

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 5025 Wisconsin Ave NW Washington DC 20016

2. FEC IDENTIFICATION NUMBER 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 04 01 2015 through 04 30 2015

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

Type or Print Name of Treasurer Lawrence J. Hanley

Signature of Treasurer Lawrence J. Hanley [Electronically Filed] Date 05 19 2015

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**AMALGAMATED TRANSIT UNION - COPE**

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

|  | COLUMN A<br>This Period                | COLUMN B<br>Calendar Year-to-Date      |
|--|--|--|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2015"/>  |  | <input type="text" value="194449.94"/> |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <input type="text" value="194684.38"/> |  |
| (c) Total Receipts (from Line 19) .....  | <input type="text" value="75611.58"/>  | <input type="text" value="325488.92"/> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <input type="text" value="270295.96"/> | <input type="text" value="519938.86"/> |
| 7. Total Disbursements (from Line 31).....   | <input type="text" value="4000.00"/>   | <input type="text" value="253642.90"/> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <input type="text" value="266295.96"/> | <input type="text" value="266295.96"/> |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0.00"/>      |  |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | <input type="text" value="0.00"/>      |  |

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**AMALGAMATED TRANSIT UNION - COPE**

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

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 1251.09                       | 3264.99                           |
| (ii) Unitemized .....   | 74350.21                      | 322178.19                         |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶  | 75601.30                      | 325443.18                         |
| (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) .....  | 75601.30                      | 325443.18                         |
| 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.).....   | 10.28                         | 45.74                             |
| 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))..... ▶                        | 75611.58                      | 325488.92                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶                                  | 75611.58                      | 325488.92                         |

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>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.....         | 0.00                          | 60000.00                          |
| 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 .....  | 4000.00                       | 193642.90                         |
| 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)) ..      | 4000.00                       | 253642.90                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 4000.00                       | 253642.90                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| <b>III. Net Contributions/Operating Expenditures</b>                                 | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 75601.30                              | 325443.18                                 |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                                  | 0.00                                      |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 75601.30                              | 325443.18                                 |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 0.00                                  | 0.00                                      |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                                  | 0.00                                      |
| 38. Net Operating Expenditures<br>(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: PAGE 6 OF 18  
(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. DIANA M HERMONE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1590 La Pradera Dr.  
 City State Zip Code  
 Campbell CA 95008-1533  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AMALGAMATED TRANSIT UNION OPERATOR  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 06 / 2015  
**Transaction ID : 6956180**  
 Amount of Each Receipt this Period  
 160.00

**B. Thomas J Mason**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2512 OLD STONE MILL DR  
 City State Zip Code  
 EAST WINDSOR NJ 08512-2222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AMALGAMATED TRANSIT UNION OPERATOR  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 248.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 06 / 2015  
**Transaction ID : 6957020**  
 Amount of Each Receipt this Period  
 31.00

**c. Eric J Update**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30 A GREENTREE LANE #2  
 City State Zip Code  
 STATEN ISLAND NY 10314-1601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NEW YORK CITY TRANSIT AUTHOR OPERATOR  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 06 / 2015  
**Transaction ID : 6957494**  
 Amount of Each Receipt this Period  
 30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 221.00  
**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 18                 |
|   | <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. PAUL KAPLAN**  
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 2561

City BOCA RATON State FL Zip Code 33427-0000

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

Name of Employer PALM TRAN INC Occupation Operator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 06 / 2015

**Transaction ID : 6969538**

Amount of Each Receipt this Period  
 40.00

**B. JACKIE L JETER**  
Full Name (Last, First, Middle Initial)

Mailing Address 711 HAACK PLACE

City UPPER MARLBORO State MD Zip Code 20774-2164

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

Name of Employer WASH METRO AREA TRANSIT AUTH Occupation OPERATOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 09 / 2015

**Transaction ID : 6972083**

Amount of Each Receipt this Period  
 75.00

**C. ERIC ST PIERRE**  
Full Name (Last, First, Middle Initial)

Mailing Address 46 HIGH STREET

City WARWICK State RI Zip Code 02886-1256

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

Name of Employer RHODE ISLAND PUBLIC TRANS AUTH Occupation OPERATOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 09 / 2015

**Transaction ID : 6973055**

Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 135.00

**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 8 OF 18  
(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**

Full Name (Last, First, Middle Initial)  
**A. Michael W. Breihan**

Mailing Address **PO BOX 244**

City **ARNOLD**      State **MO**      Zip Code **63010-0244**

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

Name of Employer **BI-STATE DEVELOPMENT AGENCY**      Occupation **OPERATOR**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **180.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 06 / 2015**

