

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Amalgamated Transit Union - COPE

ADDRESS (number and street)

10000 New Hampshire Ave

Check if different
than previously
reported. (ACC)

Silver Spring

MD

20903

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00032995

3. IS THIS
REPORTNEW
(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

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

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

Type or Print Name of Treasurer

Costa, John, , ,

Signature of Treasurer

Costa, John, , ,

Date

M M M /

D D D /

Y Y Y Y Y Y Y

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

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Amalgamated Transit Union - COPE

Report Covering the Period: From: MM / DD / YYYY 05 / 01 / 2025 To: MM / DD / YYYY 05 / 31 / 2025

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, YYYY YYYY		
2025		346596.44
(b) Cash on Hand at Beginning of Reporting Period.....	439548.34	
(c) Total Receipts (from Line 19)	90084.01	422164.88
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	529632.35	768761.32
7. Total Disbursements (from Line 31)	81914.77	321043.74
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	447717.58	447717.58
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)**For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov**

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Amalgamated Transit Union - COPE

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	2	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	2	5

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).....	5227.11	10158.82
(ii) Unitemized	84856.90	411163.96
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	90084.01	421322.78
(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)	90084.01	421322.78
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	842.10
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))	90084.01	422164.88
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	90084.01	422164.88

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	164.77	1688.74
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	164.77	1688.74
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	60000.00	271000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	21750.00	48355.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	81914.77	321043.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	81914.77	321043.74

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	90084.01	421322.78
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	90084.01	421322.78
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	164.77	1688.74
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	164.77	1688.74

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 108

(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			

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

NAME OF COMMITTEE (In Full)

Amalgamated Transit Union - COPE

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

A. Aguilar, Arturo, , ,

Mailing Address One Gateway Plaza

City
Los AngelesState
CAZip Code
90012-2952FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LA County Metropolitan TransportationOccupation (for Individual)
Maintenance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2025**Transaction ID : A2025-987655**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. APPELQUIST, ERIC, , ,

Mailing Address 1515 River Dr

City
MolineState
ILZip Code
61265FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MetroLINKOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 09 / 2025**Transaction ID : A2025-1009268**

Amount of Each Receipt this Period

22.50

☐ Memo Item

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

C. APPELQUIST, ERIC, , ,

Mailing Address 1515 River Dr

City
MolineState
ILZip Code
61265FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MetroLINKOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2025**Transaction ID : A2025-1009269**

Amount of Each Receipt this Period

22.50

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

145.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 108
(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. Ashburn, Dwayne, , ,

Mailing Address 10000 New Hampshire Ave

City
Silver SpringState
MDZip Code
20903FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Amalgamated Transit UnionOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 03 / 2025**Transaction ID : A2025-987643**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Barbour, Kendall, , ,

Mailing Address 698 Old Baltimore Pike

City
NewarkState
DEZip Code
19702FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ATU Local 842Occupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 09 / 2025**Transaction ID : A2025-987625**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Booker, Machel, , ,

Mailing Address 10000 New Hampshire Ave

City
Silver SpringState
MDZip Code
20903FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Amalgamated Transit UnionOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 30 / 2025**Transaction ID : A2025-1008619**

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 108

(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. BRADLEY, JAMES, , ,

Mailing Address 50 Federal Street 9th Floor

City
BostonState
MAZip Code
02110FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ATU Local 589Occupation (for Individual)
Fin. Sec.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 11 / 2025

Transaction ID : A2025-987749

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Carroll, Edward, , , Jr.

Mailing Address 3400 Victoria Boulevard

City
HamptonState
VAZip Code
23661FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hampton Roads Transportation DistrictOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 22 / 2025

Transaction ID : A2025-988648

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. CHRISTIAN, DEBOSS, , ,

Mailing Address 1401 Pacific Ave.

City
DallasState
TXZip Code
75202FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DALLAS AREA RAPID TRANSITOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2025

Transaction ID : A2025-1009404

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

140.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 108

(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. CHRISTIAN, DEBOSS, , ,

Mailing Address 1401 Pacific Ave.

City
DallasState
TXZip Code
75202FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DALLAS AREA RAPID TRANSITOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 20 / 2025

Transaction ID : A2025-1009405

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. CORNELIUS, MICHAEL, , ,

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 UnionOccupation (for Individual)
International Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 08 / 2025

Transaction ID : A2025-995931

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. COSTA, JOHN, , ,

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 UnionOccupation (for Individual)
International President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 08 / 2025

Transaction ID : A2025-989981

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 108

(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. COX, EARL, , ,

Mailing Address 530 N. Rose Street

City
KalamazooState
MIZip Code
49007-3638FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Central County Transportation AuthoritOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.50

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 07 / 2025**Transaction ID : A2025-1008659**

Amount of Each Receipt this Period

23.50

☐ Memo Item

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

B. COX, EARL, , ,

Mailing Address 530 N. Rose Street

City
KalamazooState
MIZip Code
49007-3638FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Central County Transportation AuthoritOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 21 / 2025**Transaction ID : A2025-1008660**

Amount of Each Receipt this Period

23.50

☐ Memo Item

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

C. Cox, Ronald, , ,

Mailing Address 407 SW Adams St

City
PeoriaState
ILZip Code
61602FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Greater Peoria Mass Transit DistrictOccupation (for Individual)
Retiree

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 24 / 2025**Transaction ID : A2025-987728**

Amount of Each Receipt this Period

60.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

107.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 11 OF 108
(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. CRUZ, NATALIE, , ,

Mailing Address 10000 New Hampshire Avenue

City
Silver SpringState
MDZip Code
20903FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Amalgamated Transit UnionOccupation (for Individual)
International Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 08 / 2025**Transaction ID : A2025-996158**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Cunningham, Devin, , ,

Mailing Address 10000 New Hampshire Ave

City
Silver SpringState
MDZip Code
20903FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Amalgamated Transit UnionOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 06 / 2025**Transaction ID : A2025-1011691**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Cunningham, Devin, , ,

Mailing Address 10000 New Hampshire Ave

City
Silver SpringState
MDZip Code
20903FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Amalgamated Transit UnionOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 20 / 2025**Transaction ID : A2025-1011692**

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 108

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Custer, Kathleen, M, ,

Mailing Address 2312 W Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
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
05 / 13 / 2025**Transaction ID : A2025-1012273**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Custer, Kathleen, M, ,

Mailing Address 2312 W Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
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
05 / 13 / 2025**Transaction ID : A2025-1012274**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Custer, Kathleen, M, ,

Mailing Address 2312 W Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
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
05 / 13 / 2025**Transaction ID : A2025-1012275**

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 108

(check only one)

<input checked="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

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

A. Custer, Kathleen, M, ,

Mailing Address 2312 W Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
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
05 / 13 / 2025

Transaction ID : A2025-1012276

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Custer, Kathleen, M, ,

Mailing Address 2312 W Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
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
05 / 13 / 2025

Transaction ID : A2025-1012277

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Custer, Kathleen, M, ,

Mailing Address 2312 W Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
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
05 / 13 / 2025

Transaction ID : A2025-1012278

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

60.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 108

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Custer, Kathleen, M, ,

Mailing Address 2312 W Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
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
05 / 13 / 2025**Transaction ID : A2025-1012279**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Custer, Kathleen, M, ,

Mailing Address 2312 W Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
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
05 / 13 / 2025**Transaction ID : A2025-1012280**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Custer, Kathleen, M, ,

Mailing Address 2312 W Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
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
05 / 13 / 2025**Transaction ID : A2025-1012281**

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

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

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

FOR LINE NUMBER: PAGE 15 OF 108

(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. Custer, Kathleen, M, ,

Mailing Address 2312 W Casino Road

City
Everett

State
WA

Zip Code
98204

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSP

Occupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

MM / DD / YYYY
05 / 13 / 2025

Transaction ID : A2025-1012282

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Custer, Kathleen, M, ,

Mailing Address 2312 W Casino Road

City
Everett

State
WA

Zip Code
98204

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSP

Occupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

MM / DD / YYYY
05 / 13 / 2025

Transaction ID : A2025-1012283

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Custer, Kathleen, M, ,

Mailing Address 2312 W Casino Road

City
Everett

State
WA

Zip Code
98204

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSP

Occupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

MM / DD / YYYY
05 / 13 / 2025

Transaction ID : A2025-1012284

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

60.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 108

(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			

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

NAME OF COMMITTEE (In Full)

Amalgamated Transit Union - COPE

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

A. Custer, Kathleen, M, ,

Mailing Address 2312 W Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
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
05 / 13 / 2025**Transaction ID : A2025-1012285**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Custer, Kathleen, M, ,

Mailing Address 2312 W Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
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
05 / 13 / 2025**Transaction ID : A2025-1012286**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. DIRITO, JOHN, , ,

Mailing Address One Gateway Plaza

City
Los AngelesState
CAZip Code
90012-2952FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Amalgamated Transit UnionOccupation (for Individual)
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
05 / 29 / 2025**Transaction ID : A2025-987697**

Amount of Each Receipt this Period

42.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

82.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 108

(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Dunams, Britt, , ,

Mailing Address 2424 Piedmont Road, NE

City
AtlantaState
GAZip Code
30324-3311FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ATU Local 732Occupation (for Individual)
President/Business Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 27 / 2025

Transaction ID : A2025-1006451

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. GARLAND, ANTHONY, , ,

Mailing Address 10000 New Hampshire Avenue

City
Silver SpringState
MDZip Code
20903FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Amalgamated Transit UnionOccupation (for Individual)
International Vice 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
05 / 08 / 2025

Transaction ID : A2025-996157

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. GIBSON, JAMAINE, , ,

Mailing Address 10000 New Hampshire Avenue

City
Silver SpringState
MDZip Code
20903FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Amalgamated Transit UnionOccupation (for Individual)
Director of ATU Apprenticeships

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 08 / 2025

Transaction ID : A2025-998755

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

200.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 108

(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Graham Jr, Learis, , ,

Mailing Address 1401 Pacific Ave.

