

**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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

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

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y

08

01

2026

08

31

2026

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

09

16

2026

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: M M / D D / Y Y Y Y Y 08 / 01 / 2026 To: M M / D D / Y Y Y Y Y 08 / 31 / 2026

|                                                                                                                  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</span> 2026     |                         | 617266.58                         |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....                                                        | 413994.14               |                                   |
| (c) Total Receipts (from Line 19) .....                                                                          | 111803.13               | 751699.28                         |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | 525797.27               | 1368965.86                        |
| 7. Total Disbursements (from Line 31) .....                                                                      | 74508.46                | 917677.05                         |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                        | 451288.81               | 451288.81                         |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>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](http://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 | 8 |   | 0 | 1 |   | 2 | 0 | 2 | 6 |

To:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 |   | 3 | 1 |   | 2 | 0 | 2 | 6 |

| I. Receipts                                                                                           | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|-------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:                                                            |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees                                               |                               |                                   |
| (i) Itemized (use Schedule A).....                                                                    | 13491.77                      | 38902.96                          |
| (ii) Unitemized .....                                                                                 | 90811.36                      | 687796.32                         |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶                                                       | 104303.13                     | 726699.28                         |
| (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) .....  | 104303.13                     | 726699.28                         |
| 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.....           | 7500.00                       | 25000.00                          |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....                                           | 0.00                          | 0.00                              |
| 18. Transfers from Non-Federal and Levin Funds                                                        |                               |                                   |
| (a) Non-Federal Account (from Schedule H3) .....                                                      | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....                                                              | 0.00                          | 0.00                              |
| (c) Total Transfers (add 18(a) and 18(b))..                                                           | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....                         | 111803.13                     | 751699.28                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                   | 111803.13                     | 751699.28                         |

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

| II. Disbursements                                                                              | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:                                                                    |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....                                                                        | 0.00                          | 0.00                              |
| (ii) Non-Federal Share.....                                                                    | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures .....                                                 | 208.46                        | 3942.25                           |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 208.46                        | 3942.25                           |
| 22. Transfers to Affiliated/Other Party Committees.....                                        | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 70250.00                      | 838000.00                         |
| 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                          | 300.00                            |
| (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                          | 300.00                            |
| 29. Other Disbursements (Including Non-Federal Donations).....                                 | 4050.00                       | 75434.80                          |
| 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)) ..      | 74508.46                      | 917677.05                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 74508.46                      | 917677.05                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

| <b>III. Net Contributions/<br/>Operating Expenditures</b>                             | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|---------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....         | 104303.13                             | 726699.28                                 |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                             | 0.00                                  | 300.00                                    |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....     | 104303.13                             | 726399.28                                 |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) .....▶ | 208.46                                | 3942.25                                   |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                  | 0.00                                  | 0.00                                      |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....▶              | 208.46                                | 3942.25                                   |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 115  
(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. 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 ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 01 / 2026**Transaction ID : A2026-1803363**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Allen, Carly, , ,**

Mailing Address 1127 W. Central Ave.

City  
ToledoState  
OHZip Code  
43610FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Toledo Area Regional Transit AuthorityOccupation (for Individual)  
OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2026**Transaction ID : A2026-1803497**

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

**C. Andrew, Aaron, , ,**

Mailing Address 201 S Jackson St.

City  
SeattleState  
WAZip Code  
98104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King County DOTOccupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2026**Transaction ID : A2026-1800274**

Amount of Each Receipt this Period

21.00

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

196.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 115  
(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. Anselmo, Gil, , ,**

Mailing Address 201 S Jackson St.

City  
SeattleState  
WAZip Code  
98104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King County DOTOccupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2026**Transaction ID : A2026-1800246**

Amount of Each Receipt this Period

21.00

☐ 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 ▼

337.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026**Transaction ID : A2026-1833314**

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 ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026**Transaction ID : A2026-1836209**

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)..... ►

66.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 115  
(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. ARNOLD, DAILYN, , ,**

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 ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026**Transaction ID : A2026-1833376**

Amount of Each Receipt this Period

16.00

☐ Memo Item

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

**B. ARNOLD, DAILYN, , ,**

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 ▼

256.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026**Transaction ID : A2026-1836271**

Amount of Each Receipt this Period

16.00

☐ Memo Item

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

**C. ARREOLA MALDONADO, ALEJANDRO, , ,**

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 ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 01 / 2026**Transaction ID : A2026-1830657**

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)..... ►

57.00

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

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

FOR LINE NUMBER: PAGE 9 OF 115

(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. ARREOLA MALDONADO, ALEJANDRO, , ,**

Mailing Address 1 Gateway Plaza

City  
Los Angeles

State  
CA

Zip Code  
90012

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LA County Metropolitan Transportation

Occupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

08 / 06 / 2026

**Transaction ID : A2026-1831938**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B. ARREOLA MALDONADO, ALEJANDRO, , ,**

Mailing Address 1 Gateway Plaza

City  
Los Angeles

State  
CA

Zip Code  
90012

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LA County Metropolitan Transportation

Occupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 20 / 2026

**Transaction ID : A2026-1834817**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**C. Atofau, Blain, G, ,**

Mailing Address 201 S Jackson St.

City  
Seattle

State  
WA

Zip Code  
98104

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King County DOT

Occupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

252.00

Date of Receipt

08 / 20 / 2026

**Transaction ID : A2026-1800299**

Amount of Each Receipt this Period

21.00

☐ Memo Item

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

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

71.00

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

FOR LINE NUMBER: PAGE 10 OF 115

(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. Bacon, Zematra, , ,**

Mailing Address 201 S Jackson St.

City  
SeattleState  
WAZip Code  
98104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King County DOTOccupation (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  
08 / 20 / 2026**Transaction ID : A2026-1800345**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B. BANGS, CHRISTOPHER, , ,**

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)  
Associate General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2026**Transaction ID : A2026-1787404**

Amount of Each Receipt this Period

45.00

☐ Memo Item

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

**C. Barber-White, Timothy, J, ,**

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 ▼

252.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2026**Transaction ID : A2026-1800286**

Amount of Each Receipt this Period

21.00

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

91.00

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

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

FOR LINE NUMBER: PAGE 11 OF 115

(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. BARRIENTOS, SERAFIN, F, ,**

Mailing Address 10000 New Hampshire Ave

City  
Silver Spring

State  
MD

Zip Code  
20903

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Amalgamated Transit Union

Occupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 01 / 2026

**Transaction ID : A2026-1830663**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B. BARRIENTOS, SERAFIN, F, ,**

Mailing Address 10000 New Hampshire Ave

City  
Silver Spring

State  
MD

Zip Code  
20903

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Amalgamated Transit Union

Occupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

08 / 06 / 2026

**Transaction ID : A2026-1831944**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**C. BARRIENTOS, SERAFIN, F, ,**

Mailing Address 10000 New Hampshire Ave

City  
Silver Spring

State  
MD

Zip Code  
20903

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Amalgamated Transit Union

Occupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 20 / 2026

**Transaction ID : A2026-1834823**

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)..... ►

75.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 12 OF 115  
(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. BASIL, MARCOS, , ,**

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 ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 01 / 2026**Transaction ID : A2026-1830658**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B. BASIL, MARCOS, , ,**

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 ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 06 / 2026**Transaction ID : A2026-1831939**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**C. BASIL, MARCOS, , ,**

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 ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2026**Transaction ID : A2026-1834818**

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)..... ►

75.00

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

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

FOR LINE NUMBER: PAGE 13 OF 115

(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. Bennett, Deja, R, ,**

Mailing Address 10000 New Hampshire Ave

City  
Silver Spring

State  
MD

Zip Code  
20903

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Amalgamated Transit Union

Occupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

08 / 10 / 2026

**Transaction ID : A2026-1789670**

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

**B. Besrd, Andrew, , ,**

Mailing Address 10000 New Hampshire Ave

City  
Silver Spring

State  
MD

Zip Code  
20903

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Amalgamated Transit Union

Occupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

412.50

Date of Receipt

08 / 12 / 2026

**Transaction ID : A2026-1793312**

Amount of Each Receipt this Period

27.50

☐ Memo Item

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

**C. Binschus, Stephanie, , ,**

Mailing Address 201 S Jackson St.

City  
Seattle

State  
WA

Zip Code  
98104

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King County DOT

Occupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

08 / 20 / 2026

**Transaction ID : A2026-1799493**

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)..... ►

117.50

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 14 OF 115  
(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. Blair, Ryan, S, ,**

Mailing Address 300 7th St SW

City  
WashingtonState  
DCZip Code  
20024FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
WASH METRO AREA TRANSIT AUTHOccupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 10 / 2026**Transaction ID : A2026-1789674**

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

**B. BLANKS, BRYAN, , ,**

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  
08 / 01 / 2026**Transaction ID : A2026-1830830**

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

**C. BLANKS, BRYAN, , ,**

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  
08 / 01 / 2026**Transaction ID : A2026-1830847**

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)..... ►

75.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 15 OF 115  
(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. BLANKS, BRYAN, , ,**

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 ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 11 / 2026**Transaction ID : A2026-1832618**

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

**B. BLANKS, BRYAN, , ,**

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 ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 11 / 2026**Transaction ID : A2026-1832635**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**C. BLANKS, BRYAN, , ,**

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 ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 25 / 2026**Transaction ID : A2026-1836026**

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)..... ►

20.00

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

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

FOR LINE NUMBER: PAGE 16 OF 115

(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. BLANKS, BRYAN, , ,**

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 ▼

255.00

Date of Receipt

08 / 25 / 2026

**Transaction ID : A2026-1836043**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**B. BLUNT, OSCAR, , ,**

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 ▼

300.00

Date of Receipt

08 / 01 / 2026

**Transaction ID : A2026-1830857**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. BLUNT, OSCAR, , ,**

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 ▼

320.00

Date of Receipt

08 / 11 / 2026

**Transaction ID : A2026-1832645**

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)..... ►

50.00

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

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

FOR LINE NUMBER: PAGE 17 OF 115

(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. BLUNT, OSCAR, , ,**

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 ▼

340.00

Date of Receipt

08 / 25 / 2026

**Transaction ID : A2026-1836053**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Booker, Machele, , ,**

Mailing Address 100 Mack Ave, , MI 48201

City  
Detroit

State  
MI

Zip Code  
48201

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
City of Detroit Department of Transpor

Occupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 07 / 2026

**Transaction ID : A2026-1832026**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Booker, Machele, , ,**

Mailing Address 100 Mack Ave, , MI 48201

City  
Detroit

State  
MI

Zip Code  
48201

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
City of Detroit Department of Transpor

Occupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 21 / 2026

**Transaction ID : A2026-1834932**

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 18 OF 115

(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. Boring, Andrew, , ,**

Mailing Address 3701 96th St. SW

City  
Lakewood

State  
WA

Zip Code  
98499

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Pierce County Public Transportation Be

Occupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 12 / 2026

**Transaction ID : A2026-1793120**

Amount of Each Receipt this Period

45.00

☐ Memo Item

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

**B. Bourke, Christopher, , ,**

Mailing Address 420 NW 5th St.