**Transaction ID : 6976488**

Amount of Each Receipt this Period  
**30.00**

Full Name (Last, First, Middle Initial)  
**B. Michael W. Breihan**

Mailing Address **PO BOX 244**

City **ARNOLD**      State **MO**      Zip Code **63010-0244**

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

Name of Employer **BI-STATE DEVELOPMENT AGENCY**      Occupation **OPERATOR**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 06 / 2015**

**Transaction ID : 6976777**

Amount of Each Receipt this Period  
**30.00**

Full Name (Last, First, Middle Initial)  
**C. Michael W. Breihan**

Mailing Address **PO BOX 244**

City **ARNOLD**      State **MO**      Zip Code **63010-0244**

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

Name of Employer **BI-STATE DEVELOPMENT AGENCY**      Occupation **OPERATOR**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 06 / 2015**

**Transaction ID : 6977067**

Amount of Each Receipt this Period  
**30.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **90.00**

**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 9 OF 18  
(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. ERIC ST PIERRE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 46 HIGH STREET  
 City WARWICK State RI Zip Code 02886-1256  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RHODE ISLAND PUBLIC TRANS AUTH Occupation OPERATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 13 / 2015  
**Transaction ID : 6978749**  
 Amount of Each Receipt this Period  
 20.00

**B. Dawn M Anderson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 49 BOLIVAR STREET  
 City STATEN ISLAND State NY Zip Code 10314-5603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NEW YORK CITY TRANSIT AUTHOR Occupation OPERATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 18 / 2015  
**Transaction ID : 6985696**  
 Amount of Each Receipt this Period  
 25.00

**C. Daniel J Cassella**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 347 GOWER ST  
 City STATEN ISLAND State NY Zip Code 10314-5331  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AMALGAMATED TRANSIT UNION Occupation OPERATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 18 / 2015  
**Transaction ID : 6985852**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70.00  
**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 18                |
|   | <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. Robert Giudice**  
Full Name (Last, First, Middle Initial)

Mailing Address 46 LAFORGE AVENUE

City STATEN ISLAND State NY Zip Code 10302-1633

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

Name of Employer NEW YORK CITY TRANSIT AUTHOR Occupation OPERATOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 18 / 2015  
**Transaction ID : 6986125**

Amount of Each Receipt this Period  
 25.00

**B. Daniel C Mc Sorley**  
Full Name (Last, First, Middle Initial)

Mailing Address 49 HUDSON AVENUE

City NORTH MIDDLETOWN State NJ Zip Code 07748-5512

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

Name of Employer NEW YORK CITY TRANSIT AUTHOR Occupation OPERATOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 18 / 2015  
**Transaction ID : 6986374**

Amount of Each Receipt this Period  
 25.00

**c. Eric J Update**  
Full Name (Last, First, Middle Initial)

Mailing Address 30 A GREENTREE LANE #2

City STATEN ISLAND State NY Zip Code 10314-1601

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

Name of Employer NEW YORK CITY TRANSIT AUTHOR Occupation OPERATOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 18 / 2015  
**Transaction ID : 6986826**

Amount of Each Receipt this Period  
 30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 80.00

**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 18  
(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**

Full Name (Last, First, Middle Initial)  
**A. ERIC ST PIERRE**

Mailing Address 46 HIGH STREET

City State Zip Code  
WARWICK RI 02886-1256

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

Name of Employer Occupation  
RHODE ISLAND PUBLIC TRANS AUTH OPERATOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**04 / 20 / 2015**

**Transaction ID : 6991125**

Amount of Each Receipt this Period  
**200.00**

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

Mailing Address PO BOX 2561

City State Zip Code  
BOCA RATON FL 33427-0000

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

Name of Employer Occupation  
PALM TRAN INC Operator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**04 / 20 / 2015**

**Transaction ID : 6997600**

Amount of Each Receipt this Period  
**40.00**

Full Name (Last, First, Middle Initial)  
**C. MICHAEL J HARMS**

Mailing Address 741 AGNEW ROAD

City State Zip Code  
PITTSBURGH PA 15227-3802

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

Name of Employer Occupation  
PORT AUTH-ALLEG - PAT TRANSIT 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  
**04 / 23 / 2015**

**Transaction ID : 7005311**

Amount of Each Receipt this Period  
**60.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **120.00**

**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 12 OF 18   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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**