City
DallasState
TXZip Code
75202FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DALLAS AREA RAPID TRANSITOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.11

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 06 / 2025

Transaction ID : A2025-1009881

Amount of Each Receipt this Period

29.01

☐ Memo Item

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

B. Graham Jr, Learis, , ,

Mailing Address 1401 Pacific Ave.

City
DallasState
TXZip Code
75202FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DALLAS AREA RAPID TRANSITOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.12

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 20 / 2025

Transaction ID : A2025-1009882

Amount of Each Receipt this Period

29.01

☐ Memo Item

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

C. Granat, Michael, , ,

Mailing Address 2150 Webster St.

City
OaklandState
CAZip Code
94612FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Bay Area Rapid TransitOccupation (for Individual)
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
05 / 09 / 2025

Transaction ID : A2025-987678

Amount of Each Receipt this Period

42.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

100.02

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 19 OF 108
(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. GREAVES, RAYMOND, , ,

Mailing Address 10000 New Hampshire Avenue

City
Silver SpringState
MDZip Code
20903FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Amalgamated Transit UnionOccupation (for Individual)
International Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 08 / 2025**Transaction ID : A2025-989605**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. HARMS, MICHAEL, , ,

Mailing Address 10000 New Hampshire Avenue

City
Silver SpringState
MDZip Code
20903FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Amalgamated Transit UnionOccupation (for Individual)
International Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 08 / 2025**Transaction ID : A2025-998613**

Amount of Each Receipt this Period

125.00

☐ Memo Item

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

C. Henry, Mark, , ,

Mailing Address 2 Broadway

City
New YorkState
NYZip Code
10004FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NEW YORK CITY TRANSIT AUTHORITYOccupation (for Individual)
OPERATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 08 / 2025**Transaction ID : A2025-990710**

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

275.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 108

(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. HOWARD, CURTIS, , ,

Mailing Address 10000 New Hampshire Avenue

City
Silver SpringState
MDZip Code
20903FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Amalgamated Transit UnionOccupation (for Individual)
International Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 08 / 2025**Transaction ID : A2025-1006436**

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

B. Hunt, Jesse, , ,

Mailing Address 2150 Webster St

City
OaklandState
CAZip Code
94612FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Bay Area Rapid TransitOccupation (for Individual)
OPERATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 11 / 2025**Transaction ID : A2025-987744**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Hunt, Jesse, , ,

Mailing Address 2150 Webster St

City
OaklandState
CAZip Code
94612FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Bay Area Rapid TransitOccupation (for Individual)
OPERATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 27 / 2025**Transaction ID : A2025-988313**

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 21 OF 108
(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. JACKSON, RICHARD, , ,

Mailing Address 10000 New Hampshire Avenue

City
Silver SpringState
MDZip Code
20903FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Amalgamated Transit UnionOccupation (for Individual)
Senior Organizer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 08 / 2025**Transaction ID : A2025-990963**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. JOHNSON, GARY, , , Sr.

Mailing Address 10000 New Hampshire Avenue

City
Silver SpringState
MDZip Code
20903FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Amalgamated Transit UnionOccupation (for Individual)
International Vice President

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
05 / 08 / 2025**Transaction ID : A2025-996156**

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

C. Julien, Danielle, L, ,

Mailing Address 2312 W Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1012295**

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 108

(check only one)

<input checked="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

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

A. Julien, Danielle, L, ,

Mailing Address 2312 W Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 13 / 2025

Transaction ID : A2025-1012296

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Julien, Danielle, L, ,

Mailing Address 2312 W Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 13 / 2025

Transaction ID : A2025-1012297

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Julien, Danielle, L, ,

Mailing Address 2312 W Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 13 / 2025

Transaction ID : A2025-1012298

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 108

(check only one)

<input checked="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

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

A. Julien, Danielle, L, ,

Mailing Address 2312 W Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1012299**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Julien, Danielle, L, ,

Mailing Address 2312 W Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1012300**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Julien, Danielle, L, ,

Mailing Address 2312 W Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1012301**

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 108

(check only one)

<input checked="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

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

A. Julien, Danielle, L, ,

Mailing Address 2312 W Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1012302**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Julien, Danielle, L, ,

Mailing Address 2312 W Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1012303**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Julien, Danielle, L, ,

Mailing Address 2312 W Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1012304**

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 108

(check only one)

<input checked="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

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

A. Julien, Danielle, L, ,

Mailing Address 2312 W Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1012305**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Julien, Danielle, L, ,

Mailing Address 2312 W Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1012306**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Julien, Danielle, L, ,

Mailing Address 2312 W Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1012307**

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 108

(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Julien, Danielle, L, ,

Mailing Address 2312 W Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1012308**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Julien, Danielle, L, ,

Mailing Address 2312 W Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1012309**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Julien, Danielle, L, ,

Mailing Address 2312 W Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1012310**

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 108

(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Julien, Danielle, L, ,

Mailing Address 2312 W Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1012311**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Julien, Danielle, L, ,

Mailing Address 2312 W Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1012312**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Julien, Danielle, L, ,

Mailing Address 2312 W Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1012313**

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 108

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

A. Julien, Danielle, L, ,

Mailing Address 2312 W Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025

Transaction ID : A2025-1012314

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Julien, Danielle, L, ,

Mailing Address 2312 W Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025

Transaction ID : A2025-1012315

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Julien, Danielle, L, ,

Mailing Address 2312 W Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025

Transaction ID : A2025-1012316

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

70.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 108

(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. KIRK, KENNETH, , ,

Mailing Address 10000 New Hampshire Avenue

City
Silver SpringState
MDZip Code
20903FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Amalgamated Transit UnionOccupation (for Individual)
International Secretary Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 08 / 2025**Transaction ID : A2025-995878**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Kurjiaka, Bruce, , ,

Mailing Address 2312 W Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1009436**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Kurjiaka, Bruce, , ,

Mailing Address 2312 W Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1009437**

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 30 OF 108
(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

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

A. Kurjiaka, Bruce, , ,

Mailing Address 2312 W Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1009438**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Kurjiaka, Bruce, , ,

Mailing Address 2312 W Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1009439**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Kurjiaka, Bruce, , ,

Mailing Address 2312 W Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1009440**

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 108

<input checked="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

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

A. Kurjiaka, Bruce, , ,

Mailing Address 2312 W Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1009441**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Kurjiaka, Bruce, , ,

Mailing Address 2312 W Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1009442**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Kurjiaka, Bruce, , ,

Mailing Address 2312 W Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1009443**

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 OF 108

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

A. Kurjiaka, Bruce, , ,

Mailing Address 2312 W Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1009444**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Kurjiaka, Bruce, , ,

Mailing Address 2312 W Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1009445**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Kurjiaka, Bruce, , ,

Mailing Address 2312 W Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1009446**

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 108

(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kurjiaka, Bruce, , ,

Mailing Address 2312 W Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1009447**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Kurjiaka, Bruce, , ,

Mailing Address 2312 W Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1009448**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Kurjiaka, Bruce, , ,

Mailing Address 2312 W Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1009449**

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 OF 108

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

A. Kurjiaka, Bruce, , ,

Mailing Address 2312 W Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1009450**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Kurjiaka, Bruce, , ,

Mailing Address 2312 W Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1009451**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Kurjiaka, Bruce, , ,

Mailing Address 2312 W Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1009452**

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 108

(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kurjiaka, Bruce, , ,

Mailing Address 2312 W Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1009453**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Kurjiaka, Bruce, , ,

Mailing Address 2312 W Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1009454**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Kurjiaka, Bruce, , ,

Mailing Address 2312 W Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1009455**

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 108

(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kurjiaka, Bruce, , ,

Mailing Address 2312 W Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1009456**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Kurjiaka, Bruce, , ,

Mailing Address 2312 W Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1009457**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. LEAL, EMMER, , ,

Mailing Address One Gateway Plaza

City
Los AngelesState
CAZip Code
90012-2952FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LA County Metropolitan TransportationOccupation (for Individual)
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
05 / 01 / 2025**Transaction ID : A2025-1012336**

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

85.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 37 OF 108
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. LEAL, EMMER, , ,

Mailing Address One Gateway Plaza

City
Los AngelesState
CAZip Code
90012-2952FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LA County Metropolitan TransportationOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2025**Transaction ID : A2025-1012337**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Lilja, Jacob, R, ,

Mailing Address 2150 Webster St

City
OaklandState
CAZip Code
94612FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Bay Area Rapid TransitOccupation (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
05 / 27 / 2025**Transaction ID : A2025-988348**

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

C. LINDSAY, JAMES, , , III

Mailing Address 10000 New Hampshire Avenue

City
Silver SpringState
MDZip Code
20903FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Amalgamated Transit UnionOccupation (for Individual)
International Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 08 / 2025**Transaction ID : A2025-995795**

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

135.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 108

(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. MACDOUGALL, STEPHAN, , ,

Mailing Address 10000 New Hampshire Avenue

City
Silver SpringState
MDZip Code
20903FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Amalgamated Transit UnionOccupation (for Individual)
International Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 08 / 2025**Transaction ID : A2025-1004696**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. MALONE, AMANDA, , ,

Mailing Address 3400 Victoria Boulevard

City
HamptonState
VAZip Code
23661FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hampton Roads Transportation DistrictOccupation (for Individual)
OPERATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 08 / 2025**Transaction ID : A2025-988184**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Mason, Thomas, , ,