City  
Oklahoma City

State  
OK

Zip Code  
73102

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Central Oklahoma Transportation and Pa

Occupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

08 / 14 / 2026

**Transaction ID : A2026-1833375**

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

**C. Bourke, Christopher, , ,**

Mailing Address 420 NW 5th St.

City  
Oklahoma City

State  
OK

Zip Code  
73102

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Central Oklahoma Transportation and Pa

Occupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 28 / 2026

**Transaction ID : A2026-1836270**

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

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

75.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 19 OF 115  
(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. 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 ▼

336.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 11 / 2026**Transaction ID : A2026-1803427**

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

**B. BRADLEY, MARLON, , ,**

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 ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 01 / 2026**Transaction ID : A2026-1830661**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**C. BRADLEY, MARLON, , ,**

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 ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 06 / 2026**Transaction ID : A2026-1831942**

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)..... ►

90.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 20 OF 115  
(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. BRADLEY, MARLON, , ,**

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 ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2026**Transaction ID : A2026-1834821**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B. Bryant, Kenneth, , , Sr.**

Mailing Address 201 S Jackson St.

City  
SeattleState  
WAZip Code  
98104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King County DOTOccupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2026**Transaction ID : A2026-1800264**

Amount of Each Receipt this Period

21.00

☐ Memo Item

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

**C. Buchanan, Rachael, , ,**

Mailing Address 201 S Jackson St.

City  
SeattleState  
WAZip Code  
98104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King County DOTOccupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2026**Transaction ID : A2026-1800259**

Amount of Each Receipt this Period

21.00

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

67.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 21 OF 115  
(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. Camacho, Donovan, R, ,**

Mailing Address 201 S Jackson St.

City  
SeattleState  
WAZip Code  
98104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King County DOTOccupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2026**Transaction ID : A2026-1800301**

Amount of Each Receipt this Period

21.00

☐ Memo Item

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

**B. Carrere, Kevin, , ,**

Mailing Address 201 S Jackson St.

City  
SeattleState  
WAZip Code  
98104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King County DOTOccupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2026**Transaction ID : A2026-1800266**

Amount of Each Receipt this Period

21.00

☐ Memo Item

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

**C. 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 ▼

425.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 11 / 2026**Transaction ID : A2026-1792638**

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)..... ►

92.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 22 OF 115  
(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. Carter, Jean, P, ,**

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 ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 10 / 2026**Transaction ID : A2026-1789666**

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

**B. Cheadle, Stephen, A, ,**

Mailing Address 201 S Jackson St.

City  
SeattleState  
WAZip Code  
98104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King County DOTOccupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2026**Transaction ID : A2026-1800275**

Amount of Each Receipt this Period

21.00

☐ Memo Item

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

**C. Clifford, William, , ,**

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 ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 26 / 2026**Transaction ID : A2026-1803032**

Amount of Each Receipt this Period

5000.00

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

5061.00

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

Use separate schedule(s)  
for each category of the  
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(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. Conklin, Dustin, W, ,**

Mailing Address 10000 New Hampshire Ave

City  
Silver Spring

State  
MD

Zip Code  
20903

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Amalgamated Transit Union

Occupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

08 / 20 / 2026

**Transaction ID : A2026-1800288**

Amount of Each Receipt this Period

21.00

☐ Memo Item

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

**B. CONNOLLY, DENNIS, , ,**

Mailing Address 705 Elmwood Ave

City  
Providence

State  
RI

Zip Code  
02907

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Rhode Island Public Transit Authority

Occupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

08 / 11 / 2026

**Transaction ID : A2026-1790445**

Amount of Each Receipt this Period

12.00

☐ Memo Item

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

**C. CONNOLLY, DENNIS, , ,**

Mailing Address 705 Elmwood Ave

City  
Providence

State  
RI

Zip Code  
02907

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Rhode Island Public Transit Authority

Occupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

216.00

Date of Receipt

08 / 11 / 2026

**Transaction ID : A2026-1791089**

Amount of Each Receipt this Period

12.00

☐ Memo Item

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

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

45.00

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

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

FOR LINE NUMBER: PAGE 24 OF 115

(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. CONNOLLY, DENNIS, , ,

Mailing Address 705 Elmwood Ave

City  
Providence

State  
RI

Zip Code  
02907

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Rhode Island Public Transit Authority

Occupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 11 / 2026

Transaction ID : A2026-1790767

Amount of Each Receipt this Period

12.00

☐ Memo Item

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

B. CONNOLLY, DENNIS, , ,

Mailing Address 705 Elmwood Ave

City  
Providence

State  
RI

Zip Code  
02907

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Rhode Island Public Transit Authority

Occupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : A2026-1794186

Amount of Each Receipt this Period

12.00

☐ Memo Item

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

C. Cordero, Eugene, P, ,

Mailing Address 201 S Jackson St.

City  
Seattle

State  
WA

Zip Code  
98104

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King County DOT

Occupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2026

Transaction ID : A2026-1800262

Amount of Each Receipt this Period

21.00

☐ Memo Item

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

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

45.00

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

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

FOR LINE NUMBER: PAGE 25 OF 115

(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. 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 Union

Occupation (for Individual)  
International Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 04 / 2026

**Transaction ID : A2026-1787405**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. 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 Union

Occupation (for Individual)  
International President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

08 / 04 / 2026

**Transaction ID : A2026-1787423**

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

**C. Council, Allen, D, ,**

Mailing Address 10000 New Hampshire Ave

City  
Silver Spring

State  
MD

Zip Code  
20903

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Amalgamated Transit Union

Occupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

08 / 10 / 2026

**Transaction ID : A2026-1789664**

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

240.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 26 OF 115  
(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. Covey, Brian, W, ,**

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 ▼

252.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2026**Transaction ID : A2026-1800312**

Amount of Each Receipt this Period

21.00

☐ Memo Item

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

**B. COX, EARL, , ,**

Mailing Address 530 N. Rose Street

City

Kalamazoo

State

MI

Zip Code

49007-3638

FEC 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 ▼

388.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 12 / 2026**Transaction ID : A2026-1832689**

Amount of Each Receipt this Period

26.00

☐ Memo Item

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

**C. COX, EARL, , ,**

Mailing Address 530 N. Rose Street

City

Kalamazoo

State

MI

Zip Code

49007-3638

FEC 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 ▼

414.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 26 / 2026**Transaction ID : A2026-1836162**

Amount of Each Receipt this Period

26.00

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

73.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 27 OF 115  
(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. Cox, Jermar, , ,**

Mailing Address 201 S Jackson St.

City  
SeattleState  
WAZip Code  
98104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King County DOTOccupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2026**Transaction ID : A2026-1800267**

Amount of Each Receipt this Period

21.00

☐ Memo Item

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

**B. 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 ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 24 / 2026**Transaction ID : A2026-1803597**

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

**C. Cozzens, David, A, ,**

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 ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 10 / 2026**Transaction ID : A2026-1789669**

Amount of Each Receipt this Period

40.00

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

121.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 28 OF 115  
(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 ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2026**Transaction ID : A2026-1787406**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. Curenton, Carl, , ,**

Mailing Address 201 S Jackson St.

City  
SeattleState  
WAZip Code  
98104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King County DOTOccupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2026**Transaction ID : A2026-1800273**

Amount of Each Receipt this Period

21.00

☐ Memo Item

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

**C. Davis, Graham, A, ,**

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 ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2026**Transaction ID : A2026-1800318**

Amount of Each Receipt this Period

21.00

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

92.00

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

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

FOR LINE NUMBER: PAGE 29 OF 115

(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. Davis, Koi, , ,**

Mailing Address 10000 New Hampshire Ave

City  
Silver Spring

State  
MD

Zip Code  
20903

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Amalgamated Transit Union

Occupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

08 / 20 / 2026

**Transaction ID : A2026-1800313**

Amount of Each Receipt this Period

21.00

☐ Memo Item

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

**B. Decuir, George, , , Jr.**

Mailing Address 2250 Florida Blvd

City  
Baton Rouge

State  
LA

Zip Code  
70802

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Capital Area Transit System

Occupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 05 / 2026

**Transaction ID : A2026-1787699**

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

**C. Desrouleaux, Laurie, L, ,**

Mailing Address 201 S Jackson St.

City  
Seattle

State  
WA

Zip Code  
98104

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King County DOT

Occupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

252.00

Date of Receipt

08 / 20 / 2026

**Transaction ID : A2026-1800304**

Amount of Each Receipt this Period

21.00

☐ 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 RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 30 OF 115  
(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. DIRITO, JOHN, , ,**

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 ▼

336.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 29 / 2026**Transaction ID : A2026-1803612**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

**B. Donald, Tony, , ,**

Mailing Address 110 Beauregard Street Suite 104

City  
MobileState  
ALZip Code  
36602FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
First Transit (Transit Management of MOccupation (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  
08 / 20 / 2026**Transaction ID : A2026-1833800**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Dorch, Tiffany, A, ,**

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 ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 10 / 2026**Transaction ID : A2026-1789675**

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)..... ►

132.00

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

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

FOR LINE NUMBER: PAGE 31 OF 115

(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. DUBOISE, LESTER, , ,**

Mailing Address One Gateway Plaza

City  
Los Angeles

State  
CA

Zip Code  
90012-2952

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LA County Metropolitan Transportation

Occupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

08 / 01 / 2026

**Transaction ID : A2026-1830654**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B. DUBOISE, LESTER, , ,**

Mailing Address One Gateway Plaza

City  
Los Angeles

State  
CA

Zip Code  
90012-2952

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LA County Metropolitan Transportation

Occupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 06 / 2026

**Transaction ID : A2026-1831935**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**C. DUBOISE, LESTER, , ,**

Mailing Address One Gateway Plaza

City  
Los Angeles

State  
CA

Zip Code  
90012-2952

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LA County Metropolitan Transportation

Occupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

08 / 20 / 2026

**Transaction ID : A2026-1834814**

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)..... ►

75.00

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

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

FOR LINE NUMBER: PAGE 32 OF 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. Eddy, Todd, , ,**

Mailing Address 390 Robert St. North

City  
St. Paul

State  
MN

Zip Code  
55101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
METROPOLITAN COUNCIL METRO TRA

Occupation (for Individual)  
OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

08 / 18 / 2026

**Transaction ID : A2026-1833758**

Amount of Each Receipt this Period

18.00

☐ Memo Item

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

**B. Edwards, Keith, , ,**

Mailing Address 201 S Jackson St.

