



**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="2024"/>		<input type="text" value="371484.74"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="321974.83"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="77348.36"/>	<input type="text" value="213995.16"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="399323.19"/>	<input type="text" value="585479.90"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="79646.59"/>	<input type="text" value="265803.30"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="319676.60"/>	<input type="text" value="319676.60"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)**

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

Amalgamated Transit Union - COPE

Report Covering the Period: From: 03 / 01 / 2024 To: 03 / 31 / 2024

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).....	947.00	1672.00
(ii) Unitemized .....	76401.36	212323.16
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	77348.36	213995.16
(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) .....	77348.36	213995.16
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)).....▶	77348.36	213995.16
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	77348.36	213995.16

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

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 .....	159.84	466.55
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	159.84	466.55
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	73500.00	242000.00
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 .....	820.00	820.00
(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)).....	820.00	820.00
29. Other Disbursements (Including Non-Federal Donations).....	5166.75	22516.75
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)) ..	79646.59	265803.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	79646.59	265803.30

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	77348.36	213995.16
34. Total Contribution Refunds (from Line 28(d)) .....	820.00	820.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	76528.36	213175.16
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	159.84	466.55
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	159.84	466.55

# 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 29
<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. Aguilar, Arturo, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Gateway Plaza  
 City Los Angeles State CA Zip Code 90012-2952  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LA County Metropolitan Transportation Occupation (for Individual) Maintenance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2024  
**Transaction ID : A2024-574967**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B. COSTA, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10000 New Hampshire Avenue  
 City Silver Spring State MD Zip Code 20903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Amalgamated Transit Union Occupation (for Individual) International President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 08 / 2024  
**Transaction ID : A2024-562924**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C. GIBSON, JAMAINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10000 New Hampshire Avenue  
 City Silver Spring State MD Zip Code 20903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Amalgamated Transit Union Occupation (for Individual) Director of ATU Apprenticeships  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 08 / 2024  
**Transaction ID : A2024-562925**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<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: (check only one)	PAGE 7 OF 29
	<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. HARMS, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10000 New Hampshire Avenue  
 City Silver Spring State MD Zip Code 20903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Amalgamated Transit Union Occupation (for Individual) International Representative  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 08 / 2024  
**Transaction ID : A2024-562929**  
 Amount of Each Receipt this Period  
 105.00  
 Memo Item

**B. Henry, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 Broadway  
 City New York State NY Zip Code 10004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NEW YORK CITY TRANSIT AUTHORITY Occupation (for Individual) OPERATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 08 / 2024  
**Transaction ID : A2024-562926**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C. KIRK, KENNETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10000 New Hampshire Avenue  
 City Silver Spring State MD Zip Code 20903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Amalgamated Transit Union Occupation (for Individual) International Secretary Treasurer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 08 / 2024  
**Transaction ID : A2024-562927**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	305.00
<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 8 OF 29  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Shaffer, Tisha, , ,**

Mailing Address **One Gateway Plaza**

City **Los Angeles**   State **CA**   Zip Code **90012-2952**

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

Name of Employer (for Individual) **LA County Metropolitan Transportation**   Occupation (for Individual) **Maintenance**

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**300.00**

Date of Receipt  
**03 / 15 / 2024**

**Transaction ID : A2024-575070**

Amount of Each Receipt this Period  
**100.00**

Memo Item

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

Mailing Address **1942 N 17th St**

City **Milwaukee**   State **WI**   Zip Code **53205**

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

Name of Employer (for Individual) **Milwaukee Transport Services, Inc.**   Occupation (for Individual) **Operator**

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**210.00**

Date of Receipt  
**03 / 21 / 2024**

**Transaction ID : A2024-570553**

Amount of Each Receipt this Period  
**42.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Spates, Elijah, , , Jr.**

Mailing Address **1 Penn Plz E**

City **Newark**   State **NJ**   Zip Code **07105-2245**

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

Name of Employer (for Individual) **NJ Transit Bus Operations, Inc.**   Occupation (for Individual) **Operator**

Receipt For:  
 Primary    General  
 Other (specify)

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
**03 / 12 / 2024**

**Transaction ID : A2024-575031**

Amount of Each Receipt this Period  
**50.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **192.00**

**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 29
(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. Spates, Elijah, , , Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Penn Plz E  
 City Newark State NJ Zip Code 07105-2245  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) NJ Transit Bus Operations, Inc. Occupation (for Individual) Operator  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 300.00

Date of Receipt 03 / 17 / 2024  
**Transaction ID : A2024-575089**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. TRUJILLO, YVETTE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10000 New Hampshire Avenue  
 City Silver Spring State MD Zip Code 20903  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Amalgamated Transit Union Occupation (for Individual) International Vice President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 300.00

Date of Receipt 03 / 08 / 2024  
**Transaction ID : A2024-562928**  
 Amount of Each Receipt this Period 100.00  
 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  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	947.00

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)

Form with checkboxes for line numbers 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b. 21b is checked.