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Matthew Mervoah</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>04 / 23 / 2015<br><b>Transaction ID : 7005704</b> |
| Mailing Address 2022 Chateau St.  |   | Amount of Each Receipt this Period<br>41.67   |
| City<br>Pittsburgh  | State<br>PA                                   | Zip Code<br>15233-1139  |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer<br>AMALGAMATED TRANSIT UNION | Occupation<br>OPERATOR  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>208.35            |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. MATTHEW W MORRIS</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>04 / 23 / 2015<br><b>Transaction ID : 7005753</b> |
| Mailing Address 2022 Chateau St.  |   | Amount of Each Receipt this Period<br>61.42   |
| City<br>Pittsburgh  | State<br>PA                                       | Zip Code<br>15233-1139  |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer<br>PORT AUTH-ALLEG - PAT TRANSIT | Occupation<br>OPERATOR  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>245.68                |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. MICHAEL THURMOND</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>04 / 23 / 2015<br><b>Transaction ID : 7006137</b> |
| Mailing Address 2022 Chateau St.  |   | Amount of Each Receipt this Period<br>42.00   |
| City<br>Pittsburgh  | State<br>PA                                   | Zip Code<br>15233-1139  |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer<br>AMALGAMATED TRANSIT UNION | Occupation<br>OPERATOR  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>210.00            |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 145.09 |
| <b>TOTAL</b> 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 18   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

**A. Paul B Neil**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1701 157TH AVENUE NE #A101  
 City BELLEVUE State WA Zip Code 98008-2777  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer KING COUNTY DOT-METRO TRANSIT Occupation OPERATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2015  
**Transaction ID : 7006970**  
 Amount of Each Receipt this Period  
 25.00

**B. Paul J Bachtel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8513 MAIN STREET #203  
 City EDMONDS State WA Zip Code 98026-6940  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer KING COUNTY DOT-METRO TRANSIT Occupation OPERATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2015  
**Transaction ID : 7006971**  
 Amount of Each Receipt this Period  
 25.00

**C. Clint C DeVoss Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3225 GALVIN RD  
 City CENTRALIA State WA Zip Code 98531-9061  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer KING COUNTY DOT-METRO TRANSIT Occupation OPERATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2015  
**Transaction ID : 7006972**  
 Amount of Each Receipt this Period  
 25.00

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 75.00 |
| <b>TOTAL</b> 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 14 OF 18  
(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. Judy Young**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7603 SOUTH 112TH STREET  
 City SEATTLE State WA Zip Code 98178-3227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer KING COUNTY DOT-METRO TRANSIT Occupation OPERATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 27 / 2015  
**Transaction ID : 7006973**  
 Amount of Each Receipt this Period  
 25.00

**B. Neal Safrin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5451 NE 203RD PLACE  
 City LAKE FOREST PARK State WA Zip Code 98155-0000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer KING COUNTY DOT-METRO TRANSIT Occupation OPERATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 27 / 2015  
**Transaction ID : 7006974**  
 Amount of Each Receipt this Period  
 25.00

**C. VALARIE K GALLEGOS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3101 SE 10TH STREET  
 City RENTON State WA Zip Code 98058-2932  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer KING COUNTY DOT-METRO TRANSIT Occupation OPERATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 27 / 2015  
**Transaction ID : 7009255**  
 Amount of Each Receipt this Period  
 30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 80.00  
**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 18                |
|   | <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. RICHARD M YOUNT**  
Full Name (Last, First, Middle Initial)

Mailing Address 4610 MERIDIAN AVENUE N

City SEATTLE State WA Zip Code 98103-6936

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

Name of Employer KING COUNTY DOT-METRO TRANSIT Occupation OPERATOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2015

**Transaction ID : 7009861**

Amount of Each Receipt this Period  
 35.00

**B. Michael W. Breihan**  
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 244

City ARNOLD State MO Zip Code 63010-0244

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

Name of Employer BI-STATE DEVELOPMENT AGENCY Occupation OPERATOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 28 / 2015

**Transaction ID : 7012884**

Amount of Each Receipt this Period  
 90.00

**C. ERIC ST PIERRE**  
Full Name (Last, First, Middle Initial)

Mailing Address 46 HIGH STREET

City WARWICK State RI Zip Code 02886-1256

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

Name of Employer RHODE ISLAND PUBLIC TRANS AUTH Occupation OPERATOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 28 / 2015

**Transaction ID : 7014069**

Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 145.00

**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 16 OF 18  
(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**

Full Name (Last, First, Middle Initial)  
**A. TONIA STARKEY**

Mailing Address **84 VERSAILLES COURT**

|                           |                    |                               |
|---------------------------|--------------------|-------------------------------|
| City<br><b>CINCINNATI</b> | State<br><b>OH</b> | Zip Code<br><b>45240-3831</b> |
|---------------------------|--------------------|-------------------------------|