City  
Seattle

State  
WA

Zip Code  
98104

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King County DOT

Occupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

08 / 20 / 2026

**Transaction ID : A2026-1800348**

Amount of Each Receipt this Period

37.50

☐ Memo Item

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

**C. Edwards, Troy, S, ,**

Mailing Address 201 S Jackson St.

City  
Seattle

State  
WA

Zip Code  
98104

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King County DOT

Occupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

08 / 20 / 2026

**Transaction ID : A2026-1800334**

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)..... ►

80.50

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 33 OF 115  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. Ekubagabir, Tsige, W, ,**

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 ▼

252.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2026**Transaction ID : A2026-1800314**

Amount of Each Receipt this Period

21.00

☐ Memo Item

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

**B. Fears, Amanda, K, ,**

Mailing Address 201 S Jackson St.

City  
SeattleState  
WAZip Code  
98104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King County DOTOccupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2026**Transaction ID : A2026-1800300**

Amount of Each Receipt this Period

21.00

☐ Memo Item

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

**C. Fentea, Eyassu, , ,**

Mailing Address 201 S Jackson St.

City  
SeattleState  
WAZip Code  
98104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King County DOTOccupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

267.15

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2026**Transaction ID : A2026-1800331**

Amount of Each Receipt this Period

22.25

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

64.25

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

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

FOR LINE NUMBER: PAGE 34 OF 115

(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. FIELDS, AUBREY, J, ,**

Mailing Address One Gateway Plaza

City  
Los Angeles

State  
CA

Zip Code  
90012-2952

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LA County Metropolitan Transportation

Occupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 01 / 2026

**Transaction ID : A2026-1830659**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B. FIELDS, AUBREY, J, ,**

Mailing Address One Gateway Plaza

City  
Los Angeles

State  
CA

Zip Code  
90012-2952

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LA County Metropolitan Transportation

Occupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

08 / 06 / 2026

**Transaction ID : A2026-1831940**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**C. FIELDS, AUBREY, J, ,**

Mailing Address One Gateway Plaza

City  
Los Angeles

State  
CA

Zip Code  
90012-2952

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LA County Metropolitan Transportation

Occupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 20 / 2026

**Transaction ID : A2026-1834819**

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)..... ►

75.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 35 OF 115  
(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. Fitzpatrick, Michele, , ,**

Mailing Address 300 7th St SW

City  
WashingtonState  
DCZip Code  
20024FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WASH METRO AREA TRANSIT AUTHOccupation (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  
08 / 11 / 2026**Transaction ID : A2026-1803418**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Foster, Emil, J, ,**

Mailing Address 201 South Jackson St.

City  
SeattleState  
WAZip Code  
98104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King County DOTOccupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2026**Transaction ID : A2026-1800254**

Amount of Each Receipt this Period

21.00

☐ Memo Item

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

**C. Fowler, Joel, , ,**

Mailing Address 201 S Jackson St.

City  
SeattleState  
WAZip Code  
98104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King County DOTOccupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2026**Transaction ID : A2026-1800269**

Amount of Each Receipt this Period

21.00

☐ 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 RECEIPTS**

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

FOR LINE NUMBER: PAGE 36 OF 115

(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. Frauenberg, Wendy, , ,**

Mailing Address 201 S Jackson St.

City  
Seattle

State  
WA

Zip Code  
98104

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King County DOT

Occupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 20 / 2026

**Transaction ID : A2026-1800346**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B. Fret, Tomas, , ,**

Mailing Address 20 N. Central Ave

City  
Valley Stream

State  
NY

Zip Code  
11580

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ATU Local 1181

Occupation (for Individual)  
President/Business Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

08 / 04 / 2026

**Transaction ID : A2026-1831087**

Amount of Each Receipt this Period

54.00

☐ Memo Item

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

**C. Fret, Tomas, , ,**

Mailing Address 20 N. Central Ave

City  
Valley Stream

State  
NY

Zip Code  
11580

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ATU Local 1181

Occupation (for Individual)  
President/Business Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

228.00

Date of Receipt

08 / 11 / 2026

**Transaction ID : A2026-1803411**

Amount of Each Receipt this Period

8.00

☐ Memo Item

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

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

87.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 37 OF 115  
(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. Fuller, Carey, A, ,**

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 ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2026**Transaction ID : A2026-1800287**

Amount of Each Receipt this Period

21.00

☐ Memo Item

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

**B. Futch, Johnathon, , ,**

Mailing Address 201 S Jackson St.

City  
SeattleState  
WAZip Code  
98104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King County DOTOccupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2026**Transaction ID : A2026-1800347**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. 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 ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2026**Transaction ID : A2026-1787407**

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)..... ►

101.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 38 OF 115  
(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. Gebre, Mezgebe, T, ,**

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 ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 10 / 2026**Transaction ID : A2026-1789662**

Amount of Each Receipt this Period

36.00

☐ Memo Item

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

**B. GIBSON, JAMAIN, , ,**

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 ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 04 / 2026**Transaction ID : A2026-1787418**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Gibson, Latrelle, , ,**

Mailing Address 201 S Jackson St.

City  
SeattleState  
WAZip Code  
98104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King County DOTOccupation (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  
08 / 20 / 2026**Transaction ID : A2026-1799482**

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)..... ►

211.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 39 OF 115  
(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. Gilmore, Robert, B, ,**

Mailing Address 1 N University Dr

City  
PlantationState  
FLZip Code  
33324FEC 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 ▼

252.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2026**Transaction ID : A2026-1800309**

Amount of Each Receipt this Period

21.00

☐ Memo Item

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

**B. Glover, Michelle, C, ,**

Mailing Address 300 7th St SW

City  
WashingtonState  
DCZip Code  
20024FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WASH METRO AREA TRANSIT AUTHOccupation (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  
08 / 10 / 2026**Transaction ID : A2026-1789470**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Glover, Michelle, C, ,**

Mailing Address 300 7th St SW

City  
WashingtonState  
DCZip Code  
20024FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WASH METRO AREA TRANSIT AUTHOccupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2026**Transaction ID : A2026-1800438**

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)..... ►

61.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 40 OF 115  
(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. Glover, Michelle, C, ,**

Mailing Address 300 7th St SW

City  
WashingtonState  
DCZip Code  
20024FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WASH METRO AREA TRANSIT AUTHOccupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 27 / 2026**Transaction ID : A2026-1803125**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Gonzalez Martinez, Jose, D, ,**

Mailing Address 201 S Jackson St.

City  
SeattleState  
WAZip Code  
98104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King County DOTOccupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2026**Transaction ID : A2026-1800293**

Amount of Each Receipt this Period

21.00

☐ Memo Item

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

**C. 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 ▼

435.15

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 01 / 2026**Transaction ID : A2026-1830861**

Amount of Each Receipt this Period

29.01

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

70.01

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 OF 115

(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. 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 ▼

464.16

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 11 / 2026

Transaction ID : A2026-1832648

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 ▼

493.17

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 25 / 2026

Transaction ID : A2026-1836057

Amount of Each Receipt this Period

29.01

☐ Memo Item

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

C. Grainger, Katherine, , ,

Mailing Address 201 S Jackson St.

City  
SeattleState  
WAZip Code  
98104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King County DOTOccupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

226.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2026

Transaction ID : A2026-1800251

Amount of Each Receipt this Period

21.00

☐ Memo Item

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

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

79.02

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 42 OF 115  
(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. 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 ▼

336.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 09 / 2026**Transaction ID : A2026-1803392**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

**B. Greaver, David, L, ,**

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 ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 10 / 2026**Transaction ID : A2026-1789542**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Greaver, David, L, ,**

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 ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2026**Transaction ID : A2026-1800437**

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)..... ►

82.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 43 OF 115  
(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. Greaver, David, L, ,**

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 ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 27 / 2026**Transaction ID : A2026-1803126**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. 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 ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2026**Transaction ID : A2026-1787408**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Hall, Douglas, , ,**

Mailing Address 201 S Jackson St.

City  
SeattleState  
WAZip Code  
98104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King County DOTOccupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2026**Transaction ID : A2026-1800289**

Amount of Each Receipt this Period

21.00

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

91.00

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

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

FOR LINE NUMBER: PAGE 44 OF 115

(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. HAMILTON, JEFFREY, , ,**

Mailing Address 530 N. Rose Street

City  
Kalamazoo

State  
MI

Zip Code  
49007-3638

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Central County Transportation Authorit

Occupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.95

Date of Receipt

08 / 12 / 2026

**Transaction ID : A2026-1832688**

Amount of Each Receipt this Period

25.99

☐ Memo Item

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

**B. HAMILTON, JEFFREY, , ,**

Mailing Address 530 N. Rose Street

City  
Kalamazoo

State  
MI

Zip Code  
49007-3638

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Central County Transportation Authorit

Occupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.94

Date of Receipt

08 / 26 / 2026

**Transaction ID : A2026-1836161**

Amount of Each Receipt this Period

25.99

☐ Memo Item

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

**C. Hansen, Bruce, , ,**

Mailing Address 1800 SW 1st Ave. Suite 300

City  
Portland

State  
OR

Zip Code  
97201

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TriMet

Occupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 16 / 2026

**Transaction ID : A2026-1803505**

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)..... ►

101.98

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

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

FOR LINE NUMBER: PAGE 45 OF 115

(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. HARMS, 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 Union

Occupation (for Individual)  
International Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

MM / DD / YYYY  
08 / 04 / 2026

**Transaction ID : A2026-1787424**

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

**B. Hassan, Mascuud, A, ,**

Mailing Address 10000 New Hampshire Ave

City  
Silver Spring

State  
MD

Zip Code  
20903

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Amalgamated Transit Union

Occupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY  
08 / 18 / 2026

**Transaction ID : A2026-1833770**

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

**C. HASSY, HAMZA, , ,**

Mailing Address 10000 New Hampshire Ave

City  
Silver Spring

State  
MD

Zip Code  
20903

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Amalgamated Transit Union

Occupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY  
08 / 14 / 2026

**Transaction ID : A2026-1833377**

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)..... ►

210.00

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

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

FOR LINE NUMBER: PAGE 46 OF 115

(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. HASSY, HAMZA, , ,**

Mailing Address 10000 New Hampshire Ave

City  
Silver Spring

State  
MD

Zip Code  
20903

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Amalgamated Transit Union

Occupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

08 / 28 / 2026

**Transaction ID : A2026-1836272**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Hawthorne, John, , ,**

Mailing Address 390 Robert St. North

City  
St. Paul

State  
MN

Zip Code  
55101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
METROPOLITAN COUNCIL METRO TRA

Occupation (for Individual)  
OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.50

Date of Receipt

08 / 18 / 2026

**Transaction ID : A2026-1833769**

Amount of Each Receipt this Period

21.10

☐ Memo Item

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

**C. Hedge, Nicko, , ,**

Mailing Address 20 N. Central Ave

City  
Valley Stream

State  
NY

Zip Code  
11580

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ATU Local 1181

Occupation (for Individual)  
Exec. Board

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 04 / 2026

**Transaction ID : A2026-1831088**

Amount of Each Receipt this Period

90.00

☐ Memo Item

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

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

131.10

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 47 OF 115  
(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. Hedstrom, Audrey, , ,**

Mailing Address 201 S Jackson St.