Mailing Address 2 Broadway

City
New YorkState
NYZip Code
10004FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York City Transit AuthorityOccupation (for Individual)
OPERATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

312.50

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 09 / 2025**Transaction ID : A2025-991173**

Amount of Each Receipt this Period

62.50

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

162.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 OF 108

(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. McGlothin, Inga, , ,

Mailing Address 525 Vine Street Suite 500

City
CincinnatiState
OHZip Code
45202FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Southwest Ohio Regional Transit AuthorOccupation (for Individual)
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
05 / 09 / 2025**Transaction ID : A2025-999352**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. McGlothin, Inga, , ,

Mailing Address 525 Vine Street Suite 500

City
CincinnatiState
OHZip Code
45202FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Southwest Ohio Regional Transit AuthorOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2025**Transaction ID : A2025-999353**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Montoya-Alcazar, Luis, R, ,

Mailing Address 10000 New Hampshire Ave

City
Silver SpringState
MDZip Code
20903FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Amalgamated Transit UnionOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 21 / 2025**Transaction ID : A2025-995810**

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

70.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 OF 108

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

A. Nelson, Spencer, , ,

Mailing Address 10000 New Hampshire Ave

City
Silver SpringState
MDZip Code
20903FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Amalgamated Transit UnionOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 08 / 2025**Transaction ID : A2025-1004634**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. OWENS, WILFRED, M, ,

Mailing Address 1 Toll Plz

City

San Francisco

State
CAZip Code
94129FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Golden Gate TransitOccupation (for Individual)
OPERATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 16 / 2025**Transaction ID : A2025-1013253**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

C. Pfile, Robert, , ,

Mailing Address 10000 New Hampshire Ave

City

Silver Spring

State
MDZip Code
20903FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Amalgamated Transit UnionOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 19 / 2025**Transaction ID : A2025-987657**

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

142.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 41 OF 108
(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. PRIETO DELGADO, ALBERTO, , ,

Mailing Address One Gateway Plaza

City
Los AngelesState
CAZip Code
90012-2952FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LA County Metropolitan TransportationOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2025**Transaction ID : A2025-1010984**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. PRIETO DELGADO, ALBERTO, , ,

Mailing Address One Gateway Plaza

City
Los AngelesState
CAZip Code
90012-2952FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LA County Metropolitan TransportationOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2025**Transaction ID : A2025-1010985**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Prieto, Lisa, , ,

Mailing Address 3331 North First Street

City
San JoseState
CAZip Code
95134FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Santa Clara Valley Transportation AuthOccupation (for Individual)
OPERATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 19 / 2025**Transaction ID : A2025-1011536**

Amount of Each Receipt this Period

42.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

102.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 42 OF 108
(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

Amalgamated Transit Union - COPE

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

A. RAMBO, CYNTHIA, , ,

Mailing Address 1401 Pacific Ave.

City
DallasState
TXZip Code
75202FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DALLAS AREA RAPID TRANSITOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 06 / 2025**Transaction ID : A2025-1012453**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. RAMBO, CYNTHIA, , ,

Mailing Address 1401 Pacific Ave.

City
DallasState
TXZip Code
75202FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DALLAS AREA RAPID TRANSITOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 20 / 2025**Transaction ID : A2025-1012454**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Reed, Nancy, , ,

Mailing Address 623 Smithfield Street

City
PittsburghState
PAZip Code
15222FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Port Authority of Allegheny CountyOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

246.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 20 / 2025**Transaction ID : A2025-996011**

Amount of Each Receipt this Period

49.25

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

99.25

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 108

(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. REYES, CHARLES, A, ,

Mailing Address 1 Gateway Plaza

City
Los AngelesState
CAZip Code
90012FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LA County Metropolitan TransportationOccupation (for Individual)
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
05 / 01 / 2025**Transaction ID : A2025-1011252**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. REYES, CHARLES, A, ,

Mailing Address 1 Gateway Plaza

City
Los AngelesState
CAZip Code
90012FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LA County Metropolitan TransportationOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2025**Transaction ID : A2025-1011253**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. riley, orlando, , ,

Mailing Address 1 Penn Plz E

City
NewarkState
NJZip Code
07105-2245FEC 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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 18 / 2025**Transaction ID : A2025-987617**

Amount of Each Receipt this Period

45.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

95.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 OF 108

(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			

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

NAME OF COMMITTEE (In Full)

Amalgamated Transit Union - COPE

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

A. Rivers, Christopher, , ,

Mailing Address 1372 East Main Street

City
RochesterState
NYZip Code
14609FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Regional Transit Service, Inc.Occupation (for Individual)
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
05 / 29 / 2025**Transaction ID : A2025-998546**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Rivers, Christopher, , ,

Mailing Address 1372 East Main Street

City
RochesterState
NYZip Code
14609FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Regional Transit Service, Inc.Occupation (for Individual)
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
05 / 29 / 2025**Transaction ID : A2025-998547**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Rivers, Christopher, , ,

Mailing Address 1372 East Main Street

City
RochesterState
NYZip Code
14609FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Regional Transit Service, Inc.Occupation (for Individual)
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
05 / 29 / 2025**Transaction ID : A2025-998548**

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 OF 108

(check only one)

<input checked="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

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

A. Robbison, Keenan, , ,

Mailing Address 525 Vine Street Suite 500

City
CincinnatiState
OHZip Code
45202FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Southwest Ohio Regional Transit AuthorOccupation (for Individual)
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
05 / 09 / 2025**Transaction ID : A2025-990264**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Robbison, Keenan, , ,

Mailing Address 525 Vine Street Suite 500

City
CincinnatiState
OHZip Code
45202FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Southwest Ohio Regional Transit AuthorOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2025**Transaction ID : A2025-990265**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Rodriguez, Victor, , ,

Mailing Address 1 Gateway Plaza

City
Los AngelesState
CAZip Code
90012FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LA County Metropolitan TransportationOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 12 / 2025**Transaction ID : A2025-987659**

Amount of Each Receipt this Period

41.67

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

91.67

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 46 OF 108
(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Session, Dwayne, , ,

Mailing Address 10000 New Hampshire Ave

City
Silver SpringState
MDZip Code
20903FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Amalgamated Transit UnionOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2025**Transaction ID : A2025-987673**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Sevilla, Omar, , ,

Mailing Address 2312 W. Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1010449**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Sevilla, Omar, , ,

Mailing Address 2312 W. Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1010450**

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

70.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 47 OF 108
(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sevilla, Omar, , ,

Mailing Address 2312 W. Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1010451**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Sevilla, Omar, , ,

Mailing Address 2312 W. Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1010452**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Sevilla, Omar, , ,

Mailing Address 2312 W. Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1010453**

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 48 OF 108
(check only one)

<input checked="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

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

A. Sevilla, Omar, , ,

Mailing Address 2312 W. Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1010454**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Sevilla, Omar, , ,

Mailing Address 2312 W. Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1010455**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Sevilla, Omar, , ,

Mailing Address 2312 W. Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1010456**

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 49 OF 108
(check only one)

<input checked="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

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

A. Sevilla, Omar, , ,

Mailing Address 2312 W. Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1010457**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Sevilla, Omar, , ,

Mailing Address 2312 W. Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1010458**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Sevilla, Omar, , ,

Mailing Address 2312 W. Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1010459**

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 50 OF 108
(check only one)

<input checked="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

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

A. Sevilla, Omar, , ,

Mailing Address 2312 W. Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1010460**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Sevilla, Omar, , ,

Mailing Address 2312 W. Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1010461**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Sevilla, Omar, , ,

Mailing Address 2312 W. Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1010462**

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 OF 108

(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sevilla, Omar, , ,

Mailing Address 2312 W. Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1010463**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Sevilla, Omar, , ,

Mailing Address 2312 W. Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1010464**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Sevilla, Omar, , ,

Mailing Address 2312 W. Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1010465**

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 OF 108

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

A. Sevilla, Omar, , ,

Mailing Address 2312 W. Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1010466**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Sevilla, Omar, , ,

Mailing Address 2312 W. Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1010467**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Sevilla, Omar, , ,

Mailing Address 2312 W. Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1010468**

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 53 OF 108
(check only one)

<input checked="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

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

A. Sevilla, Omar, , ,

Mailing Address 2312 W. Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1010469**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Sevilla, Omar, , ,

Mailing Address 2312 W. Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1010470**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Shaffer, Tisha, , ,

Mailing Address One Gateway Plaza

City
Los AngelesState
CAZip Code
90012-2952FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LA County Metropolitan TransportationOccupation (for Individual)
Maintenance

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 14 / 2025**Transaction ID : A2025-987656**

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

160.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 54 OF 108
(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			

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

NAME OF COMMITTEE (In Full)

Amalgamated Transit Union - COPE

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

A. SMITH, DANIEL, , ,

Mailing Address 10000 New Hampshire Avenue

City
Silver SpringState
MDZip Code
20903FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Amalgamated Transit UnionOccupation (for Individual)
General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 08 / 2025**Transaction ID : A2025-988994**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Smith, Patrick, , ,

Mailing Address 1 Penn Plz E

City
NewarkState
NJZip Code
07105-2245FEC 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 ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 02 / 2025**Transaction ID : A2025-998366**

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

C. Smith, Patrick, , ,

Mailing Address 1 Penn Plz E

City
NewarkState
NJZip Code
07105-2245FEC 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 ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 02 / 2025**Transaction ID : A2025-998367**

Amount of Each Receipt this Period

5.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 55 OF 108
(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. Smith, Patrick, , ,

Mailing Address 1 Penn Plz E

City
NewarkState
NJZip Code
07105-2245FEC 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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 02 / 2025**Transaction ID : A2025-998368**

