditure Leaflet and Lawn Sign Distribution Category/ Type 00	04 M M / D D / Y Y Y Y	
Name of Federal Candidate Support	Office Sought: X House District: 11	
Rose, Max, , , Oppose		
Calendar Year-To-Date Per Election for Office Sought 16099.62	Disbursement For: Primary ■ General 2020 Other (specify)	
Full Name of Payee	Date of Public Distribution/Dissemination	
Calano, John, A, ,	11 03 / 2020	
Mailing Address 149 Beverly Ave	Amount	
City State Zip Code	763.42	
Staten Island NY 10301-3603	Transaction ID : VSG06A1QXX0 Date of Disbursement or Obligation	
Purpose of Expenditure Leaflet and Lawn Sign Distribution Category/ Type 00	M M / D D / Y Y Y Y	
Name of Federal Candidate Support	Office Sought:	
Rose, Max, , , Oppose		
Calendar Year-To-Date Per Election for Office Sought 16099.62	Disbursement For: Primary General 2020 Gther (specify) ▶	
() QUETOTAL ()		
(a) SUBTOTAL of Itemized Independent Expenditures	1084.24	
(b) SUBTOTAL of Unitemized Independent Expenditures	····· >	
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
	ate 12 10 2020	
Signature		

Schedule E)	PAGE 3 OF 7 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
Amalgamated Transit Union - COPE	C C00032995	
Check if 24-hour report X 48-hour report New report Amends report file	ed on Man / Dab / Yayayay	
Full Name of Payee	Date of Public Distribution/Dissemination	
Collica, Steven, M, ,	11 03 2020	
Mailing Address 40 Yukon Ave	Amount	
City State Zip Code	3909.14	
Staten Island NY 10314-5808	Transaction ID : VSG06A1QXJ3 Date of Disbursement or Obligation	
Purpose of Expenditure Leaflet and Lawn Sign Distribution Category/ Type 004	M = M / D = D / Y = Y = Y = Y	
Name of Federal Candidate Support Office	ce Sought: X House District: 11	
Rose, Max, , ,	President Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought Disk 2026	oursement For: Primary X General Other (specify) ▶	
Full Name of Payee	Date of Public Distribution/Dissemination	
Collica, Steven, M, ,	11 03 / 2020	
Mailing Address 40 Yukon Ave	Amount	
City State Zip Code	3909.14	
Staten Island NY 10314-5808	Transaction ID : VSG06A1QXK1 Date of Disbursement or Obligation	
Purpose of Expenditure Leaflet and Lawn Sign Distribution Category/ Type 004	M = M / D = D / Y = Y = Y	
Name of Federal Candidate Support Office	ce Sought: House District:	
Biden Joseph R. Jr	President Senate State:	
Calendar Year-To-Date Per Election for Office Sought Disl 202	bursement For: Primary ★ General Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures	7040.00	
(a) SOBTOTAL OF REINIZED INDEPENDENT EXPENDITURES	7818.28	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Costa, John, , , [Electronically Filed] Date	12 10 Y 2020	
Signature		

Schedule E)	PAGE 4 OF 7 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
Amalgamated Transit Union - COPE	C C00032995	
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y	
Full Name of Payee D	Pate of Public Distribution/Dissemination	
Collica, Steven, M, ,	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 40 Yukon Ave	mount	
City State Zip Code	100.05	
Staten Island NY 10314-5808 Ti	ransaction ID : VSG06A1QXY8 late of Disbursement or Obligation	
Purpose of Expenditure Mileage Reimbursement for Poll Transportation Category/ Type 001	M = M / D = D / Y = Y = Y	
Name of Federal Candidate Support Office So	ought: X House District: 11	
Rose May	esident Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought Disburse 2020	ement For: Primary x General Other (specify) ▶	
	Date of Public Distribution/Dissemination	
Collica, Steven, M, ,	11 03 / 2020	
Mailing Address 40 Yukon Ave	mount	
City State Zip Code	100.05	
	ansaction ID: VSG06A1QXZ6 Date of Disbursement or Obligation	
Purpose of Expenditure Mileage Reimbursement for Poll Transportation Category/ Type 001	M = M / D = D / Y = Y = Y	
Name of Federal Candidate Support Office S	ought: House District:	
Riden Joseph R. Jr.	resident Senate State:	
Calendar Year-To-Date Per Election for Office Sought Disburse 2020	ement For: Primary General Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	200.10	
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7	
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Costa, John, , , [Electronically Filed] Date 12	10 2020	
Oignatule		