City  
SeattleState  
WAZip Code  
98104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King County DOTOccupation (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  
08 / 20 / 2026**Transaction ID : A2026-1800340**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B. 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 ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2026**Transaction ID : A2026-1787419**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Hodges, Thomas, , ,**

Mailing Address 201 S Jackson St.

City  
SeattleState  
WAZip Code  
98104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King County DOTOccupation (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  
08 / 20 / 2026**Transaction ID : A2026-1800344**

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)..... ►

150.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 48 OF 115  
(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. Horn, Rudy, W, ,**

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 ▼

252.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2026**Transaction ID : A2026-1800281**

Amount of Each Receipt this Period

21.00

☐ Memo Item

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

**B. 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 ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2026**Transaction ID : A2026-1787417**

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

**C. Hunter, Dwayne, , ,**

Mailing Address 201 S Jackson St.

City  
SeattleState  
WAZip Code  
98104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King County DOTOccupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2026**Transaction ID : A2026-1800339**

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)..... ►

121.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 49 OF 115  
(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 ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2026**Transaction ID : A2026-1787409**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. Jamuna, Gregory, , ,**

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 ▼

262.56

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 12 / 2026**Transaction ID : A2026-1803434**

Amount of Each Receipt this Period

32.82

☐ Memo Item

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

**C. Jefferson, R, C, ,**

Mailing Address 201 S Jackson St.

City  
SeattleState  
WAZip Code  
98104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King County DOTOccupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2026**Transaction ID : A2026-1800250**

Amount of Each Receipt this Period

21.00

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

103.82

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

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

FOR LINE NUMBER: PAGE 50 OF 115

(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. Jimerson, Raenada, M, ,**

Mailing Address 10000 New Hampshire Ave

City  
Silver Spring

State  
MD

Zip Code  
20903

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Amalgamated Transit Union

Occupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

08 / 20 / 2026

**Transaction ID : A2026-1800277**

Amount of Each Receipt this Period

21.00

☐ 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 Spring

State  
MD

Zip Code  
20903

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Amalgamated Transit Union

Occupation (for Individual)  
International Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

08 / 04 / 2026

**Transaction ID : A2026-1787415**

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

**C. Johnston, James, D, ,**

Mailing Address 2150 Webster St

City  
Oakland

State  
CA

Zip Code  
94612

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bay Area Rapid Transit

Occupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

224.00

Date of Receipt

08 / 20 / 2026

**Transaction ID : A2026-1800714**

Amount of Each Receipt this Period

28.00

☐ Memo Item

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

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

109.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 51 OF 115  
(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. Jones, Anthony, , ,**

Mailing Address 567 W. Lake Street

City  
ChicagoState  
ILZip Code  
60661FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CHICAGO TRANSIT AUTHORITYOccupation (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  
08 / 24 / 2026**Transaction ID : A2026-1801130**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Karanja, Richard, , ,**

Mailing Address 201 S Jackson St.

City  
SeattleState  
WAZip Code  
98104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King County DOTOccupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2026**Transaction ID : A2026-1800278**

Amount of Each Receipt this Period

21.00

☐ Memo Item

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

**C. Kelley, Kelvin, , ,**

Mailing Address 201 S Jackson St.

City  
SeattleState  
WAZip Code  
98104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King County DOTOccupation (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  
08 / 20 / 2026**Transaction ID : A2026-1800342**

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)..... ►

76.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 52 OF 115  
(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. 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 ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2026**Transaction ID : A2026-1787420**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Lane, Calvin, , ,**

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 ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 10 / 2026**Transaction ID : A2026-1789667**

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

**C. Lane, Douglas, , ,**

Mailing Address 201 S Jackson St.

City  
SeattleState  
WAZip Code  
98104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King County DOTOccupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2026**Transaction ID : A2026-1800244**

Amount of Each Receipt this Period

21.00

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

161.00

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

FOR LINE NUMBER: PAGE 53 OF 115

(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. Lawson, Allen, J, ,**

Mailing Address 201 S Jackson St.

City  
SeattleState  
WAZip Code  
98104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King County DOTOccupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2026**Transaction ID : A2026-1800283**

Amount of Each Receipt this Period

21.00

☐ Memo Item

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

**B. 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 ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 01 / 2026**Transaction ID : A2026-1830660**

Amount of Each Receipt this Period

25.00

☐ 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 ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 06 / 2026**Transaction ID : A2026-1831941**

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)..... ►

71.00

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

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

FOR LINE NUMBER: PAGE 54 OF 115

(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. LEAL, EMMER, , ,**

Mailing Address One Gateway Plaza

City  
Los Angeles

State  
CA

Zip Code  
90012-2952

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LA County Metropolitan Transportation

Occupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY  
08 / 20 / 2026

**Transaction ID : A2026-1834820**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B. Lecato, Tanell, D, ,**

Mailing Address 900 Public Safety Blvd

City  
Dover

State  
DE

Zip Code  
19901

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Delaware Transit Corporation

Occupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
08 / 10 / 2026

**Transaction ID : A2026-1832161**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Lecato, Tanell, D, ,**

Mailing Address 900 Public Safety Blvd

City  
Dover

State  
DE

Zip Code  
19901

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Delaware Transit Corporation

Occupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

320.00

Date of Receipt

MM / DD / YYYY  
08 / 24 / 2026

**Transaction ID : A2026-1835754**

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)..... ►

65.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 55 OF 115  
(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. 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 ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2026**Transaction ID : A2026-1787410**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. 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 ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2026**Transaction ID : A2026-1787411**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Mackay, Michael, , ,**

Mailing Address 201 S Jackson St.

City  
SeattleState  
WAZip Code  
98104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King County DOTOccupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2026**Transaction ID : A2026-1800332**

Amount of Each Receipt this Period

24.00

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

124.00

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

FOR LINE NUMBER: PAGE 56 OF 115

(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. 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 ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2026**Transaction ID : A2026-1787413**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. Mamo, Ephrem, G, ,**

Mailing Address 300 7th St SW

City  
WashingtonState  
DCZip Code  
20024FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WASH METRO AREA TRANSIT AUTHOccupation (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  
08 / 10 / 2026**Transaction ID : A2026-1789665**

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

**C. Mareson, Brendon, , ,**

Mailing Address 1 N University Dr

City  
PlantationState  
FLZip Code  
33324FEC 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 ▼

252.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2026**Transaction ID : A2026-1800308**

Amount of Each Receipt this Period

21.00

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

111.00

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

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

FOR LINE NUMBER: PAGE 57 OF 115

(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. Marshall, Vonda, , ,**

Mailing Address 3701 96th St. SW

City  
Lakewood

State  
WA

Zip Code  
98499

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Pierce Transit

Occupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 12 / 2026

**Transaction ID : A2026-1793119**

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

**B. McLaughlin, Andrea, , ,**

Mailing Address 201 S Jackson St.

City  
Seattle

State  
WA

Zip Code  
98104

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King County DOT

Occupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 20 / 2026

**Transaction ID : A2026-1800337**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**C. MENDEZ, RAFAEL, , ,**

Mailing Address One Gateway Plaza

City  
Los Angeles

State  
CA

Zip Code  
90012-2952

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LA County Metropolitan Transportation

Occupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

08 / 01 / 2026

**Transaction ID : A2026-1830652**

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)..... ►

85.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 58 OF 115  
(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. MENDEZ, RAFAEL, , ,**

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 ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 06 / 2026**Transaction ID : A2026-1831933**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. MENDEZ, RAFAEL, , ,**

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 ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2026**Transaction ID : A2026-1834812**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Miller, Brian, P, ,**

Mailing Address 201 S Jackson St.

City  
SeattleState  
WAZip Code  
98104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King County DOTOccupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2026**Transaction ID : A2026-1800253**

Amount of Each Receipt this Period

21.00

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

61.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 59 OF 115  
(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. Monillas, Elmer, , ,**

Mailing Address 201 S Jackson St.

City  
SeattleState  
WAZip Code  
98104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King County DOTOccupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2026**Transaction ID : A2026-1800248**

Amount of Each Receipt this Period

21.00

☐ Memo Item

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

**B. MORALES ANDRADE, DIEGO, , ,**

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 ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 01 / 2026**Transaction ID : A2026-1830662**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**C. MORALES ANDRADE, DIEGO, , ,**

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 ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 06 / 2026**Transaction ID : A2026-1831943**

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)..... ►

71.00

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

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

FOR LINE NUMBER: PAGE 60 OF 115

(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. MORALES ANDRADE, DIEGO, , ,**

Mailing Address 10000 New Hampshire Ave

City  
Silver Spring

State  
MD

Zip Code  
20903

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Amalgamated Transit Union

Occupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 20 / 2026

**Transaction ID : A2026-1834822**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B. Morrison, Donald, , ,**

Mailing Address 201 S Jackson St.

City  
Seattle

State  
WA

Zip Code  
98104

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King County DOT

Occupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

08 / 20 / 2026

**Transaction ID : A2026-1800243**

Amount of Each Receipt this Period

20.83

☐ Memo Item

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

**C. Nault, Lisa, , ,**

Mailing Address 201 S Jackson St.

City  
Seattle

State  
WA

Zip Code  
98104

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King County DOT

Occupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

08 / 20 / 2026

**Transaction ID : A2026-1800242**

Amount of Each Receipt this Period

17.50

☐ Memo Item

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

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

63.33

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

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

FOR LINE NUMBER: PAGE 61 OF 115

(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. Neil, Paul, , ,

Mailing Address 13028 Interurban Avenue South Suit

City  
Tukwila

State  
WA

Zip Code  
98168

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ATU Local 587

Occupation (for Individual)  
Fin. Sec.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2026

Transaction ID : A2026-1799483

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

B. Nelson, Spencer, , ,

Mailing Address 10000 New Hampshire Ave

City  
Silver Spring

State  
MD

Zip Code  
20903

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Amalgamated Transit Union

Occupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2026

Transaction ID : A2026-1787412

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Neuville, Mark, , ,

Mailing Address 906 Columbia Street

City  
Olympia

State  
WA

Zip Code  
20903

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ATU Local 1765

Occupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 12 / 2026

Transaction ID : A2026-1803446

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)..... ►

220.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 62 OF 115  
(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. Neuville, Mark, , ,**

Mailing Address 906 Columbia Street

City  
OlympiaState  
WAZip Code  
20903FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ATU Local 1765Occupation (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  
08 / 16 / 2026**Transaction ID : A2026-1803512**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**B. Niedermann, Karl, P, ,**

Mailing Address 201 S Jackson St.