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

B. Smith, Patrick, , ,

Mailing Address 1 Penn Plz E

City
NewarkState
NJZip Code
07105-2245FEC 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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 02 / 2025**Transaction ID : A2025-998369**

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

C. Smith, Patrick, , ,

Mailing Address 1 Penn Plz E

City
NewarkState
NJZip Code
07105-2245FEC 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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 16 / 2025**Transaction ID : A2025-987716**

Amount of Each Receipt this Period

30.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

40.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 56 OF 108
(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. SOMMERS, MICHELLE, , ,

Mailing Address 10000 New Hampshire Avenue

City
Silver SpringState
MDZip Code
20903FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Amalgamated Transit UnionOccupation (for Individual)
International Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 08 / 2025**Transaction ID : A2025-992530**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Spargur, Dan, W, ,

Mailing Address 2312 W. Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1012461**

Amount of Each Receipt this Period

11.00

☐ Memo Item

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

C. Spargur, Dan, W, ,

Mailing Address 2312 W. Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1012462**

Amount of Each Receipt this Period

11.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

72.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 OF 108

(check only one)

<input checked="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

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

A. Spargur, Dan, W, ,

Mailing Address 2312 W. Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025

Transaction ID : A2025-1012463

Amount of Each Receipt this Period

11.00

☐ Memo Item

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

B. Spargur, Dan, W, ,

Mailing Address 2312 W. Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025

Transaction ID : A2025-1012464

Amount of Each Receipt this Period

11.00

☐ Memo Item

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

C. Spargur, Dan, W, ,

Mailing Address 2312 W. Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025

Transaction ID : A2025-1012465

Amount of Each Receipt this Period

11.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

33.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 58 OF 108
(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Spargur, Dan, W, ,

Mailing Address 2312 W. Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1012466**

Amount of Each Receipt this Period

11.00

☐ Memo Item

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

B. Spargur, Dan, W, ,

Mailing Address 2312 W. Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1012467**

Amount of Each Receipt this Period

11.00

☐ Memo Item

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

C. Spargur, Dan, W, ,

Mailing Address 2312 W. Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1012468**

Amount of Each Receipt this Period

11.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

33.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 59 OF 108
(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Spargur, Dan, W, ,

Mailing Address 2312 W. Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1012469**

Amount of Each Receipt this Period

11.00

☐ Memo Item

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

B. Spargur, Dan, W, ,

Mailing Address 2312 W. Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1012470**

Amount of Each Receipt this Period

11.00

☐ Memo Item

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

C. Spargur, Dan, W, ,

Mailing Address 2312 W. Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1012471**

Amount of Each Receipt this Period

11.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

33.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 OF 108

(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Spargur, Dan, W, ,

Mailing Address 2312 W. Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1012472**

Amount of Each Receipt this Period

11.00

☐ Memo Item

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

B. Spargur, Dan, W, ,

Mailing Address 2312 W. Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1012473**

Amount of Each Receipt this Period

11.00

☐ Memo Item

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

C. Spargur, Dan, W, ,

Mailing Address 2312 W. Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1012474**

Amount of Each Receipt this Period

11.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

33.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 61 OF 108
(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. Spargur, Dan, W, ,

Mailing Address 2312 W. Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1012475**

Amount of Each Receipt this Period

11.00

☐ Memo Item

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

B. Spargur, Dan, W, ,

Mailing Address 2312 W. Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1012476**

Amount of Each Receipt this Period

11.00

☐ Memo Item

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

C. Spargur, Dan, W, ,

Mailing Address 2312 W. Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1012477**

Amount of Each Receipt this Period

11.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

33.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 62 OF 108
(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Spargur, Dan, W, ,

Mailing Address 2312 W. Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1012478**

Amount of Each Receipt this Period

11.00

☐ Memo Item

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

B. Spargur, Dan, W, ,

Mailing Address 2312 W. Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1012479**

Amount of Each Receipt this Period

11.00

☐ 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
NewarkState
NJZip Code
07105-2245FEC 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 ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 11 / 2025**Transaction ID : A2025-987734**

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

72.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 63 OF 108
(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. Spates, Elijah, , , Jr.

Mailing Address 1 Penn Plz E

City
NewarkState
NJZip Code
07105-2245FEC 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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 16 / 2025**Transaction ID : A2025-987735**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Sullivan, Eric, T, ,

Mailing Address 2312 W. Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1009911**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Sullivan, Eric, T, ,

Mailing Address 2312 W. Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1009912**

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

70.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 OF 108

(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sullivan, Eric, T, ,

Mailing Address 2312 W. Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1009913**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Sullivan, Eric, T, ,

Mailing Address 2312 W. Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1009914**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Sullivan, Eric, T, ,

Mailing Address 2312 W. Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1009915**

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 OF 108

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

A. Sullivan, Eric, T, ,

Mailing Address 2312 W. Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1009916**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Sullivan, Eric, T, ,

Mailing Address 2312 W. Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1009917**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Sullivan, Eric, T, ,

Mailing Address 2312 W. Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1009918**

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 OF 108

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

A. Sullivan, Eric, T, ,

Mailing Address 2312 W. Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1009919**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Sullivan, Eric, T, ,

Mailing Address 2312 W. Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1009920**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Sullivan, Eric, T, ,

Mailing Address 2312 W. Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1009921**

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 67 OF 108
(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sullivan, Eric, T, ,

Mailing Address 2312 W. Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1009922**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Sullivan, Eric, T, ,

Mailing Address 2312 W. Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1009923**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Sullivan, Eric, T, ,

Mailing Address 2312 W. Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1009924**

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 68 OF 108
(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sullivan, Eric, T, ,

Mailing Address 2312 W. Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1009925**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Sullivan, Eric, T, ,

Mailing Address 2312 W. Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1009926**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Sullivan, Eric, T, ,

Mailing Address 2312 W. Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1009927**

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 OF 108

(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sullivan, Eric, T, ,

Mailing Address 2312 W. Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1009928**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Sullivan, Eric, T, ,

Mailing Address 2312 W. Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1009929**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Sullivan, Eric, T, ,

Mailing Address 2312 W. Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1009930**

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 OF 108

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

A. Sullivan, Eric, T, ,

Mailing Address 2312 W. Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1009931**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Sullivan, Eric, T, ,

Mailing Address 2312 W. Casino Road

City
EverettState
WAZip Code
98204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SNOHOMISH COUNTY PUBLIC TRANSPOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025**Transaction ID : A2025-1009932**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Taylor, Natasha, , ,

Mailing Address 2424 Piedmont Road NE

City
AtlantaState
GAZip Code
30324-3311FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Metropolitan Atlanta Rapid TransportatOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 27 / 2025**Transaction ID : A2025-1006513**

Amount of Each Receipt this Period

75.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

135.00

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

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

FOR LINE NUMBER: PAGE 71 OF 108

(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. Todd, Keith, , ,

Mailing Address 1401 Pacific Ave.

City
Dallas

State
TX

Zip Code
75202

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DALLAS AREA RAPID TRANSIT

Occupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 06 / 2025

Transaction ID : A2025-1012498

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Todd, Keith, , ,

Mailing Address 1401 Pacific Ave.

City
Dallas

State
TX

Zip Code
75202

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DALLAS AREA RAPID TRANSIT

Occupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 20 / 2025

Transaction ID : A2025-1012499

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Trott, John, , ,

Mailing Address 1372 East Main Street

City
Rochester

State
NY

Zip Code
14609

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Regional Transit Service, Inc.

Occupation (for Individual)
OPERATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

286.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2025

Transaction ID : A2025-997134

Amount of Each Receipt this Period

22.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

72.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 OF 108

(check only one)

<input checked="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

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

A. Trott, John, , ,

Mailing Address 1372 East Main Street

City
RochesterState
NYZip Code
14609FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Regional Transit Service, Inc.Occupation (for Individual)
OPERATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2025**Transaction ID : A2025-997135**

Amount of Each Receipt this Period

22.00

☐ Memo Item

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

B. Trott, John, , ,

Mailing Address 1372 East Main Street

City
RochesterState
NYZip Code
14609FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Regional Transit Service, Inc.Occupation (for Individual)
OPERATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2025**Transaction ID : A2025-997136**

Amount of Each Receipt this Period

22.00

☐ Memo Item

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

C. Trott, John, , ,

Mailing Address 1372 East Main Street

City
RochesterState
NYZip Code
14609FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Regional Transit Service, Inc.Occupation (for Individual)
OPERATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

286.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2025**Transaction ID : A2025-997137**

Amount of Each Receipt this Period

22.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

66.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 OF 108

(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			

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

NAME OF COMMITTEE (In Full)

Amalgamated Transit Union - COPE

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

A. TRUJILLO, YVETTE, , ,

Mailing Address 10000 New Hampshire Avenue

City
Silver SpringState
MDZip Code
20903FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Amalgamated Transit UnionOccupation (for Individual)
International Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 08 / 2025**Transaction ID : A2025-992514**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Varela, Mauro, , ,

Mailing Address One Gateway Plaza

City
Los AngelesState
CAZip Code
90012-2952FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LA County Metropolitan TransportationOccupation (for Individual)
Maintenance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 02 / 2025**Transaction ID : A2025-987658**

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Wade, Bernard, , ,

Mailing Address 1401 Pacific Ave.

City
DallasState
TXZip Code
75202FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DALLAS AREA RAPID TRANSITOccupation (for Individual)
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
05 / 06 / 2025**Transaction ID : A2025-1009350**

Amount of Each Receipt this Period

30.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

171.67

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 OF 108

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

A. Wade, Bernard, , ,

Mailing Address 1401 Pacific Ave.