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

Form A: Stripe, Inc. Disbursement details including date (03/01/2024), amount (5.04), and category (001).

Form B: Stripe, Inc. Disbursement details including date (03/02/2024), amount (3.19), and category (001).

Form C: Stripe, Inc. Disbursement details including date (03/03/2024), amount (4.67), and category (001).

SUBTOTAL of Disbursements This Page (optional) 12.90
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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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

**A. Stripe, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 354 Oyster Point Blvd

City San Francisco State CA Zip Code 94080

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼ Not Applicable

Date of Disbursement: 03 / 07 / 2024

FEC Identification Number: C

Transaction ID : **B869685**

Amount of Each Disbursement this Period: 1.31

Memo Item

**B. Stripe, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 354 Oyster Point Blvd

City San Francisco State CA Zip Code 94080

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼ Not Applicable

Date of Disbursement: 03 / 08 / 2024

FEC Identification Number: C

Transaction ID : **B869686**

Amount of Each Disbursement this Period: 2.39

Memo Item

**C. Stripe, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 354 Oyster Point Blvd

City San Francisco State CA Zip Code 94080

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼ Not Applicable

Date of Disbursement: 03 / 09 / 2024

FEC Identification Number: C

Transaction ID : **B869687**

Amount of Each Disbursement this Period: 10.09

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 13.79

**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 checked="" 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 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. Stripe, Inc.**

Mailing Address 354 Oyster Point Blvd

City San Francisco State CA Zip Code 94080

Purpose of Disbursement  
Credit Card Processing Fee

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 10 / 2024

FEC Identification Number

C [REDACTED]

**Transaction ID : B869688**

Amount of Each Disbursement this Period

[REDACTED] 8.60

Memo Item

Full Name (Last, First, Middle Initial)

**B. Stripe, Inc.**

Mailing Address 354 Oyster Point Blvd

City San Francisco State CA Zip Code 94080

Purpose of Disbursement  
Credit Card Processing Fee

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 11 / 2024

FEC Identification Number

C [REDACTED]

**Transaction ID : B869689**

Amount of Each Disbursement this Period

[REDACTED] 8.26

Memo Item

Full Name (Last, First, Middle Initial)

**C. Stripe, Inc.**

Mailing Address 354 Oyster Point Blvd

City San Francisco State CA Zip Code 94080

Purpose of Disbursement  
Credit Card Processing Fee

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 12 / 2024

FEC Identification Number

C [REDACTED]

**Transaction ID : B869690**

Amount of Each Disbursement this Period

[REDACTED] 29.56

Memo Item

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

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

[REDACTED] 46.42

[REDACTED]

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)

Form for line numbers 21b-30b with checkboxes. 21b is checked.

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

Form A: Stripe, Inc. Disbursement details including date (03/13/2024), amount (17.67), and category (001).

Form B: Stripe, Inc. Disbursement details including date (03/14/2024), amount (5.85), and category (001).

Form C: Stripe, Inc. Disbursement details including date (03/15/2024), amount (10.76), and category (001).

SUBTOTAL of Disbursements This Page (optional) 34.28
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 checked="" 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 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. Stripe, Inc.**

Mailing Address 354 Oyster Point Blvd

City  
San Francisco

State  
CA

Zip Code  
94080

Purpose of Disbursement  
Credit Card Processing Fee

001

Category/  
Type

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	6		2	0	2	4

FEC Identification Number

C [Redacted]

**Transaction ID : B869694**

Amount of Each Disbursement this Period

[Redacted] 4.26

Memo Item

Full Name (Last, First, Middle Initial)

**B. Stripe, Inc.**

Mailing Address 354 Oyster Point Blvd

City  
San Francisco

State  
CA

Zip Code  
94080

Purpose of Disbursement  
Credit Card Processing Fee

001

Category/  
Type

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	2	4

FEC Identification Number

C [Redacted]