City  
SeattleState  
WAZip Code  
98104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King County DOTOccupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2026**Transaction ID : A2026-1800280**

Amount of Each Receipt this Period

21.00

☐ Memo Item

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

**C. Nop, Chanthy, , ,**

Mailing Address 201 S Jackson St.

City  
SeattleState  
WAZip Code  
98104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King County DOTOccupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2026**Transaction ID : A2026-1800268**

Amount of Each Receipt this Period

21.00

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

52.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 63 OF 115  
(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. Ortiz, Adelita, , ,**

Mailing Address 201 S Jackson St.

City  
SeattleState  
WAZip Code  
98104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King County DOTOccupation (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  
08 / 20 / 2026**Transaction ID : A2026-1800338**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B. Oss, Steve, , ,**

Mailing Address 3201 Smith Ave

City  
EverettState  
WAZip Code  
98201FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Everett TransitOccupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 17 / 2026**Transaction ID : A2026-1803531**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Oughton, Christian, J, ,**

Mailing Address 201 S Jackson St.

City  
SeattleState  
WAZip Code  
98104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King County DOTOccupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2026**Transaction ID : A2026-1800296**

Amount of Each Receipt this Period

21.00

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

96.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 64 OF 115  
(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. Parsons, Adrienne, J, ,**

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 ▼

224.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 10 / 2026**Transaction ID : A2026-1789661**

Amount of Each Receipt this Period

32.00

☐ Memo Item

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

**B. PEARCE, PAULINE, , ,**

Mailing Address 2 Gateway 283-299 Market St.

City  
NewarkState  
NJZip Code  
07102FEC 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 ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2026**Transaction ID : A2026-1793395**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. PEARCE, PAULINE, , ,**

Mailing Address 2 Gateway 283-299 Market St.

City  
NewarkState  
NJZip Code  
07102FEC 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 ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2026**Transaction ID : A2026-1793391**

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)..... ►

112.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 65 OF 115  
(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. Priestman, Michael, P, ,**

Mailing Address 201 S Jackson St.

City  
SeattleState  
WAZip Code  
98104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King County DOTOccupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2026**Transaction ID : A2026-1800295**

Amount of Each Receipt this Period

21.00

☐ 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 ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 01 / 2026**Transaction ID : A2026-1830665**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. 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 ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 06 / 2026**Transaction ID : A2026-1831946**

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)..... ►

81.00

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

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

FOR LINE NUMBER: PAGE 66 OF 115

(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 Angeles

State  
CA

Zip Code  
90012-2952

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LA County Metropolitan Transportation

Occupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

08 / 20 / 2026

**Transaction ID : A2026-1834825**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Prieto, Lisa, , ,**

Mailing Address 3331 North First Street

City  
San Jose

State  
CA

Zip Code  
95134

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Santa Clara Valley Transportation Auth

Occupation (for Individual)  
OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

08 / 24 / 2026

**Transaction ID : A2026-1835709**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

**C. Prosper, Guy, , ,**

Mailing Address 20 N. Central Ave

City  
Valley Stream

State  
NY

Zip Code  
11580

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ATU Local 1181

Occupation (for Individual)  
Exec. Board

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

262.00

Date of Receipt

08 / 04 / 2026

**Transaction ID : A2026-1831089**

Amount of Each Receipt this Period

90.00

☐ Memo Item

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

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

162.00

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

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

FOR LINE NUMBER: PAGE 67 OF 115

(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. RAMBO, CYNTHIA, , ,**

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 ▼

375.00

Date of Receipt

08 / 01 / 2026

**Transaction ID : A2026-1830859**

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  
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 ▼

400.00

Date of Receipt

08 / 11 / 2026

**Transaction ID : A2026-1832646**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**C. RAMBO, CYNTHIA, , ,**

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 ▼

425.00

Date of Receipt

08 / 25 / 2026

**Transaction ID : A2026-1836055**

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)..... ►

75.00

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

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

FOR LINE NUMBER: PAGE 68 OF 115

(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. RAMIREZ GOMEZ, ADAM, , ,**

Mailing Address One Gateway Plaza

City  
Los Angeles

State  
CA

Zip Code  
90012-2952

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LA County Metropolitan Transportation

Occupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 01 / 2026

**Transaction ID : A2026-1830664**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B. RAMIREZ GOMEZ, ADAM, , ,**

Mailing Address One Gateway Plaza

City  
Los Angeles

State  
CA

Zip Code  
90012-2952

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LA County Metropolitan Transportation

Occupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

08 / 06 / 2026

**Transaction ID : A2026-1831945**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**C. RAMIREZ GOMEZ, ADAM, , ,**

Mailing Address One Gateway Plaza

City  
Los Angeles

State  
CA

Zip Code  
90012-2952

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LA County Metropolitan Transportation

Occupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 20 / 2026

**Transaction ID : A2026-1834824**

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)..... ►

75.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 69 OF 115  
(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. 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 ▼

295.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026**Transaction ID : A2026-1793654**

Amount of Each Receipt this Period

49.25

☐ Memo Item

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

**B. Reese, James, , ,**

Mailing Address 201 S Jackson St.

City  
SeattleState  
WAZip Code  
98104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King County DOTOccupation (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  
08 / 20 / 2026**Transaction ID : A2026-1800333**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**C. 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 ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 01 / 2026**Transaction ID : A2026-1830656**

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)..... ►

99.25

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

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

FOR LINE NUMBER: PAGE 70 OF 115

(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. REYES, CHARLES, A, ,

Mailing Address 1 Gateway Plaza

City  
Los Angeles

State  
CA

Zip Code  
90012

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LA County Metropolitan Transportation

Occupation (for Individual)  
Operator

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  
08 / 06 / 2026

Transaction ID : A2026-1831937

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 Angeles

State  
CA

Zip Code  
90012

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LA County Metropolitan Transportation

Occupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2026

Transaction ID : A2026-1834816

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Richmond, Aaron, W, ,

Mailing Address 10000 New Hampshire Ave

City  
Silver Spring

State  
MD

Zip Code  
20903

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Amalgamated Transit Union

Occupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2026

Transaction ID : A2026-1800316

Amount of Each Receipt this Period

21.00

☐ Memo Item

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

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

71.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 71 OF 115  
(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. riley, orlando, , ,**

Mailing Address 2 Gateway 283-299 Market St.

City  
NewarkState  
NJZip Code  
07102FEC 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 ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2026**Transaction ID : A2026-1803565**

Amount of Each Receipt this Period

45.00

☐ Memo Item

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

**B. Rivas, Tanika, C, ,**

Mailing Address 1942 N. 17th St.

City  
MilwaukeeState  
WIZip Code  
53205FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 01 / 2026**Transaction ID : A2026-1829596**

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

**C. Rivas, Tanika, C, ,**

Mailing Address 1942 N. 17th St.

City  
MilwaukeeState  
WIZip Code  
53205FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2026**Transaction ID : A2026-1834014**

Amount of Each Receipt this Period

40.00

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

125.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 72 OF 115  
(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. Rivera, Ismael, , ,**

Mailing Address 455 N. Garland Ave.

City  
OrlandoState  
FLZip Code  
32801FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Central Florida RTAOccupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2026**Transaction ID : A2026-1787421**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Robinson, Gary, , ,**

Mailing Address 300 7th St SW

City  
WashingtonState  
DCZip Code  
20024FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WASH METRO AREA TRANSIT AUTHOccupation (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  
08 / 10 / 2026**Transaction ID : A2026-1789656**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**C. Robinson, Gary, , ,**

Mailing Address 300 7th St SW

City  
WashingtonState  
DCZip Code  
20024FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WASH METRO AREA TRANSIT AUTHOccupation (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  
08 / 20 / 2026**Transaction ID : A2026-1800439**

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)..... ►

150.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 73 OF 115  
(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. Robinson, Gary, , ,**

Mailing Address 300 7th St SW

City  
WashingtonState  
DCZip Code  
20024FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WASH METRO AREA TRANSIT AUTHOccupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 27 / 2026**Transaction ID : A2026-1803127**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B. 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 ▼

333.36

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2026**Transaction ID : A2026-1803466**

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

**C. Rogers, Everett, , ,**

Mailing Address 300 7th St SW

City  
WashingtonState  
DCZip Code  
20024FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WASH METRO AREA TRANSIT AUTHOccupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

393.19

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 10 / 2026**Transaction ID : A2026-1789673**

Amount of Each Receipt this Period

56.17

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

122.84

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 74 OF 115  
(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. Rogers, Jimmy, , , Jr**

Mailing Address 201 S Jackson St.

City  
SeattleState  
WAZip Code  
98104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King County DOTOccupation (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  
08 / 20 / 2026**Transaction ID : A2026-1800265**

Amount of Each Receipt this Period

21.00

☐ Memo Item

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

**B. RUBIO, MARCELO, , ,**

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 ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 01 / 2026**Transaction ID : A2026-1830653**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. RUBIO, MARCELO, , ,**

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 06 / 2026**Transaction ID : A2026-1831934**

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)..... ►

61.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 75 OF 115  
(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. RUBIO, MARCELO, , ,**

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 ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2026**Transaction ID : A2026-1834813**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Ruiz-Dominguez, Edgar, A, ,**

Mailing Address 201 S Jackson St.

City  
SeattleState  
WAZip Code  
98104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King County DOTOccupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2026**Transaction ID : A2026-1800297**

Amount of Each Receipt this Period

21.00

☐ Memo Item

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

**C. Ryan, Alexander, T, ,**

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 ▼

252.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2026**Transaction ID : A2026-1800310**

Amount of Each Receipt this Period

21.00

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

62.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 76 OF 115  
(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. Saint-Victor, Georges, , ,**

Mailing Address 20 N. Central Ave

City  
Valley StreamState  
NYZip Code  
11580FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ATU Local 1181Occupation (for Individual)  
Exec. Board

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2026**Transaction ID : A2026-1831090**

Amount of Each Receipt this Period

90.00

☐ Memo Item

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

**B. SANDERS, JEFFREY, , ,**

Mailing Address 201 W. Kalamazoo Ave.

City  
KalamazooState  
MIZip Code  
49007FEC 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 ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 12 / 2026**Transaction ID : A2026-1832686**

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

**C. SANDERS, JEFFREY, , ,**

Mailing Address 201 W. Kalamazoo Ave.