City
DallasState
TXZip Code
75202FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DALLAS AREA RAPID TRANSITOccupation (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
05 / 20 / 2025

Transaction ID : A2025-1009351

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. WARDRIP, CRAIG, , ,

Mailing Address 3331 North First Street

City
San JoseState
CAZip Code
95134FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Santa Clara Valley Transportation AuthOccupation (for Individual)
Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 19 / 2025

Transaction ID : A2025-1008582

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

C. Weinstein, Shane, , ,

Mailing Address 1011 Andersen Drive

City
San RafaelState
CAZip Code
94901-5318FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Golden Gate Bridge, Highway and TranspOccupation (for Individual)
OPERATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 08 / 2025

Transaction ID : A2025-987686

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

97.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 OF 108

(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Weinstein, Shane, , ,

Mailing Address 1011 Andersen Drive

City
San RafaelState
CAZip Code
94901-5318FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Golden Gate Bridge, Highway and TranspOccupation (for Individual)
OPERATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 22 / 2025**Transaction ID : A2025-987687**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. YOUSEFI AL ABBADI, SALMA, , ,

Mailing Address 10000 New Hampshire Avenue

City
Silver SpringState
MDZip Code
20903FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Amalgamated Transit UnionOccupation (for Individual)
Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 08 / 2025**Transaction ID : A2025-1006262**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

75.00

5227.11

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 76 OF 108

<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 FranciscoState
CAZip Code
94080

Purpose of Disbursement

Credit Card Processing Fee

Candidate Name

001

Category/
Type

Office Sought:

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

Disbursement For: 2025

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

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	1			2	0	2	5		

FEC Identification Number

C

Transaction ID : B902144

Amount of Each Disbursement this Period

7.17

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Stripe, Inc.

Mailing Address 354 Oyster Point Blvd

City
San FranciscoState
CAZip Code
94080

Purpose of Disbursement

Credit Card Processing Fee

Candidate Name

001

Category/
Type

Office Sought:

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

Disbursement For: 2025

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

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	2			2	0	2	5		

FEC Identification Number

C

Transaction ID : B902145

Amount of Each Disbursement this Period

3.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Stripe, Inc.

Mailing Address 354 Oyster Point Blvd

City
San FranciscoState
CAZip Code
94080

Purpose of Disbursement

Credit Card Processing Fee

Candidate Name

001

Category/
Type

Office Sought:

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

Disbursement For: 2025

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

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : B902146

Amount of Each Disbursement this Period

2.82

☐ Memo Item

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

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

13.74

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 77 OF 108

<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

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

NAME OF COMMITTEE (In Full)

Amalgamated Transit Union - COPE

Full Name (Last, First, Middle Initial)

A. Stripe, Inc.

Mailing Address 354 Oyster Point Blvd

City
San FranciscoState
CAZip Code
94080

Purpose of Disbursement

Credit Card Processing Fee

Candidate Name

001

Category/
Type

Office Sought:

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

Disbursement For: 2025

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

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : B902147

Amount of Each Disbursement this Period

0.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Stripe, Inc.

Mailing Address 354 Oyster Point Blvd

City
San FranciscoState
CAZip Code
94080

Purpose of Disbursement

Credit Card Processing Fee

Candidate Name

001

Category/
Type

Office Sought:

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

Disbursement For: 2025

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

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	5			2	0	2	5	

FEC Identification Number

C

Transaction ID : B902148

Amount of Each Disbursement this Period

1.01

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Stripe, Inc.

Mailing Address 354 Oyster Point Blvd

City
San FranciscoState
CAZip Code
94080

Purpose of Disbursement

Credit Card Processing Fee

Candidate Name

001

Category/
Type

Office Sought:

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

Disbursement For: 2025

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

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	6			2	0	2	5	

FEC Identification Number

C

Transaction ID : B902149

Amount of Each Disbursement this Period

1.34

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3.02

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 78 OF 108

<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 FranciscoState
CAZip Code
94080

Purpose of Disbursement

Credit Card Processing Fee

Candidate Name

001

Category/
Type

Office Sought:

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

Disbursement For: 2025

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

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : B902150

Amount of Each Disbursement this Period

1.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Stripe, Inc.

Mailing Address 354 Oyster Point Blvd

City
San FranciscoState
CAZip Code
94080

Purpose of Disbursement

Credit Card Processing Fee

Candidate Name

001

Category/
Type

Office Sought:

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

Disbursement For: 2025

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

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : B902151

Amount of Each Disbursement this Period

3.56

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Stripe, Inc.

Mailing Address 354 Oyster Point Blvd

City
San FranciscoState
CAZip Code
94080

Purpose of Disbursement

Credit Card Processing Fee

Candidate Name

001

Category/
Type

Office Sought:

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

Disbursement For: 2025

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

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : B902152

Amount of Each Disbursement this Period

12.08

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

17.10

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 79 OF 108

<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 FranciscoState
CAZip Code
94080

Purpose of Disbursement

Credit Card Processing Fee

Candidate Name

001

Category/
Type

Office Sought:

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

Disbursement For: 2025

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

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	0			2	0	2	5	

FEC Identification Number

C

Transaction ID : B902153

Amount of Each Disbursement this Period

14.74

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Stripe, Inc.

Mailing Address 354 Oyster Point Blvd

City
San FranciscoState
CAZip Code
94080

Purpose of Disbursement

Credit Card Processing Fee

Candidate Name

001

Category/
Type

Office Sought:

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

Disbursement For: 2025

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

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	1			2	0	2	5	

FEC Identification Number

C

Transaction ID : B902154

Amount of Each Disbursement this Period

27.74

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Stripe, Inc.

Mailing Address 354 Oyster Point Blvd

City
San FranciscoState
CAZip Code
94080

Purpose of Disbursement

Credit Card Processing Fee

Candidate Name

001

Category/
Type

Office Sought:

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

Disbursement For: 2025

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

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	2			2	0	2	5	

FEC Identification Number

C

Transaction ID : B902155

Amount of Each Disbursement this Period

14.22

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

56.70

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 80 OF 108

<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

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

NAME OF COMMITTEE (In Full)

Amalgamated Transit Union - COPE

Full Name (Last, First, Middle Initial)

A. Stripe, Inc.

Mailing Address 354 Oyster Point Blvd

City
San FranciscoState
CAZip Code
94080

Purpose of Disbursement

Credit Card Processing Fee

Candidate Name

001

Category/
Type

Office Sought:

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

Disbursement For: 2025

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

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	3			2	0	2	5	

FEC Identification Number

C

Transaction ID : B902156

Amount of Each Disbursement this Period

5.18

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Stripe, Inc.

Mailing Address 354 Oyster Point Blvd

City
San FranciscoState
CAZip Code
94080

Purpose of Disbursement

Credit Card Processing Fee

Candidate Name

001

Category/
Type

Office Sought:

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

Disbursement For: 2025

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

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : B902157

Amount of Each Disbursement this Period

7.35

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Stripe, Inc.

Mailing Address 354 Oyster Point Blvd

City
San FranciscoState
CAZip Code
94080

Purpose of Disbursement

Credit Card Processing Fee

Candidate Name

001

Category/
Type

Office Sought:

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

Disbursement For: 2025

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

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	5			2	0	2	5	

FEC Identification Number

C

Transaction ID : B902159

Amount of Each Disbursement this Period

3.55

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

16.08

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 81 OF 108

<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 FranciscoState
CAZip Code
94080

Purpose of Disbursement

Credit Card Processing Fee

Candidate Name

001

Category/
Type

Office Sought:

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

Disbursement For: 2025

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

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	6			2	0	2	5	

FEC Identification Number

C

Transaction ID : B902161

Amount of Each Disbursement this Period

9.53

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Stripe, Inc.

Mailing Address 354 Oyster Point Blvd

City
San FranciscoState
CAZip Code
94080

Purpose of Disbursement

Credit Card Processing Fee

Candidate Name

001

Category/
Type

Office Sought:

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

Disbursement For: 2025

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

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	7			2	0	2	5	

FEC Identification Number

C

Transaction ID : B902163

Amount of Each Disbursement this Period

2.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Stripe, Inc.

Mailing Address 354 Oyster Point Blvd

City
San FranciscoState
CAZip Code
94080

Purpose of Disbursement

Credit Card Processing Fee

Candidate Name

001

Category/
Type

Office Sought:

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

Disbursement For: 2025

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

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	8			2	0	2	5	

FEC Identification Number

C

Transaction ID : B902164

Amount of Each Disbursement this Period

4.48

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

16.47

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 82 OF 108

<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 FranciscoState
CAZip Code
94080

Purpose of Disbursement

Credit Card Processing Fee

Candidate Name

001

Category/
Type

Office Sought:

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

Disbursement For: 2025

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

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : B902166

Amount of Each Disbursement this Period

3.68

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Stripe, Inc.

Mailing Address 354 Oyster Point Blvd

City
San FranciscoState
CAZip Code
94080

Purpose of Disbursement

Credit Card Processing Fee

Candidate Name

001

Category/
Type

Office Sought:

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

Disbursement For: 2025

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

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : B902168

Amount of Each Disbursement this Period

1.04

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Stripe, Inc.

Mailing Address 354 Oyster Point Blvd

City
San FranciscoState
CAZip Code
94080

Purpose of Disbursement

Credit Card Processing Fee

Candidate Name

001

Category/
Type

Office Sought:

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

Disbursement For: 2025

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

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	1			2	0	2	5		

FEC Identification Number

C

Transaction ID : B902170

Amount of Each Disbursement this Period

5.37

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

10.09

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 83 OF 108

<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 FranciscoState
CAZip Code
94080

Purpose of Disbursement

Credit Card Processing Fee

Candidate Name

001

Category/
Type

Office Sought:

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

Disbursement For: 2025

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

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	2			2	0	5			

FEC Identification Number

C

Transaction ID : B902172

Amount of Each Disbursement this Period

1.68

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Stripe, Inc.