**Transaction ID : B869695**

Amount of Each Disbursement this Period

[Redacted] 8.63

Memo Item

Full Name (Last, First, Middle Initial)

**C. Stripe, Inc.**

Mailing Address 354 Oyster Point Blvd

City  
San Francisco

State  
CA

Zip Code  
94080

Purpose of Disbursement  
Credit Card Processing Fee

001

Category/  
Type

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	2	4

FEC Identification Number

C [Redacted]

**Transaction ID : B869696**

Amount of Each Disbursement this Period

[Redacted] 1.12

Memo Item

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

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

[Redacted] 14.01

[Redacted]

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)

Form for line numbers 21b through 30b with checkboxes.

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

Form A: Stripe, Inc. Disbursement details including date (03/19/2024), amount (9.04), and transaction ID (B869697).

Form B: Stripe, Inc. Disbursement details including date (03/20/2024), amount (3.19), and transaction ID (B869709).

Form C: Stripe, Inc. Disbursement details including date (03/21/2024), amount (0.45), and transaction ID (B869699).

SUBTOTAL of Disbursements This Page (optional) 12.68
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)

Form for line numbers 21b-30b with checkboxes. 21b is checked.

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

Form A: Stripe, Inc. Disbursement details including date (03/22/2024), FEC ID, transaction ID B869700, and amount 4.29.

Form B: Stripe, Inc. Disbursement details including date (03/23/2024), FEC ID, transaction ID B869701, and amount 3.08.

Form C: Stripe, Inc. Disbursement details including date (03/24/2024), FEC ID, transaction ID B869702, and amount 4.02.

SUBTOTAL of Disbursements This Page (optional) 11.39
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 checked="" 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 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) <b>A. Stripe, Inc.</b>		Date of Disbursement MM / DD / YYYY 03 / 25 / 2024	
Mailing Address 354 Oyster Point Blvd		FEC Identification Number C [REDACTED] <b>Transaction ID : B869703</b>	
City San Francisco	State CA	Zip Code 94080	Amount of Each Disbursement this Period [REDACTED] 1.12
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 001	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. Stripe, Inc.</b>		Date of Disbursement MM / DD / YYYY 03 / 26 / 2024	
Mailing Address 354 Oyster Point Blvd		FEC Identification Number C [REDACTED] <b>Transaction ID : B869704</b>	
City San Francisco	State CA	Zip Code 94080	Amount of Each Disbursement this Period [REDACTED] 0.45
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 001	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>C. Stripe, Inc.</b>		Date of Disbursement MM / DD / YYYY 03 / 27 / 2024	
Mailing Address 354 Oyster Point Blvd		FEC Identification Number C [REDACTED] <b>Transaction ID : B869705</b>	
City San Francisco	State CA	Zip Code 94080	Amount of Each Disbursement this Period [REDACTED] 2.09
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 001	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable		
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 3.66
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

# 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 checked="" 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 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. Stripe, Inc.**

Mailing Address 354 Oyster Point Blvd

City  
San Francisco

State  
CA

Zip Code  
94080

Purpose of Disbursement  
Credit Card Processing Fee

001

Category/  
Type

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	2	4

FEC Identification Number

C [REDACTED]

**Transaction ID : B869706**

Amount of Each Disbursement this Period

[REDACTED] 3.39

Memo Item

Full Name (Last, First, Middle Initial)

**B. Stripe, Inc.**

Mailing Address 354 Oyster Point Blvd

City  
San Francisco

State  
CA

Zip Code  
94080

Purpose of Disbursement  
Credit Card Processing Fee

001

Category/  
Type

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	9		2	0	2	4

FEC Identification Number

C [REDACTED]

**Transaction ID : B869707**

Amount of Each Disbursement this Period

[REDACTED] 5.97

Memo Item

Full Name (Last, First, Middle Initial)

**C. Stripe, Inc.**

Mailing Address 354 Oyster Point Blvd

City  
San Francisco

State  
CA

Zip Code  
94080

Purpose of Disbursement  
Credit Card Processing Fee

001

Category/  
Type

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	0		2	0	2	4

FEC Identification Number

C [REDACTED]

**Transaction ID : B869708**

Amount of Each Disbursement this Period

[REDACTED] 1.35

Memo Item

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

[REDACTED] 10.71

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

[REDACTED] 159.84

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)

Form for line numbers 21b-30b with checkboxes, where 23 is checked.