City  
KalamazooState  
MIZip Code  
49007FEC 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 ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 26 / 2026**Transaction ID : A2026-1836159**

Amount of Each Receipt this Period

15.00

☐ 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 RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 77 OF 115  
(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 1558 W Jackson Street

City  
PhoenixState  
AZZip Code  
85007FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ATU Local 1433Occupation (for Individual)  
Financial Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 23 / 2026**Transaction ID : A2026-1803590**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. 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 ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026**Transaction ID : A2026-1803481**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. 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 ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2026**Transaction ID : A2026-1787416**

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)..... ►

210.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 78 OF 115  
(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 2 Gateway 283-299 Market St.

City  
NewarkState  
NJZip Code  
07102FEC 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 ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 16 / 2026**Transaction ID : A2026-1803511**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Smith, Patrick, , ,**

Mailing Address 2 Gateway 283-299 Market St.

City  
NewarkState  
NJZip Code  
07102FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 17 / 2026**Transaction ID : A2026-1797968**

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 2 Gateway 283-299 Market St.

City  
NewarkState  
NJZip Code  
07102FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 17 / 2026**Transaction ID : A2026-1797969**

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)..... ►

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 79 OF 115  
(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. Smith, Patrick, , ,**

Mailing Address 2 Gateway 283-299 Market St.

City  
NewarkState  
NJZip Code  
07102FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
NJ Transit Bus Operations, Inc.Occupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 17 / 2026**Transaction ID : A2026-1797970**

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 2 Gateway 283-299 Market St.

City  
NewarkState  
NJZip Code  
07102FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
NJ Transit Bus Operations, Inc.Occupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 17 / 2026**Transaction ID : A2026-1797971**

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 2 Gateway 283-299 Market St.

City  
NewarkState  
NJZip Code  
07102FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
NJ Transit Bus Operations, Inc.Occupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 17 / 2026**Transaction ID : A2026-1797972**

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)..... ►

15.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 80 OF 115  
(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, ShaDonna, B, ,**

Mailing Address 300 7th St SW

City  
WashingtonState  
DCZip Code  
20024FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WASH METRO AREA TRANSIT AUTHOccupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 27 / 2026**Transaction ID : A2026-1803124**

Amount of Each Receipt this Period

12.00

☐ Memo Item

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

**B. Solia, Jacob, A, ,**

Mailing Address 201 S Jackson St.

City  
SeattleState  
WAZip Code  
98104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King County DOTOccupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2026**Transaction ID : A2026-1800298**

Amount of Each Receipt this Period

21.00

☐ Memo Item

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

**C. Spates, Elijah, , , Jr.**

Mailing Address 2 Gateway 283-299 Market St.

City  
NewarkState  
NJZip Code  
07102FEC 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 ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 11 / 2026**Transaction ID : A2026-1803413**

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)..... ►

83.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 81 OF 115  
(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. Spates, Elijah, , , Jr.**

Mailing Address 2 Gateway 283-299 Market St.

City  
NewarkState  
NJZip Code  
07102FEC 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 ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 16 / 2026**Transaction ID : A2026-1803510**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. St George, Joseph, M, ,**

Mailing Address 1 N University Dr

City  
PlantationState  
FLZip Code  
33324FEC 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 ▼

252.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2026**Transaction ID : A2026-1800307**

Amount of Each Receipt this Period

21.00

☐ Memo Item

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

**C. Stambaugh, Jeffrey, , ,**

Mailing Address 201 S Jackson St.

City  
SeattleState  
WAZip Code  
98104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King County DOTOccupation (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  
08 / 20 / 2026**Transaction ID : A2026-1799481**

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)..... ►

146.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 82 OF 115  
(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. Sternenber, Eric, J, ,**

Mailing Address 201 S Jackson St.

City  
SeattleState  
WAZip Code  
98104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King County DOTOccupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2026**Transaction ID : A2026-1800290**

Amount of Each Receipt this Period

21.00

☐ Memo Item

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

**B. Straker, Stanley, , ,**

Mailing Address 201 S Jackson St.

City  
SeattleState  
WAZip Code  
98104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King County DOTOccupation (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  
08 / 20 / 2026**Transaction ID : A2026-1800341**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**C. Taito, Mary, , ,**

Mailing Address 201 S Jackson St.

City  
SeattleState  
WAZip Code  
98104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King County DOTOccupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2026**Transaction ID : A2026-1800349**

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)..... ►

96.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 83 OF 115  
(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. TASHIEM, WISE, , ,**

Mailing Address 301 East Belt Boulevard

City  
RichmondState  
VAZip Code  
23224FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Old Dominion Transit Management CompanOccupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026**Transaction ID : A2026-1833463**

Amount of Each Receipt this Period

12.50

☐ Memo Item

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

**B. TASHIEM, WISE, , ,**

Mailing Address 301 East Belt Boulevard

City  
RichmondState  
VAZip Code  
23224FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Old Dominion Transit Management CompanOccupation (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  
08 / 28 / 2026**Transaction ID : A2026-1836392**

Amount of Each Receipt this Period

12.50

☐ Memo Item

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

**C. Taylor, Darryl, , ,**

Mailing Address 201 S Jackson St.

City  
SeattleState  
WAZip Code  
98104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King County DOTOccupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2026**Transaction ID : A2026-1800255**

Amount of Each Receipt this Period

21.00

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

46.00

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

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

FOR LINE NUMBER: PAGE 84 OF 115

(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. Taylor, Natasha, , ,**

Mailing Address 2424 Piedmont Road NE

City  
Atlanta

State  
GA

Zip Code  
30324-3311

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Metropolitan Atlanta Rapid Transportat

Occupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

412.50

Date of Receipt

08 / 26 / 2026

**Transaction ID : A2026-1803037**

Amount of Each Receipt this Period

112.50

☐ Memo Item

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

**B. Thurmond, Michael, , ,**

Mailing Address 623 Smithfield Street

City  
Pittsburgh

State  
PA

Zip Code  
15222

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Port Authority of Allegheny County

Occupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

08 / 03 / 2026

**Transaction ID : A2026-1787283**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

**C. Thurmond, Michael, , ,**

Mailing Address 623 Smithfield Street

City  
Pittsburgh

State  
PA

Zip Code  
15222

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Port Authority of Allegheny County

Occupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

252.00

Date of Receipt

08 / 26 / 2026

**Transaction ID : A2026-1802960**

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)..... ►

196.50

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 85 OF 115  
(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. Tobin, Theresa, , ,**

Mailing Address 201 S Jackson St.

City  
SeattleState  
WAZip Code  
98104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King County DOTOccupation (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  
08 / 20 / 2026**Transaction ID : A2026-1800336**

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  
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 ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 01 / 2026**Transaction ID : A2026-1830860**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**C. Todd, Keith, , ,**

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 ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 11 / 2026**Transaction ID : A2026-1832647**

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)..... ►

75.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 86 OF 115  
(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. Todd, Keith, , ,**

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 ▼

425.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 25 / 2026**Transaction ID : A2026-1836056**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B. 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 ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2026**Transaction ID : A2026-1787422**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Turmon, Keysha, , ,**

Mailing Address 201 S Jackson St.

City  
SeattleState  
WAZip Code  
98104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King County DOTOccupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2026**Transaction ID : A2026-1800257**

Amount of Each Receipt this Period

21.00

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

146.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 87 OF 115  
(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. 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 ▼

333.36

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 02 / 2026**Transaction ID : A2026-1803366**

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

**B. Vasquez, Dawn, R, ,**

Mailing Address 201 S Jackson St.

City  
SeattleState  
WAZip Code  
98104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King County DOTOccupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2026**Transaction ID : A2026-1800276**

Amount of Each Receipt this Period

21.00

☐ 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 ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 01 / 2026**Transaction ID : A2026-1830862**

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)..... ►

92.67

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 88 OF 115  
(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. 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 ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 11 / 2026**Transaction ID : A2026-1832649**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. 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 ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 25 / 2026**Transaction ID : A2026-1836058**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. WAITES, ERIC, , ,**

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  
08 / 01 / 2026**Transaction ID : A2026-1830858**

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)..... ►

80.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 89 OF 115  
(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. WAITES, ERIC, , ,**

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 ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 11 / 2026**Transaction ID : A2026-1832644**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. WAITES, ERIC, , ,**

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 ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 25 / 2026**Transaction ID : A2026-1836054**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Watt, Christopher, , ,**

Mailing Address 201 S Jackson St.

City  
SeattleState  
WAZip Code  
98104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King County DOTOccupation (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  
08 / 20 / 2026**Transaction ID : A2026-1800343**

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)..... ►

65.00

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

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

FOR LINE NUMBER: PAGE 90 OF 115

(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. Weinstein, Shane, , ,**

Mailing Address 1011 Andersen Drive

City  
San Rafael

State  
CA

Zip Code  
94901-5318

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Golden Gate Bridge, Highway and Transp

Occupation (for Individual)  
OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

08 / 08 / 2026

**Transaction ID : A2026-1803382**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B. Weinstein, Shane, , ,**

Mailing Address 1011 Andersen Drive

City  
San Rafael

State  
CA

Zip Code  
94901-5318

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Golden Gate Bridge, Highway and Transp

Occupation (for Individual)  
OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 22 / 2026

**Transaction ID : A2026-1803589**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**C. West, Joel, M, ,**

Mailing Address 10000 New Hampshire Ave

City  
Silver Spring

State  
MD

Zip Code  
20903

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Amalgamated Transit Union

Occupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

08 / 10 / 2026

**Transaction ID : A2026-1789668**

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

90.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 91 OF 115  
(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. Wickham, Kelly, , ,**

Mailing Address 201 S Jackson St.

City  
SeattleState  
WAZip Code  
98104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King County DOTOccupation (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  
08 / 20 / 2026**Transaction ID : A2026-1800335**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B. Williams JR, Joseph, R, ,**

Mailing Address 201 S Jackson St.

City  
SeattleState  
WAZip Code  
98104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King County DOTOccupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2026**Transaction ID : A2026-1800294**

Amount of Each Receipt this Period

21.00

☐ Memo Item

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

**C. WILLIAMS, AARON, , ,**

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 ▼

348.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 22 / 2026**Transaction ID : A2026-1803586**

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)..... ►

88.00

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

FOR LINE NUMBER: PAGE 92 OF 115

(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. WILLIAMS, LINDA, , ,**

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)  
METROOccupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 12 / 2026**Transaction ID : A2026-1832687**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. WILLIAMS, LINDA, , ,**

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)  
METROOccupation (for Individual)  
Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 26 / 2026**Transaction ID : A2026-1836160**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Woodfill, Greg, , ,**

Mailing Address 201 S Jackson St.