Mailing Address 354 Oyster Point Blvd

City
San FranciscoState
CAZip Code
94080

Purpose of Disbursement

Credit Card Processing Fee

Candidate Name

001

Category/
Type

Office Sought:

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

Disbursement For: 2025

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

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	3			2	0	5			

FEC Identification Number

C

Transaction ID : B902174

Amount of Each Disbursement this Period

4.88

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Stripe, Inc.

Mailing Address 354 Oyster Point Blvd

City
San FranciscoState
CAZip Code
94080

Purpose of Disbursement

Credit Card Processing Fee

Candidate Name

001

Category/
Type

Office Sought:

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

Disbursement For: 2025

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

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	4			2	0	5			

FEC Identification Number

C

Transaction ID : B902176

Amount of Each Disbursement this Period

3.53

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10.09

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 84 OF 108

<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 FranciscoState
CAZip Code
94080

Purpose of Disbursement

Credit Card Processing Fee

Candidate Name

001

Category/
Type

Office Sought:

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

Disbursement For: 2025

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

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	6			2	0	5			

FEC Identification Number

C

Transaction ID : B902178

Amount of Each Disbursement this Period

2.09

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Stripe, Inc.

Mailing Address 354 Oyster Point Blvd

City
San FranciscoState
CAZip Code
94080

Purpose of Disbursement

Credit Card Processing Fee

Candidate Name

001

Category/
Type

Office Sought:

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

Disbursement For: 2025

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

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	7			2	0	5			

FEC Identification Number

C

Transaction ID : B902180

Amount of Each Disbursement this Period

7.48

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Stripe, Inc.

Mailing Address 354 Oyster Point Blvd

City
San FranciscoState
CAZip Code
94080

Purpose of Disbursement

Credit Card Processing Fee

Candidate Name

001

Category/
Type

Office Sought:

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

Disbursement For: 2025

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

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	8			2	0	5			

FEC Identification Number

C

Transaction ID : B902181

Amount of Each Disbursement this Period

0.67

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

10.24

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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 FranciscoState
CAZip Code
94080

Purpose of Disbursement

Credit Card Processing Fee

Candidate Name

001

Category/
Type

Office Sought:

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

Disbursement For: 2025

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

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : B902183

Amount of Each Disbursement this Period

10.12

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Stripe, Inc.

Mailing Address 354 Oyster Point Blvd

City
San FranciscoState
CAZip Code
94080

Purpose of Disbursement

Credit Card Processing Fee

Candidate Name

001

Category/
Type

Office Sought:

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

Disbursement For: 2025

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

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			3	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : B902184

Amount of Each Disbursement this Period

1.12

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

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) ▼		

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).....▶

11.24

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

164.77

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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. Brian Mast For Congress

Mailing Address PO Box 3016

City
StuartState
FLZip Code
34995

Purpose of Disbursement

Contribution

Candidate Name

Mast, Brian, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 21

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	7			2	0	2	5		

FEC Identification Number

C C00579896

Transaction ID : B900242

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Chris Pappas for Congress

Mailing Address P. O. Box 313

City
ManchesterState
NHZip Code
03105

Purpose of Disbursement

Contribution

Candidate Name

Pappas, Chris, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify)

State: NH District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	7			2	0	2	5		

FEC Identification Number

C C00660464

Transaction ID : B898263

Amount of Each Disbursement this Period

- 5000.00

Void check originally dated 3/31/25

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Cleaver for Congress

Mailing Address P.O. Box 411872

City
Kansas CityState
MOZip Code
64141

Purpose of Disbursement

Contribution

Candidate Name

Cleaver, Emanuel, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 05

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	7			2	0	2	5		

FEC Identification Number

C C00395848

Transaction ID : B900099

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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. David Rouzer for Congress

Mailing Address PO Box 3142

City
WilmingtonState
NCZip Code
28406

Purpose of Disbursement

Contribution

Candidate Name

Rouzer, David, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: NC

District: 07

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	7			2	0	2	5		

FEC Identification Number

C C00501643**Transaction ID : B900244**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LANDSMAN FOR CONGRESS

Mailing Address P.O. Box 68033

City
CincinnatiState
OHZip Code
45206

Purpose of Disbursement

Contribution

Candidate Name

Landsman, Greg, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify)

State: OH

District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	7			2	0	2	5		

FEC Identification Number

C C00800276**Transaction ID : B900098**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Lois Frankel for Congress

Mailing Address P.O. Box 480503

City
Del Ray BeachState
FLZip Code
33446

Purpose of Disbursement

Contribution

Candidate Name

Frankel, Lois, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL

District: 22

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	7			2	0	2	5		

FEC Identification Number

C C00494856**Transaction ID : B900100**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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. Patrick Ryan for Congress

Mailing Address PO Box 2113

City
KingstonState
NYZip Code
12402

Purpose of Disbursement

Contribution

Candidate Name

Ryan, Patrick, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: NY

District: 18

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	7			2	0	2	5		

FEC Identification Number

C C00647115**Transaction ID : B900245**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Reviving American Jobs Again PAC

Mailing Address PO Box 68412

City
SchaumburgState
ILZip Code
60168

Purpose of Disbursement

Contribution

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2025

☐ Primary ☐ General
☒ Other (specify) Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	7			2	0	2	5		

FEC Identification Number

C C00649772**Transaction ID : B900097**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Robin Kelly for Congress

Mailing Address PO Box 101199

City
ChicagoState
ILZip Code
60610

Purpose of Disbursement

Contribution

Candidate Name

Kelly, Robin, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	7			2	0	2	5		

FEC Identification Number

C C00539866**Transaction ID : B900101**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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. Yinzer PAC

Mailing Address 122 C Street NW Suite 360

City
WashingtonState
DCZip Code
20001

Purpose of Disbursement

Contribution

Candidate Name

011

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	7		2	0	2	5		

FEC Identification Number

C C00830182

Transaction ID : B900102

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Becca Balint for Vermont

Mailing Address PO Box 291

City
BurlingtonState
VTZip Code
05402

Purpose of Disbursement

Contribution

Candidate Name

Balint, Rebecca, , ,

011

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify)

State: VT

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	5		2	0	2	6		

FEC Identification Number

C C00797175

Transaction ID : B900794

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Hoyer for Congress

Mailing Address 1032 15TH STREET NW Suite 247

City
WashingtonState
DCZip Code
20005

Purpose of Disbursement

Contribution

Candidate Name

Hoyer, Steny, H, ,

011

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: MD

District: 05

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	5		2	0	2	6		

FEC Identification Number

C C00140715

Transaction ID : B900796

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

10000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 90 OF 108

<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. Jimmy Gomez for Congress

Mailing Address 777 S Figueroa St Suite 4050

City
Los AngelesState
CAZip Code
90017

Purpose of Disbursement

Contribution

Candidate Name

Gomez, Jimmy, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 34

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	5			2	0	2	5		

FEC Identification Number

C C00629659**Transaction ID : B900922**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jon Ossoff for Senate

Mailing Address PO Box 450326

City
AtlantaState
GAZip Code
31145

Purpose of Disbursement

Contribution

Candidate Name

Ossoff, Jon, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify)

State: GA

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	5			2	0	2	5		

FEC Identification Number

C C00718866**Transaction ID : B900924**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mark Takano for Congress

Mailing Address PO Box 5214

City
RiversideState
CAZip Code
92517

Purpose of Disbursement

Contribution

Candidate Name

Takano, Mark, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 39

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	5			2	0	2	5		

FEC Identification Number

C C00498667**Transaction ID : B900795**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 91 OF 108

<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. Robert Garcia for Congress

Mailing Address 65 Pine Ave #348

City
Long BeachState
CAZip Code
90802

Purpose of Disbursement

Contribution

Candidate Name

Garcia, Robert, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 42

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	5			2	0	2	5	

FEC Identification Number

C C00797795**Transaction ID : B900793**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Sydney Kamlager-Dove for Congress

Mailing Address 777 S. Figueroa St. Suite 4050

City
Los AngelesState
CAZip Code
90017

Purpose of Disbursement

Contribution

Candidate Name

Kamlager-Dove, Sydney, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify)

State: CA

District: 37

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	5			2	0	2	5	

FEC Identification Number

C C00795823**Transaction ID : B900923**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Van Drew for Congress

Mailing Address PO Box 671

City
Cape May Court HouseState
NJZip Code
08210

Purpose of Disbursement

Contribution

Candidate Name

Van Drew, Jeff, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ

District: 02

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	5			2	0	2	5	

FEC Identification Number

C C00661868**Transaction ID : B900925**

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 DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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. Maxwell Alejandro Frost for Congress

Mailing Address PO Box 772671

City
OrlandoState
FLZip Code
32877

Purpose of Disbursement

Contribution

Candidate Name

Frost, Maxwell Alejandro, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL

District: 10

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	9			2	0	2	5	

FEC Identification Number

C C00786822**Transaction ID : B901040**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Frontline USA

Mailing Address 777 S. Figueroa Street Suite 4050

City
Los AngelesState
CAZip Code
90017

Purpose of Disbursement

Contribution

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2025

☐ Primary ☐ General
☒ Other (specify)

State:

District:

Not Applicable

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	0			2	0	2	5	

FEC Identification Number

C C00422774**Transaction ID : B901265**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Rosa DeLauro

Mailing Address 340 Orange Street

City
New HavenState
CTZip Code
06511

Purpose of Disbursement

Contribution

Candidate Name

DeLauro, Rosa, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

State: CT

District: 03

Convention

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	7			2	0	2	5	

FEC Identification Number

C C00238865**Transaction ID : B901522**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00

60000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Amalgamated Transit Union - COPE

Full Name (Last, First, Middle Initial)

A. Friends for Donna Miller

Mailing Address PO Box 14

City
GlenwoodState
ILZip Code
60425

Purpose of Disbursement

P-2026 Co. Comm. Cook 06 IL

Candidate Name

Miller, Donna, , ,

Office Sought:

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

Disbursement For: 2026

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

State: IL

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : B900103

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Walter Burnett Jr.