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

|  |                               |
|--|-------------------------------|
| Name of Employer<br><b>SW OHIO REGIONAL TRANSIT AUTH</b> | Occupation<br><b>OPERATOR</b> |
|--|-------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04  | / | 28  | / | 2015    |

**Transaction ID : 7014311**

Amount of Each Receipt this Period  

|       |       |        |
|-------|-------|--------|
| 90.00 | 90.00 | 225.00 |
|-------|-------|--------|

Full Name (Last, First, Middle Initial)  
**B. VALARIE K GALLEGOS**

Mailing Address **3101 SE 10TH STREET**

|                       |                    |                               |
|-----------------------|--------------------|-------------------------------|
| City<br><b>RENTON</b> | State<br><b>WA</b> | Zip Code<br><b>98058-2932</b> |
|-----------------------|--------------------|-------------------------------|

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

|  |                               |
|--|-------------------------------|
| Name of Employer<br><b>KING COUNTY DOT-METRO TRANSIT</b> | Occupation<br><b>OPERATOR</b> |
|--|-------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04  | / | 16  | / | 2015    |

**Transaction ID : 7018123**

Amount of Each Receipt this Period  

|       |       |        |
|-------|-------|--------|
| 90.00 | 90.00 | 210.00 |
|-------|-------|--------|

Full Name (Last, First, Middle Initial)  
**C. RICHARD M YOUNT**

Mailing Address **4610 MERIDIAN AVENUE N**

|                        |                    |                               |
|------------------------|--------------------|-------------------------------|
| City<br><b>SEATTLE</b> | State<br><b>WA</b> | Zip Code<br><b>98103-6936</b> |
|------------------------|--------------------|-------------------------------|

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

|  |                               |
|--|-------------------------------|
| Name of Employer<br><b>KING COUNTY DOT-METRO TRANSIT</b> | Occupation<br><b>OPERATOR</b> |
|--|-------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **245.00**

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04  | / | 16  | / | 2015    |

**Transaction ID : 7018741**

Amount of Each Receipt this Period  

|       |       |        |
|-------|-------|--------|
| 90.00 | 90.00 | 245.00 |
|-------|-------|--------|

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>90.00</b>   |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <b>1251.09</b> |



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Friends of Anthony DeLuca Jr**

Mailing Address 140 McAlister Drive

City Pittsburgh State PA Zip Code 15235

Purpose of Disbursement  
Anthony DeLuca, Allegheny County - District Judge PA

Candidate Name  
**Anthony DeLuca Jr**

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 02 / 2015

**Transaction ID : 6919218**

Amount of Each Disbursement this Period

1000.00

Anthony DeLuca, Allegheny County - District Judge PA

Full Name (Last, First, Middle Initial)

**B. Friends of Marc Korman**

Mailing Address 7401 Exeter Road

City Bethesda State MD Zip Code 20814

Purpose of Disbursement  
Marc Korman, STATE HOUSE 16th MD

Candidate Name  
**Marc Korman**

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2015

**Transaction ID : 6993387**

Amount of Each Disbursement this Period

1000.00

Marc Korman, STATE HOUSE 16th MD

Full Name (Last, First, Middle Initial)

**C. Kevin Felder for Council**

Mailing Address 8404 Capriola Lane

City Dallas State TX Zip Code 75228

Purpose of Disbursement  
Kevin Felder, CITY OF DALLAS - CITY COUNCIL 7th TX

Candidate Name  
**Kevin Felder**

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2015

**Transaction ID : 6993390**

Amount of Each Disbursement this Period

1000.00

Kevin Felder, CITY OF DALLAS - CITY COUNCIL 7th TX

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

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

3000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Ranger for City Council**

Mailing Address PO Box 763923

City Dallas State TX Zip Code 75376

Purpose of Disbursement  
D. Marcus Ranger, CITY OF DALLAS - CITY COUNCIL 4th TX

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Candidate Name

**D. Marcus Ranger**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    |   | 30    |   | 2015        |

**Transaction ID : 6994611**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

D. Marcus Ranger, CITY OF DALLAS - CITY COUNCIL  
4th TX

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

|                   |
|-------------------|
|                   |
| Category/<br>Type |

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D 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

|                   |
|-------------------|
|                   |
| Category/<br>Type |

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D 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)..... ▶

|         |
|---------|
| 1000.00 |
|---------|

|         |
|---------|
| 4000.00 |
|---------|