City  
SeattleState  
WAZip Code  
98104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King County DOTOccupation (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  
08 / 20 / 2026**Transaction ID : A2026-1799480**

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)..... ►

115.00

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

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

FOR LINE NUMBER: PAGE 93 OF 115

(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. YOUSEFI AL ABBADI, SALMA, , ,**

Mailing Address 10000 New Hampshire Avenue

City  
Silver Spring

State  
MD

Zip Code  
20903

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Amalgamated Transit Union

Occupation (for Individual)  
Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 04 / 2026

**Transaction ID : A2026-1787414**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. Zena, Samuel, B, ,**

Mailing Address 10000 New Hampshire Ave

City  
Silver Spring

State  
MD

Zip Code  
20903

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Amalgamated Transit Union

Occupation (for Individual)  
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  
08 / 20 / 2026

**Transaction ID : A2026-1800305**

Amount of Each Receipt this Period

21.00

☐ 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 Y

Amount of Each Receipt this Period

☐ Memo Item

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

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

71.00

13491.77

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 94 OF 115  
(check only one)

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

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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. Titus for Congress**

Mailing Address P.O. Box 72454

City  
Las VegasState  
NVZip Code  
89170FEC ID number of contributing  
federal political committee.**C**

C00499467

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2026

☐ Primary ☐ General  
☒ Other (specify) ▼

Not Applicable

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 14 / 2026**Transaction ID : A2026-22642**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Refund check originally dated 06/09/2026.

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

**B. Kaela for Congress**

Mailing Address 3321 Military Rd NW

City  
WashingtonState  
DCZip Code  
20015FEC ID number of contributing  
federal political committee.**C**

C00921478

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2026

☐ Primary ☐ General  
☒ Other (specify) ▼

Not Applicable

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 21 / 2026**Transaction ID : A2026-22652**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Void check originally dated 07/16/2026

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)..... ►

7500.00

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

7500.00

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

PAGE 95 OF 115

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <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 | 8 |   |   | 0 | 1 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

C

Transaction ID : B932203

Amount of Each Disbursement this Period

9.85

☐ 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: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <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 | 8 |   |   | 0 | 2 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

C

Transaction ID : B932204

Amount of Each Disbursement this Period

2.85

☐ 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: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <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 | 8 |   |   | 0 | 3 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

C

Transaction ID : B932205

Amount of Each Disbursement this Period

1.57

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

14.27

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

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

PAGE 96 OF 115

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <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 | 8 |   |   | 0 | 4 |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

C

Transaction ID : B932206

Amount of Each Disbursement this Period

1.34

☐ 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: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <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 | 8 |   |   | 0 | 5 |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

C

Transaction ID : B932207

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: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <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 | 8 |   |   | 0 | 6 |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

C

Transaction ID : B932208

Amount of Each Disbursement this Period

1.16

☐ Memo Item

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

3.51

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

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

PAGE 97 OF 115

☒ 21b    ☐ 22    ☐ 23    ☐ 26    ☐ 27  
☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 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:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2026

☐ Primary    ☐ General  
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 0 | 7 |   |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

C

Transaction ID : B932209

Amount of Each Disbursement this Period

2.47

☐ 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:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2026

☐ Primary    ☐ General  
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 0 | 8 |   |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

C

Transaction ID : B932210

Amount of Each Disbursement this Period

3.14

☐ 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:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2026

☐ Primary    ☐ General  
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 0 | 9 |   |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

C

Transaction ID : B932211

Amount of Each Disbursement this Period

7.03

☐ Memo Item

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

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

12.64

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

PAGE 98 OF 115

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <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 | 8 |   |   | 1 | 0 |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

C

Transaction ID : B932212

Amount of Each Disbursement this Period

8.37

☐ 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: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <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 | 8 |   |   | 1 | 1 |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

C

Transaction ID : B932213

Amount of Each Disbursement this Period

20.14

☐ 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: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <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 | 8 |   |   | 1 | 2 |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

C

Transaction ID : B932214

Amount of Each Disbursement this Period

15.58

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

44.09

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

PAGE 99 OF 115

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <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 | 8 |   |   | 1 | 3 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

C

Transaction ID : B932215

Amount of Each Disbursement this Period

11.24

☐ 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: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <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 | 8 |   |   | 1 | 4 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

C

Transaction ID : B932216

Amount of Each Disbursement this Period

10.60

☐ 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: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <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 | 8 |   |   | 1 | 5 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

C

Transaction ID : B932217

Amount of Each Disbursement this Period

12.29

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

34.13

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

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

PAGE 100 OF 115

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <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 | 8 |   |   | 1 | 6 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

C

Transaction ID : B932218

Amount of Each Disbursement this Period

13.78

☐ 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: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <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 | 8 |   |   | 1 | 7 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

C

Transaction ID : B932219

Amount of Each Disbursement this Period

24.99

☐ 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: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <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 | 8 |   |   | 1 | 8 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

C

Transaction ID : B932220

Amount of Each Disbursement this Period

11.48

☐ Memo Item

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

50.25

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

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

PAGE 101 OF 115

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <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 | 8 |   |   | 1 | 9 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

C

Transaction ID : B932221

Amount of Each Disbursement this Period

2.99

☐ 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: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <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 | 8 |   |   | 2 | 0 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

C

Transaction ID : B932222

Amount of Each Disbursement this Period

2.80

☐ 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: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <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 | 8 |   |   | 2 | 1 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

C

Transaction ID : B932223

Amount of Each Disbursement this Period

7.49

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

13.28

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

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

PAGE 102 OF 115

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <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 | 8 |   |   | 2 | 2 |   | 2 | 0 | 6 |   |   |   |

FEC Identification Number

C

Transaction ID : B932224

Amount of Each Disbursement this Period

4.20

☐ 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: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <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 | 8 |   |   | 2 | 3 |   | 2 | 0 | 6 |   |   |   |

FEC Identification Number

C

Transaction ID : B932225

Amount of Each Disbursement this Period

4.39

☐ 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: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <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 | 8 |   |   | 2 | 4 |   | 2 | 0 | 6 |   |   |   |

FEC Identification Number

C

Transaction ID : B932226

Amount of Each Disbursement this Period

5.39

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

13.98

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

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

PAGE 103 OF 115

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <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 | 8 |   |   | 2 | 5 |   |   | 2 | 0 | 6 |   |   |

FEC Identification Number

C

Transaction ID : B932227

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: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <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 | 8 |   |   | 2 | 6 |   |   | 2 | 0 | 6 |   |   |

FEC Identification Number

C

Transaction ID : B932228

Amount of Each Disbursement this Period

4.67

☐ 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: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <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 | 8 |   |   | 2 | 7 |   |   | 2 | 0 | 6 |   |   |

FEC Identification Number

C

Transaction ID : B932229

Amount of Each Disbursement this Period

4.77

☐ Memo Item

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

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

10.11

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

PAGE 104 OF 115

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <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 | 8 |   |   | 2 | 8 |   |   | 2 | 0 | 6 |   |   |   |

FEC Identification Number

C

Transaction ID : B932230

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: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <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 | 8 |   |   | 2 | 9 |   |   | 2 | 0 | 6 |   |   |   |

FEC Identification Number

C

Transaction ID : B932231

Amount of Each Disbursement this Period

6.93

☐ 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: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <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 | 8 |   |   | 3 | 0 |   |   | 2 | 0 | 6 |   |   |   |

FEC Identification Number

C

Transaction ID : B932232

Amount of Each Disbursement this Period

4.60

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

12.20

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

208.46

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

PAGE 105 OF 115

|                              |                              |                                        |                             |                              |
|------------------------------|------------------------------|----------------------------------------|-----------------------------|------------------------------|
| <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. Barragan for Congress**

Mailing Address 1840 South Gaffey Street #421

City  
San PedroState  
CAZip Code  
90731

Purpose of Disbursement

Contribution

011

Candidate Name

Barragan, Nanette, . .

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA

District: 44

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 0 | 4 |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

C C00577353

Transaction ID : B929712

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BELL FOR MISSOURI**

Mailing Address PO BOX 33079

City  
WashingtonState  
DCZip Code  
20033

Purpose of Disbursement

Contribution

011

Candidate Name

Bell, Wesley, . .

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2026

☒ Primary ☐ General  
☐ Other (specify)

State: MO

District: 01

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 0 | 4 |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

C C00842336

Transaction ID : B929717

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Mark Pocan for Congress**

Mailing Address PO Box 327

City  
MadisonState  
WIZip Code  
53701

Purpose of Disbursement

Contribution

011

Candidate Name

Pocan, Mark, . .

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI

District: 02

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 0 | 4 |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

C C00502179

Transaction ID : B929722

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 DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 106 OF 115

|                              |                              |                                        |                             |                              |
|------------------------------|------------------------------|----------------------------------------|-----------------------------|------------------------------|
| <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. Pete Aguilar for Congress**

Mailing Address PO Box 10954

City  
San BernadinoState  
CAZip Code  
92423

Purpose of Disbursement

Contribution

011

Candidate Name

Aguilar, Pete, , ,

Office Sought:



House



Senate



President

Disbursement For: 2026



Primary



General



Other (specify) ▼

State: CA

District: 33

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 0 | 4 |   |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

C C00510461

Transaction ID : B929708

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Poindexter for Congress**

Mailing Address 545 E. Town St.

City  
ColumbusState  
OHZip Code  
43215

Purpose of Disbursement

Contribution

011

Candidate Name

Poindexter, Brian, , ,

Office Sought:



House



Senate



President

Disbursement For: 2026



Primary



General



Other (specify) ▼

State: OH

District: 07

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 0 | 4 |   |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

C C00933366

Transaction ID : B929725

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Tram for Congress**

Mailing Address PO Box 15

City  
AndoverState  
MAZip Code  
01810

Purpose of Disbursement

Contribution

011

Candidate Name

Nguyen, Tram, , ,

Office Sought:



House



Senate



President

Disbursement For: 2026



Primary



General



Other (specify) ▼

State: MA

District: 06

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 0 | 4 |   |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

C C00924241

Transaction ID : B929497

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

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

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

15000.00

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

PAGE 107 OF 115

|                              |                              |                                        |                             |                              |
|------------------------------|------------------------------|----------------------------------------|-----------------------------|------------------------------|
| <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. Cooke for Congress**

Mailing Address P.O. Box 1846

City  
Eau ClaireState  
WIZip Code  
54702

Purpose of Disbursement

Contribution

011

Candidate Name

Cooke, Rebecca, , ,

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

State: WI

District: 03

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 1 | 8 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

C C00844993

Transaction ID : B930591

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Ager for Congress**

Mailing Address PO Box 64

City  
FairviewState  
NCZip Code  
28730

Purpose of Disbursement

Contribution

011

Candidate Name

Ager, Jamie, , ,

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2026

☐ Primary ☒ General  
☐ Other (specify)

State: NC

District: 11

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 2 | 5 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

C C00914119

Transaction ID : B930888

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DCCC**

Mailing Address 430 S. Capitol St. SE 2nd Fl.