Mailing Address 116 S Western Ave PO Box 12937

City
ChicagoState
ILZip Code
60612

Purpose of Disbursement

P-2027 City Alderman Chicago 27 IL

Candidate Name

Burnett, Walter, , ,

Office Sought:

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

Disbursement For: 2027

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

State: IL

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : B901047

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Lakesia

Mailing Address 1501 N. Clybourn Ave. Unit D

City
ChicagoState
ILZip Code
60610

Purpose of Disbursement

P-2026 State Senate 5 IL

Candidate Name

Collins, Lakesia, , ,

Office Sought:

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

Disbursement For: 2026

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

State: IL

District: 05

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : B901215

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Amalgamated Transit Union - COPE

Full Name (Last, First, Middle Initial)

A. Friends of Jaime for Judge

Mailing Address PO Box 23042

City
PittsburghState
PAZip Code
15222

Purpose of Disbursement

P-2025 Common Pleas Court Judge 5 PA

011

Candidate Name

Hickton, Jaime, , ,

Category/
Type

Office Sought:

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

Disbursement For: 2025

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

State: PA

District: 05

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : B900377

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Angi Campaign

Mailing Address 19141 Stone Oak Pkwy Ste. 104

City
San AntonioState
TXZip Code
78258

Purpose of Disbursement

O-2025 City Council San Antonio 9 TX

011

Candidate Name

Aramburu, Angi, , ,

Category/
Type

Office Sought:

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

Disbursement For: 2025

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

State: TX

District:

Runoff General

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : B901518

Amount of Each Disbursement this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Gina Ortiz Jones for San Antonio

Mailing Address PO Box 12246

City
San AntonioState
TXZip Code
78212

Purpose of Disbursement

O-2025 Mayor San Antonio TX

011

Candidate Name

Ortiz Jones, Gina, , ,

Category/
Type

Office Sought:

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

Disbursement For: 2025

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

State: TX

District:

Runoff General

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : B901517

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

2300.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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. Andres for Supervisor

Mailing Address PO Box 1083

City
Falls ChurchState
VAZip Code
22041

Purpose of Disbursement

P-2027 Co. Bd. of Supv. Mason VA

Candidate Name

Jimenez, Andres, , ,

Office Sought:

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

Disbursement For: 2027

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

State: VA

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	9			2	0	2	5	

FEC Identification Number

C

Transaction ID : B901048

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Committee to Elect Nancy Backus

Mailing Address 1803 4th Street NE

City
AuburnState
WAZip Code
98002

Purpose of Disbursement

P-2025 Mayor Auburn AL WA

Candidate Name

Backus, Nancy, , ,

Office Sought:

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

Disbursement For: 2025

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

State: WA

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	0			2	0	2	5	

FEC Identification Number

C

Transaction ID : B901262

Amount of Each Disbursement this Period

350.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Kate Baldwin

Mailing Address PO Box 1326

City
AuburnState
WAZip Code
98071

Purpose of Disbursement

P-2025 City Council WA

Candidate Name

Baldwin, Catherine, , ,

Office Sought:

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

Disbursement For: 2025

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

State: WA

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	0			2	0	2	5	

FEC Identification Number

C

Transaction ID : B901261

Amount of Each Disbursement this Period

200.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2050.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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. Neal Black For Kirkland

Mailing Address PO Box 822

City
KirklandState
WAZip Code
98083

Purpose of Disbursement

P-2025 City Council WA

Candidate Name

Black, Neal, , ,

Office Sought:

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

Disbursement For: 2025

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

State: WA

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : B901260

Amount of Each Disbursement this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Briar For Bellevue

Mailing Address 2620 Bellevue Way NE #131

City
BellevueState
WAZip Code
98004

Purpose of Disbursement

P-2025 City Council WA

Candidate Name

Briar, Naren, , ,

Office Sought:

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

Disbursement For: 2025

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

State: WA

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : B901259

Amount of Each Disbursement this Period

600.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ryan for Port

Mailing Address 401 2nd Ave S Ste 303

City
SeattleState
WAZip Code
98104

Purpose of Disbursement

P-2025 Port Comm. Position 1 WA

Candidate Name

Calkins, Ryan, , ,

Office Sought:

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

Disbursement For: 2025

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

State: WA

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : B901258

Amount of Each Disbursement this Period

100.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

900.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Amalgamated Transit Union - COPE

Full Name (Last, First, Middle Initial)

A. Friends of Rod (FOR25)

Mailing Address PO Box 12066

City
SeattleState
WAZip Code
98102

Purpose of Disbursement

P-2025 Co. Council 1-King Co. WA

Candidate Name

Dembowski, Rod, , ,

Office Sought:

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

Disbursement For: 2025

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

State: WA

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : B901257

Amount of Each Disbursement this Period

400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kurt For Kirkland

Mailing Address PO Box 824

City
KirklandState
WAZip Code
98083

Purpose of Disbursement

P-2025 City Council WA

Candidate Name

Dresner, Kurt, , ,

Office Sought:

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

Disbursement For: 2025

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

State: WA

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : B901256

Amount of Each Disbursement this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Adonis For Seattle

Mailing Address PO Box 21961

City
SeattleState
WAZip Code
98111

Purpose of Disbursement

P-2025 City Council WA

Candidate Name

Ducksworth, Adonis, , ,

Office Sought:

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

Disbursement For: 2025

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

State: WA

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : B901255

Amount of Each Disbursement this Period

350.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

950.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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<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. Elect Erika Evans

Mailing Address PO Box 21961

City
SeattleState
WAZip Code
98111

Purpose of Disbursement

P-2025 City Attorney WA

Candidate Name

Evans, Erika, , ,

Office Sought:

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

Disbursement For: 2025

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

State: WA

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	0			2	0	2	5	

FEC Identification Number

C

Transaction ID : B901254

Amount of Each Disbursement this Period

350.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jamie For Seattle

Mailing Address P.O. Box 28926

City
SEATTLEState
WAZip Code
98118

Purpose of Disbursement

P-2025 City Council WA

Candidate Name

Fackler, Jamie, , ,

Office Sought:

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

Disbursement For: 2025

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

State: WA

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	0			2	0	2	5	

FEC Identification Number

C

Transaction ID : B901253

Amount of Each Disbursement this Period

350.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Steffanie Fain

Mailing Address PO Box 23037

City
SeattleState
WAZip Code
98102

Purpose of Disbursement

P-2025 City Council WA

Candidate Name

Fain, Steffanie, , ,

Office Sought:

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

Disbursement For: 2025

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

State: WA

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	0			2	0	2	5	

FEC Identification Number

C

Transaction ID : B901252

Amount of Each Disbursement this Period

400.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1100.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Amalgamated Transit Union - COPE

Full Name (Last, First, Middle Initial)

A. Friends to Re-Elect Jim Ferrell

Mailing Address PO Box 4991

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	0			2	0	2	5	

City
Federal WayState
WAZip Code
98063

FEC Identification Number

C

Transaction ID : B901251

Amount of Each Disbursement this Period

400.00

☐ Memo Item

Purpose of Disbursement

P-2025 Mayor Federal Way WA

011

Category/
Type

Candidate Name

Ferrell, Jim, , ,

Office Sought:

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

Disbursement For: 2025

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

State: WA

District:

Full Name (Last, First, Middle Initial)

B. Bruce for Seattle

Mailing Address PO Box 21961

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	0			2	0	2	5	

City
SeattleState
WAZip Code
98111

FEC Identification Number

C

Transaction ID : B901249

Amount of Each Disbursement this Period

650.00

☐ Memo Item

Purpose of Disbursement

P-2025 Mayor WA

011

Category/
Type

Candidate Name

Harrell, Bruce, , ,

Office Sought:

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

Disbursement For: 2025

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

State: WA

District:

Full Name (Last, First, Middle Initial)

C. Friends of Toshiko Hasegawa

Mailing Address 401 2nd Ave S Ste 303

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	0			2	0	2	5	

City
SeattleState
WAZip Code
98104

FEC Identification Number

C

Transaction ID : B901228

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Purpose of Disbursement

P-2025 Local Office WA

011

Category/
Type

Candidate Name

Hasegawa, Toshiko, , ,

Office Sought:

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

Disbursement For: 2025

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

State: WA

District:

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

1150.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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. Hines for Tacoma

Mailing Address P.O. Box 6966

City
TacomaState
WAZip Code
98417

Purpose of Disbursement

P-2025 Mayor WA

011

Candidate Name

Hines, John, , ,

Office Sought:

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

Disbursement For: 2025

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

State: WA

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : B901248

Amount of Each Disbursement this Period

400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Victoria Hunt for Senate

Mailing Address PO Box 665

City
IssaquahState
WAZip Code
98027

Purpose of Disbursement

O-2025 State Senate 5 WA

011

Candidate Name

Hunt, Victoria, , ,

Office Sought:

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

Disbursement For: 2025

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

State: WA

District: 05

Special Primary

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : B901247

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Anders Ibsen

Mailing Address PO Box 7209

City
TacomaState
WAZip Code
98417

Purpose of Disbursement

P-2025 City Council Tacoma WA

011

Candidate Name

Ibsen, Anders, , ,

Office Sought:

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

Disbursement For: 2025

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

State: WA

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : B901246

Amount of Each Disbursement this Period

400.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1800.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Amalgamated Transit Union - COPE

Full Name (Last, First, Middle Initial)

A. Friends of J Jeyaraj 4

Mailing Address P.O. Box 683

City
AuburnState
WAZip Code
98071

Purpose of Disbursement

P-2025 City Council WA

Candidate Name

Jeyaraj, James, , ,

Office Sought:

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

Disbursement For: 2025

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

State: WA

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : B901245

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Konya for SeaTac

Mailing Address PO BOX 68374

City
SEATACState
WAZip Code
98168

Purpose of Disbursement

P-2025 City Council WA

Candidate Name

Konya, Caitlin, , ,

Office Sought:

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

Disbursement For: 2025

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

State: WA

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : B901244

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Friends For Gina M

Mailing Address P.O. Box 465

City
KirklandState
WAZip Code
98033

Purpose of Disbursement

P-2025 Co. Council WA

Candidate Name

Madeya, Gina, , ,

Office Sought:

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

Disbursement For: 2025

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

State: WA

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : B901243

Amount of Each Disbursement this Period

200.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

600.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 102 OF 108

<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. Alexis for Seattle

Mailing Address PO Box 20084

City
SeattleState
WAZip Code
98102

Purpose of Disbursement

P-2025 City Council WA

Candidate Name

Mercedes Rinck, Alexis, , ,

Office Sought:

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

Disbursement For: 2025

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

State: WA

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : B901233

Amount of Each Disbursement this Period

350.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Hamdi

Mailing Address PO Box 69097

City
SeaTacState
WAZip Code
98168

Purpose of Disbursement

P-2025 Port Comm. WA

Candidate Name

Mohamed, Hamdi, , ,

Office Sought:

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

Disbursement For: 2025

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

State: WA

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : B901250

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Elect Martin Moore

Mailing Address 1600 SW Dash Point Rd

City
Federal WayState
WAZip Code
98023

Purpose of Disbursement

P-2025 City Council 9 WA

Candidate Name

Moore, Martin, , ,

Office Sought:

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

Disbursement For: 2025

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

State: WA

District: 09

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : B901242

Amount of Each Disbursement this Period

400.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

850.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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. Sara For City Council

Mailing Address PO Box 27113

City
SeattleState
WAZip Code
98165

Purpose of Disbursement

P-2025 City Council WA

Candidate Name

Nelson, Sara, , ,

Office Sought:

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

Disbursement For: 2025

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

State: WA

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : B901241

Amount of Each Disbursement this Period

350.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Edwin Obras

Mailing Address PO Box 297

City
SeahurstState
WAZip Code
98062

Purpose of Disbursement

O-2025 State House 33 WA

Candidate Name

Obras, Edwin, , ,

Office Sought:

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

Disbursement For: 2025

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

State: WA

District: 33

Special Primary

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : B901240

Amount of Each Disbursement this Period

1200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Jon Pascal

Mailing Address 9805 NE 116th St Suite #A315

City
KirklandState
WAZip Code
98034

Purpose of Disbursement

P-2025 City Council WA

Candidate Name

Pascal, Jon, , ,

Office Sought:

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

Disbursement For: 2025

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

State: WA

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : B901239

Amount of Each Disbursement this Period

200.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1750.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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. Keep Ruth Perez for Renton

Mailing Address Po Box 58622

City
RentonState
WAZip Code
98058

Purpose of Disbursement

P-2025 City Council WA

Candidate Name

Perez, Ruth, , ,

Office Sought:

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

Disbursement For: 2025

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

State: WA

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : B901238

Amount of Each Disbursement this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Elect Sarah Perry

Mailing Address 1420 NW Gilman Blvd # 2824

City
IssaquahState
WAZip Code
98027

Purpose of Disbursement

P-2025 City Council 8 WA

Candidate Name

Perry, Sarah, , ,

Office Sought:

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

Disbursement For: 2025

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

State: WA

District: 08

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : B901237

Amount of Each Disbursement this Period

600.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Retain Dana Ralph

Mailing Address PO Box 6042

City
KentState
WAZip Code
98064

Purpose of Disbursement

P-2025 Mayor Kent City WA

Candidate Name

Ralph, Dana, L, ,

Office Sought:

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

Disbursement For: 2025

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

State: WA

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : B901235

Amount of Each Disbursement this Period

100.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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. Rivera for Renton

Mailing Address PO Box 20084

City
SeattleState
WAZip Code
98102

Purpose of Disbursement

P-2025 City Council Renton WA

011

Candidate Name

Rivera, Carmen, , ,

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2025

☒ Primary ☐ General
☐ Other (specify) ▼

State: WA

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	0			2	0	2	5	

FEC Identification Number

C

Transaction ID : B901232

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. All In For Lynne

Mailing Address 11900 NE 1st St #300

City
BellevueState
WAZip Code
98005

Purpose of Disbursement

P-2025 City Council Bellevue 6 WA

011

Candidate Name

Robinson, Lynne, , ,

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2025

☒ Primary ☐ General
☐ Other (specify)

State: WA

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	0			2	0	2	5	

FEC Identification Number

C

Transaction ID : B901231

Amount of Each Disbursement this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Vandana Slatter for State Senate

Mailing Address PO Box 20664

City
SeattleState
WAZip Code
98102

Purpose of Disbursement

O-2025 State Senate WA

011

Candidate Name

Slatter, Vandana, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

State: WA

District:

Special Primary

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	0			2	0	2	5	

FEC Identification Number

C

Transaction ID : B901229

Amount of Each Disbursement this Period

1200.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

2400.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Amalgamated Transit Union - COPE

Full Name (Last, First, Middle Initial)

A. Friends of Erica Tomas

Mailing Address PO Box 571

City
AuburnState
WAZip Code
98071

Purpose of Disbursement

P-2025 City Council WA

Candidate Name

Tomas, Erica, , ,

Office Sought:

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

Disbursement For: 2025

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

State: WA

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : B901227

Amount of Each Disbursement this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TOSH4TUKWILA

Mailing Address PO Box 68065

City
TukwilaState
WAZip Code
98168

Purpose of Disbursement

P-2025 City Council Tukwila WA

Candidate Name

Tosh, Sharp, , ,

Office Sought:

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

Disbursement For: 2025

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

State: WA

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : B901230

Amount of Each Disbursement this Period

600.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Committee to Elect Toni Troutner

Mailing Address 22825 96th PI S

City
KentState
WAZip Code
98031

Purpose of Disbursement

P-2025 City Council Kent City WA

Candidate Name

Troutner, Toni, , ,

Office Sought:

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

Disbursement For: 2025

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

State: WA

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : B901226

Amount of Each Disbursement this Period

250.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1050.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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. Elect Kim-Khanh Van

Mailing Address PO Box 27113

City
SeattleState
WAZip Code
98165

Purpose of Disbursement

P-2025 City Council Renton 7 WA

Candidate Name

Van, Kim-Khanh, , ,

Office Sought:

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

Disbursement For: 2025

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

State: WA

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	0			2	0	2	5	

FEC Identification Number

C

Transaction ID : B901221

Amount of Each Disbursement this Period

400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PVR 2025 Committee

Mailing Address P. O. Box 3737

City
Federal WayState
WAZip Code
98063

Purpose of Disbursement

P-2025 Co. Council 7-King Co. WA

Candidate Name

von Reichbauer, Pete, , ,

Office Sought:

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

Disbursement For: 2025

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

State: WA

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	0			2	0	2	5	

FEC Identification Number

C

Transaction ID : B901236

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Janis for Seattle Schools

Mailing Address 2518 S Brandon Ct

City
SeattleState
WAZip Code
98108

Purpose of Disbursement

P-2025 City School Bd. 5 WA

Candidate Name

White, Janis, , ,

Office Sought:

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

Disbursement For: 2025

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

State: WA

District: 05

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	0			2	0	2	5	

FEC Identification Number

C

Transaction ID : B901220

Amount of Each Disbursement this Period

200.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1100.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Amalgamated Transit Union - COPE

Full Name (Last, First, Middle Initial)

A. Friends of Brian Yambe

Mailing Address PO Box 7437

City
TacomaState
WAZip Code
98417Purpose of Disbursement
P-2025 City Council Fife WA

011

Category/
Type

Candidate Name

Yambe, Brian, , ,

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2025

☒ Primary ☐ General
☐ Other (specify) ▼

State: WA

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	0			2	0	2	5	

FEC Identification Number

C

Transaction ID : B901219

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Vote Janice Zahn

Mailing Address PO Box 40091

City
BellevueState
WAZip Code
98015Purpose of Disbursement
O-2025 State House 41 WA

011

Category/
Type

Candidate Name

Zahn, Janice, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2025

☐ Primary ☐ General
☒ Other (specify)

State: WA

District: 41

Special Primary

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	0			2	0	2	5	

FEC Identification Number

C

Transaction ID : B901218

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Juan Miguel Martinez

Mailing Address 738 S. 29 St.

City
MilwaukeeState
WIZip Code
53215Purpose of Disbursement
G-2026 Co. Bd. of Supv. WI

011

Category/
Type

Candidate Name

Martinez, Juan Miguel, , ,

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

State: WI

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	7			2	0	2	5	

FEC Identification Number

C

Transaction ID : B901520

Amount of Each Disbursement this Period

250.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

1750.00

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

21750.00