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NAME OF COMMITTEE (In Full)

Amalgamated Transit Union - COPE

Full Name (Last, First, Middle Initial)

A. Pascrell for Congress

Mailing Address PO Box 100

City Teaneck State NJ Zip Code 07666

Purpose of Disbursement

Contribution

011

Candidate Name

Pascrell, William, J., Jr.

Category/Type

Office Sought: [X] House [ ] Senate [ ] President State: NJ District: 09

Disbursement For: 2024 [X] Primary [ ] General [ ] Other (specify) ▼

Date of Disbursement

Date of Disbursement: 03 / 07 / 2024

FEC Identification Number

C00313510

Transaction ID : B867408

Amount of Each Disbursement this Period

2500.00

[ ] Memo Item

Full Name (Last, First, Middle Initial)

B. Pramila for Congress

Mailing Address PO Box 21912

City Seattle State WA Zip Code 98111

Purpose of Disbursement

Contribution

011

Candidate Name

Jayapal, Pramila, , ,

Category/Type

Office Sought: [X] House [ ] Senate [ ] President State: WA District: 07

Disbursement For: 2024 [X] Primary [ ] General [ ] Other (specify) ▼

Date of Disbursement

Date of Disbursement: 03 / 07 / 2024

FEC Identification Number

C00605592

Transaction ID : B867406

Amount of Each Disbursement this Period

2500.00

[ ] Memo Item

Full Name (Last, First, Middle Initial)

C. Schneider for Congress

Mailing Address P.O. Box 1318

City Deerfield State IL Zip Code 60015

Purpose of Disbursement

Contribution

011

Candidate Name

Schneider, Brad, , ,

Category/Type

Office Sought: [X] House [ ] Senate [ ] President State: IL District: 10

Disbursement For: 2024 [X] Primary [ ] General [ ] Other (specify) ▼

Date of Disbursement

Date of Disbursement: 03 / 07 / 2024

FEC Identification Number

C00495952

Transaction ID : B867019

Amount of Each Disbursement this Period

2500.00

[ ] Memo Item

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

7500.00

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. VOGEL FOR CONGRESS**

Mailing Address PO BOX 906

City  
GAITHERSBURG

State  
MD

Zip Code  
20884

Purpose of Disbursement

Contribution

011

Candidate Name

Vogel, Joseph, , ,

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For: 2024

 Primary  General  
 Other (specify) ▼

State: MD

District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	7		2	0	2	4

FEC Identification Number

C00839704

**Transaction ID : B867020**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Bonamici for Congress**

Mailing Address PO Box 1632

City  
Beaverton

State  
OR

Zip Code  
97075

Purpose of Disbursement

Contribution

011

Candidate Name

Bonamici, Suzanne, , ,

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For: 2024

 Primary  General  
 Other (specify) ▼

State: OR

District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	2		2	0	2	4

FEC Identification Number

C00500421

**Transaction ID : B867573**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Gillen for Congress**

Mailing Address PO BOX 774

City  
Rockville Centre

State  
NY

Zip Code  
11571

Purpose of Disbursement

Contribution

011

Candidate Name

Gillen, Laura, , ,

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For: 2024

 Primary  General  
 Other (specify) ▼

State: NY

District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	2		2	0	2	4

FEC Identification Number

C00806547

**Transaction ID : B867574**

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)

Form for line numbers 21b-30b with checkboxes, where 23 is checked.

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NAME OF COMMITTEE (In Full)

Amalgamated Transit Union - COPE

Full Name (Last, First, Middle Initial)

A. JANELLE BYNUM FOR CONGRESS

Mailing Address 10121 SE SUNNYSIDE RD. #300

Date of Disbursement

Date of Disbursement form: 03 / 12 / 2024

City CLACKAMAS State OR Zip Code 97015

FEC Identification Number

FEC Identification Number form: C00843425

Purpose of Disbursement

Contribution

Category/Type form: 011

Candidate Name

Bynum, Janelle, , ,

Transaction ID : B867575

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period form: 5000.00

Office Sought: [X] House [ ] Senate [ ] President State: OR District: 05

Disbursement For: 2024 [X] Primary [ ] General [ ] Other (specify) v

[ ] Memo Item

Full Name (Last, First, Middle Initial)

B. Marc Veasey Congressional Campaign Cmte

Mailing Address PO Box 50084

Date of Disbursement

Date of Disbursement form: 03 / 12 / 2024

City Fort Worth State TX Zip Code 76105

FEC Identification Number

FEC Identification Number form: C00506832

Purpose of Disbursement

Contribution

Category/Type form: 011

Candidate Name

Veasey, Marc, , ,

Transaction ID : B867572

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period form: 2500.00

Office Sought: [X] House [ ] Senate [ ] President State: TX District: 33

Disbursement For: 2024 [ ] Primary [X] General [ ] Other (specify) v

[ ] Memo Item

Full Name (Last, First, Middle Initial)

C. Joe Morelle for Congress

Mailing Address P.O. Box 90914

Date of Disbursement

Date of Disbursement form: 03 / 19 / 2024

City Rochester State NY Zip Code 14609

FEC Identification Number

FEC Identification Number form: C00675108

Purpose of Disbursement

Contribution

Category/Type form: 011

Candidate Name

Morelle, Joe, D, ,

Transaction ID : B867894

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period form: 1000.00

Office Sought: [X] House [ ] Senate [ ] President State: NY District: 25

Disbursement For: 2024 [X] Primary [ ] General [ ] Other (specify) v

[ ] Memo Item

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

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

Amount form: 8500.00

Amount form: (empty)

# 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. MORSE 4 MARYLAND**

Mailing Address 1783 FOREST DR NUM 242

City  
ANNAPOLIS

State  
MD

Zip Code  
21401

Purpose of Disbursement

Contribution

011

Candidate Name

Morse, John, , III

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For: 2024

 Primary  General  
 Other (specify) ▼

State: MD

District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	2	4

FEC Identification Number

C00864611

**Transaction ID : B867898**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. NEVADA SENATE VICTORY 2024**

Mailing Address 120 MARYLAND AVE NE

City  
WASHINGTON

State  
DC

Zip Code  
20002

Purpose of Disbursement

Contribution

011

Candidate Name

Office Sought:

 House  
 Senate  
 President

Disbursement For: 2024

 Primary  General  
 Other (specify)

State:

District:

Not Applicable

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	2	4

FEC Identification Number

C00829929

**Transaction ID : B867893**

Amount of Each Disbursement this Period

10000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Citizens For Eleanor Holmes Norton**

Mailing Address 600 Pennsylvania Ave SE #15180

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement

Contribution

011

Candidate Name

Norton, Eleanor Holmes, ,

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For: 2024

 Primary  General  
 Other (specify) ▼

State: DC

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	1		2	0	2	4

FEC Identification Number

C00244335

**Transaction ID : B868521**

Amount of Each Disbursement this Period

1500.00

Memo Item

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

16500.00

**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)

Form for line numbers 21b-28a, 22-28b, 23-28c, 26-29, 27-30b with checkboxes.

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NAME OF COMMITTEE (In Full)

Amalgamated Transit Union - COPE

Full Name (Last, First, Middle Initial)

A. HMP

Mailing Address 1032 15th Street NW Suite 247

City Washington State DC Zip Code 20005

Purpose of Disbursement

Contribution

Candidate Name

Office Sought: House, Senate, President

Disbursement For: 2024 Primary, General, Other (specify)

Date of Disbursement

Date of Disbursement form: 03 / 21 / 2024

FEC Identification Number

C00495028

Transaction ID : B868520

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Magaziner for Congress

Mailing Address One Park Row 5th Floor

City Cranston State RI Zip Code 02903

Purpose of Disbursement

Contribution

Candidate Name

Magaziner, Seth, , ,

Office Sought: House, Senate, President

Disbursement For: 2024 Primary, General, Other (specify)

Date of Disbursement

Date of Disbursement form: 03 / 21 / 2024

FEC Identification Number

C00802504

Transaction ID : B868517

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Magaziner for Congress

Mailing Address One Park Row 5th Floor

City Cranston State RI Zip Code 02903

Purpose of Disbursement

Contribution

Candidate Name

Magaziner, Seth, , ,

Office Sought: House, Senate, President

Disbursement For: 2024 Primary, General, Other (specify)

Date of Disbursement

Date of Disbursement form: 03 / 21 / 2024

FEC Identification Number

C00802504

Transaction ID : B868518

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 1000.00

Memo Item

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

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

Subtotal form: 7500.00

Total form: 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**

Full Name (Last, First, Middle Initial)

**A. Gallego for Arizona**

Mailing Address PO Box 1710

City  
Phoenix

State  
AZ

Zip Code  
85001

Purpose of Disbursement

Contribution

011

Candidate Name

Gallego, Ruben, , ,

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For: 2024

Primary  General  
 Other (specify) ▼

State: AZ

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 27 / 2024

FEC Identification Number

C C00558627

**Transaction ID : B868603**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Eric Sorensen for Illinois**

Mailing Address P.O. Box 1172

City  
Moline

State  
IL

Zip Code  
61265

Purpose of Disbursement

Contribution

011

Candidate Name

Sorensen, Eric, , ,

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For: 2024

Primary  General  
 Other (specify)

State: IL

District: 17

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 28 / 2024

FEC Identification Number

C C00793935

**Transaction ID : B869031**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Reed Committee**

Mailing Address PO Box 8628

City  
Cranston

State  
RI

Zip Code  
02920

Purpose of Disbursement

Contribution

011

Candidate Name

Reed, Jack, , ,

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For: 2026

Primary  General  
 Other (specify) ▼

State: RI

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 28 / 2024

FEC Identification Number

C C00238907

**Transaction ID : B869034**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

11000.00

**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. MIKE NORTON FOR ARIZONA**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		29		2024

Mailing Address 9663 N 117TH ST.

City SCOTTSDALE	State AZ	Zip Code 85259
--------------------	-------------	-------------------

FEC Identification Number

C	C00873653
---	-----------

Purpose of Disbursement

Contribution

011
-----

**Transaction ID : B869356**

Candidate Name

Norton, Mike, , ,

Category/  
Type

Amount of Each Disbursement this Period

5000.00
---------

Office Sought:

<input type="checkbox"/> House
<input checked="" type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2024

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Memo Item

State: AZ District:

Full Name (Last, First, Middle Initial)

**B. SARAH WILLIAMS FOR SENATE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		29		2024

Mailing Address P.O. BOX 33431

City PHOENIX	State AZ	Zip Code 85067
-----------------	-------------	-------------------

FEC Identification Number

C	C00871293
---	-----------

Purpose of Disbursement

Contribution

011
-----

**Transaction ID : B869362**

Candidate Name

Williams, Sarah, , ,

Category/  
Type

Amount of Each Disbursement this Period

5000.00
---------

Office Sought:

<input type="checkbox"/> House
<input checked="" type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2024

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Memo Item

State: AZ District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

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

Mailing Address

City	State	Zip Code
------	-------	----------

FEC Identification Number

C	
---	--

Purpose of Disbursement

Candidate Name

--

Amount of Each Disbursement this Period

--

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Memo Item

State:

District:

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

10000.00
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**TOTAL** This Period (last page this line number only).....▶

73500.00
----------

# 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 checked="" 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. Portee-White, Shelly, , ,**

Mailing Address 711 Harry S Truman Dr. Apt. 301

City Largo State MD Zip Code 20774

Purpose of Disbursement Refund to Employee  
Candidate Name  
Category/Type 010

Office Sought: House Senate President  
State: District: Disbursement For: 2024  
 Primary  General  
 Other (specify) Not Applicable

Date of Disbursement  
MM / DD / YYYY  
03 / 27 / 2024

FEC Identification Number  
C  
Transaction ID : B868930  
Amount of Each Disbursement this Period  
820.00

Memo Item

Full Name (Last, First, Middle Initial)

**B.**  
Mailing Address

City State Zip Code

Purpose of Disbursement  
Candidate Name  
Category/Type

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

Date of Disbursement  
MM / DD / YYYY

FEC Identification Number  
C  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**  
Mailing Address

City State Zip Code

Purpose of Disbursement  
Candidate Name  
Category/Type

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

Date of Disbursement  
MM / DD / YYYY

FEC Identification Number  
C  
Amount of Each Disbursement this Period

Memo Item

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

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

820.00  
820.00

# 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**

Full Name (Last, First, Middle Initial)

**A. Rashid for Illinois**

Mailing Address 8907 W 83rd St Unit D

City  
Justice

State  
IL

Zip Code  
60458

Purpose of Disbursement  
P-2024 State House 21 IL

011

Category/  
Type

Candidate Name

Rashid, Abdelnasser, , ,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: IL District: 21

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	7		2	0	2	4

FEC Identification Number

C

Transaction ID : B867411

Amount of Each Disbursement this Period

5	0	0	0	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Jeylu Gutierrez**

Mailing Address 4638 S. Troy St.

City  
Chicago

State  
IL

Zip Code  
60632

Purpose of Disbursement  
P-2027 City Council 14 IL

011

Category/  
Type

Candidate Name

Gutierrez, Jeylu, , ,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2027  
 Primary  General  
 Other (specify)

State: IL District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	1		2	0	2	4

FEC Identification Number

C

Transaction ID : B868540

Amount of Each Disbursement this Period

2	5	0	0	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**C. Committee to Elect Phillip T. Baker**

Mailing Address 1427 S. Fourth Street

City  
Louisville

State  
KY

Zip Code  
40208

Purpose of Disbursement  
P-2024 City Council KY

011

Category/  
Type

Candidate Name

Baker, Philip, , ,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: KY District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	1		2	0	2	4

FEC Identification Number

C

Transaction ID : B868538

Amount of Each Disbursement this Period

4	0	0	0	0	0
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Memo Item

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

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

5	6	5	0	0	0
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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)

Grid for line numbers: 21b, 22, 23, 26, 27, 28a, 28b, 28c, 29, 30b. Line 29 is checked.

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NAME OF COMMITTEE (In Full)

Amalgamated Transit Union - COPE

Full Name (Last, First, Middle Initial)

A. Committee to Elect Ben Reno-Weber

Mailing Address 1621 Dundee Way

City Louisville State KY Zip Code 40205

Purpose of Disbursement P-2024 City Council 8 KY

Candidate Name Reno-Weber, Benjamin, , ,

Office Sought: House, Senate, President. State: KY District: 08

Disbursement For: 2024. Primary checked, General, Other (specify) unselected.

011 Category/Type

Date of Disbursement 03 / 21 / 2024

FEC Identification Number C Transaction ID : B868535 Amount of Each Disbursement this Period 400.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Committee to Elect Greg Baruso

Mailing Address 1600B SW Dash Point Rd # 3

City Federal Way State WA Zip Code 98023

Purpose of Disbursement G-2023 Fire Commissioner 9 WA

Candidate Name Baruso, Greg, , ,

Office Sought: House, Senate, President. State: WA District: 09

Disbursement For: 2023. Primary, General checked, Other (specify) unselected.

011 Category/Type

Date of Disbursement 03 / 28 / 2024

FEC Identification Number C Transaction ID : B857702 Amount of Each Disbursement this Period - 200.00

Memo Item Void check originally dated 10/23/23

Full Name (Last, First, Middle Initial)

C. People for Tammy Morales

Mailing Address PO Box 9100

City Seattle State WA Zip Code 98102

Purpose of Disbursement G-2023 City Council 02 WA

Candidate Name Morales, Tammy, , ,

Office Sought: House, Senate, President. State: WA District: 02

Disbursement For: 2023. Primary, General checked, Other (specify) unselected.

011 Category/Type

Date of Disbursement 03 / 28 / 2024

FEC Identification Number C Transaction ID : B857706 Amount of Each Disbursement this Period - 300.00

Memo Item Void check originally dated 10/23/23

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

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

Summary boxes for subtotal (- 100.00) and total.

# 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. Kelly Wiggins-Crawford**

Mailing Address PO Box263

City  
Kent

State  
WA

Zip Code  
98035

Purpose of Disbursement  
G-2023 City Council WA

011

Category/  
Type

Candidate Name

Wiggins-Crawford, Kelly, , ,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2023  
 Primary  General  
 Other (specify) ▼

State: WA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2024

FEC Identification Number

C [ ]

Transaction ID : B857712

Amount of Each Disbursement this Period

[ ] - 200.00

Memo Item Void check originally dated 10/23/23

Full Name (Last, First, Middle Initial)

**B. Friends of Brian Yambe**

Mailing Address 2504 62nd Ave E Apt A

City  
Fife

State  
WA

Zip Code  
98424

Purpose of Disbursement  
G-2023 City Council Fife WA

011

Category/  
Type

Candidate Name

Yambe, Brian, , ,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2023  
 Primary  General  
 Other (specify)

State: WA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2024

FEC Identification Number

C [ ]

Transaction ID : B857713

Amount of Each Disbursement this Period

[ ] - 300.00

Memo Item Void check originally dated 10/23/23

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

[ ]

Category/  
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
	/		/	

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]

Memo Item

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

[ ] - 500.00

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

[ ] 5050.00