City  
WashingtonState  
DCZip Code  
20003

Purpose of Disbursement

Contribution

011

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2026

☐ Primary ☐ General  
☒ Other (specify) ▼

State:

District:

Not Applicable

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 2 | 5 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

C C00000935

Transaction ID : B931034

Amount of Each Disbursement this Period

15000.00

☐ Memo Item

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

25000.00

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

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

PAGE 108 OF 115

|                              |                              |                                        |                             |                              |
|------------------------------|------------------------------|----------------------------------------|-----------------------------|------------------------------|
| <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. Friends of Don Beyer**

Mailing Address 1751 Potomac Greens Drive

City  
AlexandriaState  
VAZip Code  
22314

Purpose of Disbursement

Contribution

011

Candidate Name

Beyer, Don, , , Jr.

Category/  
Type

Office Sought:



House



Senate



President

Disbursement For: 2026



Primary



General



Other (specify) ▼

State: VA

District: 08

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 25 2026

FEC Identification Number

C C00555888

Transaction ID : B931030

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Glenn Ivey for Congress**

Mailing Address PO Box 85

City  
BladensburgState  
MDZip Code  
20710

Purpose of Disbursement

Contribution

011

Candidate Name

Ivey, Glenn, , ,

Category/  
Type

Office Sought:



House



Senate



President

Disbursement For: 2026



Primary



General



Other (specify) ▼

State: MD

District: 04

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 25 2026

FEC Identification Number

C C00792283

Transaction ID : B931029

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Herb Conaway for Congress**

Mailing Address P.O. Box 493

City  
WillingboroState  
NJZip Code  
08046

Purpose of Disbursement

Contribution

011

Candidate Name

Conaway, Herb, , ,

Category/  
Type

Office Sought:



House



Senate



President

Disbursement For: 2026



Primary



General



Other (specify) ▼

State: NJ

District: 03

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 25 2026

FEC Identification Number

C C00859496

Transaction ID : B931105

Amount of Each Disbursement this Period

2500.00

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

4500.00

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

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

PAGE 109 OF 115

|                              |                              |                                        |                             |                              |
|------------------------------|------------------------------|----------------------------------------|-----------------------------|------------------------------|
| <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. Jamie Raskin for Congress**

Mailing Address P.O. Box 5418

City  
Takoma ParkState  
MDZip Code  
20913

Purpose of Disbursement

Contribution

Candidate Name

Raskin, Jamie, , ,

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MD District: 08

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 2 | 5 |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

**C** C00575126**Transaction ID : B931031**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. KENNEDY FOR CONGRESS**

Mailing Address PO BOX 536

City  
BUFFALOState  
NYZip Code  
14201

Purpose of Disbursement

Contribution

Candidate Name

KENNEDY, TIMOTHY, , ,

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2026

☐ Primary ☒ General  
☐ Other (specify)

State: NY District: 26

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 2 | 5 |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

**C** C00856526**Transaction ID : B930887**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. The Congressional Committee to Elect Robert White 2026**

Mailing Address 3401 12 STREET NE UNIT 29033

City  
WashingtonState  
DCZip Code  
20017

Purpose of Disbursement

Contribution

Candidate Name

White, Robert, , ,

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

State: DC District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 2 | 5 |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

**C** C00921502**Transaction ID : B931033**

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

PAGE 110 OF 115

|                              |                              |                                        |                             |                              |
|------------------------------|------------------------------|----------------------------------------|-----------------------------|------------------------------|
| <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. Walkinshaw for Congress**

Mailing Address P.O. Box 583

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 2 | 5 |   |   | 2 | 0 | 2 | 6 |   |

City  
MerrifieldState  
VAZip Code  
22116

FEC Identification Number

**C** C00904367**Transaction ID : B931032**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Purpose of Disbursement

Contribution

011

Category/  
Type

Candidate Name

Walkinshaw, James, , ,

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

State: VA

District: 11

Full Name (Last, First, Middle Initial)

**B. Citizens for Brad Smith**

Mailing Address 124 W Freistadt Rd #136

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 2 | 7 |   |   | 2 | 0 | 2 | 6 |   |

City  
ThiensvilleState  
WIZip Code  
53092

FEC Identification Number

**C** C00920231**Transaction ID : B931282**

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Purpose of Disbursement

Contribution

011

Category/  
Type

Candidate Name

Smith, Brad, , ,

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

State: WI

District: 06

Full Name (Last, First, Middle Initial)

**C. Solis for Congress**

Mailing Address 16633 Ventura Blvd # 1008

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 2 | 7 |   |   | 2 | 0 | 2 | 6 |   |

City  
EncinoState  
CAZip Code  
91436

FEC Identification Number

**C** C00346296**Transaction ID : B931283**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Purpose of Disbursement

Contribution

011

Category/  
Type

Candidate Name

Solis, Hilda, , ,

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA

District: 32

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6250.00

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

PAGE 111 OF 115

|                              |                              |                                        |                             |                              |
|------------------------------|------------------------------|----------------------------------------|-----------------------------|------------------------------|
| <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. Winning for America PAC**

Mailing Address 101 W ARGONNE DR #24

City  
SAINT LOUISState  
MOZip Code  
63122

Purpose of Disbursement

Contribution

Candidate Name

011

Category/  
Type

Office Sought:

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

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <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 | 8 |   |   | 2 | 7 |   |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

C C00826362

Transaction ID : B931284

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <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

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).....▶

5000.00

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

70250.00

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

PAGE 112 OF 115

|                              |                              |                              |                                        |                              |
|------------------------------|------------------------------|------------------------------|----------------------------------------|------------------------------|
| <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. CFL & IUC Cook County Labor PAC**

Mailing Address 180 N. Stetson Ave. Suite 1529

City  
ChicagoState  
ILZip Code  
60601

Purpose of Disbursement

Local PAC

Candidate Name

011

Category/  
Type

Office Sought:

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

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <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 | 8 |   |   | 1 | 8 |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

C

Transaction ID : B930267

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Citizen Action / IL**

Mailing Address 2229 S Halsted St

City  
ChicagoState  
ILZip Code  
60608

Purpose of Disbursement

State PAC

Candidate Name

011

Category/  
Type

Office Sought:

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

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <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 | 8 |   |   | 2 | 5 |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

C

Transaction ID : B930890

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends of Dart**

Mailing Address 751 S. Clark Suite 300

City  
ChicagoState  
ILZip Code  
60605

Purpose of Disbursement

G-2026 Sheriff IL

Candidate Name

Dart, Tom, , ,

011

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State: IL

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 2 | 5 |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

C

Transaction ID : B930889

Amount of Each Disbursement this Period

750.00

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

1750.00

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

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary 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. Committee to Elect Bianca Brown**

Mailing Address 18300 S. Halsted Ste. B1 #111

City  
GlenwoodState  
ILZip Code  
60425

Purpose of Disbursement

P-2026 Circuit Court Judge 17 IL

011

Candidate Name

Brown, Bianca, , ,

Category/  
Type

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: 17

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 2 | 6 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

C

Transaction ID : B917514

Amount of Each Disbursement this Period

- 250.00

☐ Memo Item Void check originally dated 2/12/26

Full Name (Last, First, Middle Initial)

**B. Committee to Elect Bianca Brown**

Mailing Address 18300 S. Halsted Ste. B1 #111

City  
GlenwoodState  
ILZip Code  
60425

Purpose of Disbursement

G-2026 Circuit Court Judge 17 IL

011

Candidate Name

Brown, Bianca, , ,

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State: IL

District: 17

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 2 | 7 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

C

Transaction ID : B931285

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Billings for Assembly**

Mailing Address PO Box 592

City  
La CrosseState  
WIZip Code  
54602

Purpose of Disbursement

O-2026 State House 95 WI

011

Candidate Name

Billings, Jill, , ,

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State: WI

District: 95

Election Cycle

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 2 | 7 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

C

Transaction ID : B931291

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).....▶

200.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use 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 Ben Brist**

Mailing Address P. O. Box 71

City  
GreendaleState  
WIZip Code  
53129

Purpose of Disbursement

O-2026 State House 61 WI

Candidate Name

Brist, Ben, , ,

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2026

☐ Primary ☐ General  
☒ Other (specify) ▼

Election Cycle

State: WI

District: 61

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 2 | 7 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

C

Transaction ID : B931292

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CROWLEY FOR WISCONSIN**

Mailing Address PO Box 510031

City  
MilwaukeeState  
WIZip Code  
53203

Purpose of Disbursement

O-2026 Governor WI

Candidate Name

Crowley, David, , ,

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2026

☐ Primary ☐ General  
☒ Other (specify) ▼

Election Cycle

State: WI

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 2 | 7 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

C

Transaction ID : B931294

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Karen Kirsch for Assembly**

Mailing Address 3328 W. Vogel Ave

City  
GreenfieldState  
WIZip Code  
53221

Purpose of Disbursement

O-2026 State House 7 WI

Candidate Name

Kirsch, Karen, , ,

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2026

☐ Primary ☐ General  
☒ Other (specify) ▼

Election Cycle

State: WI

District: 07

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 2 | 7 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

C

Transaction ID : B931290

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)..... ►

1450.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use 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 Priscilla A. Prado**

Mailing Address 711 W Layton Ave Ste B

City  
MilwaukeeState  
WIZip Code  
53221Purpose of Disbursement  
O-2026 State House 9 WI

011

Candidate Name

Prado, Priscilla, , ,

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2026

☐ Primary ☐ General  
☒ Other (specify) ▼

Election Cycle

State: WI

District: 09

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 2 | 7 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

C

Transaction ID : B931287

Amount of Each Disbursement this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. JoCasta for WI**

Mailing Address 5027 W. North Ave

City  
MilwaukeeState  
WIZip Code  
53208Purpose of Disbursement  
O-2026 State House 8 WI

011

Candidate Name

Zamarripa, JoCasta, , ,

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2026

☐ Primary ☐ General  
☒ Other (specify) ▼

Election Cycle

State: WI

District: 08

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 2 | 7 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

C

Transaction ID : B931293

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF AMY ZIMMERMAN**

Mailing Address 17450 Azure Ave

City  
BrookfieldState  
WIZip Code  
53045Purpose of Disbursement  
O-2026 State House 13 WI

011

Candidate Name

ZIMMERMAN, AMY, , ,

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2026

☐ Primary ☐ General  
☒ Other (specify) ▼

Election Cycle

State: WI

District: 13

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 2 | 7 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

C

Transaction ID : B931289

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)..... ►

650.00

4050.00