Schedule E)	PAGE 5 OF 7 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
Amalgamated Transit Union - COPE	C C00032995	
Check if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y	
Full Name of Payee	Date of Public Distribution/Dissemination	
Devito, Louis, , ,	11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 408 Arden Ave	Amount	
City State Zip Code	307.35	
Staten Island NY 10312-1210	Transaction ID : VSG06A1QXM9 Date of Disbursement or Obligation	
Purpose of Expenditure Leaflet and Lawn Sign Distribution Category/ Type 001	M = M / D = D / Y = Y = Y	
Name of Federal Candidate Support Office	e Sought: House District: 11	
Rose, Max, , ,	President Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought Disbut 2020	orsement For: Primary ✓ General Other (specify) ✓	
Full Name of Payee	Date of Public Distribution/Dissemination	
Laino, Steven, A, ,	11 03 / 2020	
Mailing Address 28 Crafton Ave	Amount	
City State Zip Code	4506.50	
Staten Island NY 10314-6802	Transaction ID : VSG06A1QXQ3 Date of Disbursement or Obligation	
Purpose of Expenditure Leaflet and Lawn Sign Distribution Category/ Type 004	M = M / D = D / Y = Y = Y	
Name of Federal Candidate Support Office	e Sought: House District:	
Biden, Joseph, R, , Jr Oppose		
Calendar Year-To-Date Per Election for Office Sought Disbrace 2020	orsement For: Primary ★ General Other (specify) ►	
(a) SUBTOTAL of Itemized Independent Expenditures	1040.05	
(a) SOBTOTAL OF RETRIZED THREE PERIODER EXPENDITURES	4813.85	
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7	
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
2 4.10	2 10 2020	
Signature		

Schedule E)	PAGE 6 OF 7 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Amalgamated Transit Union - COPE	C C00032995
Check if 24-hour report 48-hour report New report Amends report file	d on Mam / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Laino, Steven, A, ,	11 03 2020
Mailing Address 28 Crafton Ave	Amount
City State Zip Code	4506.50
Staten Island NY 10314-6802	Transaction ID : VSG06A1QXR1 Date of Disbursement or Obligation
Purpose of Expenditure Leaflet and Lawn Sign Distribution Category/ Type 004	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	ee Sought: X House District: 11
Rose, Max, , ,	President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought Disk 2020	oursement For: Primary General Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
Ragozzino, Raymond, , ,	11 03 / 2020
Mailing Address 40 Yukon Ave	Amount
City State Zip Code	374.22
Staten Island NY 10314-5808	Transaction ID : VSG06A1QXP5 Date of Disbursement or Obligation
Purpose of Expenditure Leaflet and Lawn Sign Distribution Category/ Type 004	M = M / D = D / Y = Y = Y = Y
Name of Federal Candidate	ce Sought: House District: 11
Rose, Max, , ,	President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought Dist 202	oursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	4880.72
(b) SUBTOTAL of Unitemized Independent Expenditures	1 1 7 1 1 7 1 1 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
[Electronically Filed] Date	12 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Schedule E)	PAGE 7 OF 7 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	EC IDENTIFICATION NUMBER V	
Amalgamated Transit Union - COPE	C00032995	
Check if 24-hour report 48-hour report New report Amends report filed on	M / D = D / Y = Y = Y	
Full Name of Payee Date of F	Public Distribution/Dissemination	
Santiago, Jason, R, ,		
Mailing Address 369 Tanglewood Dr Amount		
City State Zip Code	1848.67	
Staten Island NY 10308-1858 Transact	tion ID: VSG06A1QXN7 Disbursement or Obligation	
Purpose of Expenditure Leaflet and Lawn Sign Distribution Category/ Type 004	M / D D / Y Y Y Y Y	
Name of Federal Candidate Support Office Sought:	✗ House District: 11	
Rose, Max, , , Oppose President		
Calendar Year-To-Date Per Election for Office Sought Disbursement For 2020 Othe	or: Primary X General or (specify) ▶	
Full Name of Payee Date of F	Public Distribution/Dissemination	
Mailing Address Amount	_	
Amount		
City State Zip Code	7	
Purpose of Expenditure Catagory/	Disbursement or Obligation	
Category/ Type	M / D = D / Y = Y = Y	
Name of Federal Candidate Support Office Sought:	House District:	
Oppose President	Senate State:	
Calendar Year-To-Date Per Election for Office Sought Othe	or: Primary General	
	(-1)	
(a) SUBTOTAL of Itemized Independent Expenditures	1848.67	
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7	
(c) TOTAL Independent Expenditures	28584.77	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
[Electronically Filed] Date 12	10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature		