



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
AMALGAMATED TRANSIT UNION-COPE

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="center">123156.36</td></tr></table>	123156.36
Y	Y	Y	Y									
2	0	0	7									
123156.36												
(b) Cash on Hand at Beginning of Reporting Period .....	<table border="1" style="width: 100%;"><tr><td align="center">175209.76</td></tr></table>	175209.76										
175209.76												
(c) Total Receipts (from Line 19) .....	<table border="1" style="width: 100%;"><tr><td align="center">67827.54</td></tr></table>	67827.54	<table border="1" style="width: 100%;"><tr><td align="center">303080.94</td></tr></table>	303080.94								
67827.54												
303080.94												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<table border="1" style="width: 100%;"><tr><td align="center">243037.30</td></tr></table>	243037.30	<table border="1" style="width: 100%;"><tr><td align="center">426237.30</td></tr></table>	426237.30								
243037.30												
426237.30												
7. Total Disbursements (from Line 31) .....	<table border="1" style="width: 100%;"><tr><td align="center">113675.00</td></tr></table>	113675.00	<table border="1" style="width: 100%;"><tr><td align="center">296875.00</td></tr></table>	296875.00								
113675.00												
296875.00												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1" style="width: 100%;"><tr><td align="center">129362.30</td></tr></table>	129362.30	<table border="1" style="width: 100%;"><tr><td align="center">129362.30</td></tr></table>	129362.30								
129362.30												
129362.30												
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="center">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="center">0.00</td></tr></table>	0.00										
0.00												

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

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
AMALGAMATED TRANSIT UNION-COPE

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	3317.34	7767.36
(i) Itemized (use Schedule A) .....	63995.81	292667.30
(ii) Unitemized .....	67313.15	300434.66
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	67313.15	300434.66
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	514.39	2646.28
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 Transfer (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)) .....	67827.54	303080.94
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	67827.54	303080.94

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	111050.00	260550.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	2625.00	36325.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	113675.00	296875.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	113675.00	296875.00

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	67313.15	300434.66
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	67313.15	300434.66
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Paul J. Bachtel		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 7
Mailing Address 8513 Main Street #203		<b>Transaction ID:</b> SA11A1.15047
City Edmonds State WA Zip Code 98026	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer King County Metro Transit	Occupation Transit Employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Robert H. Baker		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 7
Mailing Address 6400 Oakley Terrace		<b>Transaction ID:</b> SA11A1.15024
City Frederick State MD Zip Code 21701	Amount of Each Receipt this Period 42.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Amalgamated Transit Union	Occupation International Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Robert E. Bangs		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address 2411 South 248th Street #D-12		<b>Transaction ID:</b> SA11A1.15036
City Kent State WA Zip Code 98032-4070	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer King County Metro Transit	Occupation Transit operator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	142.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Warren Chapman

Mailing Address c/o LU 689  
2701 Whitney Place

City State Zip Code  
Forestville MD 20747

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

Name of Employer Washington Metro Area Transit  
Occupation operator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
MM / DD / YYYY  
06 / 26 / 2007

Transaction ID: SA11A1.15065

Amount of Each Receipt this Period  
40.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Charles Cook

Mailing Address P.O. Box 5322

City State Zip Code  
Petaluma CA 94955

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

Name of Employer Amalgamated Transit Union  
Occupation International Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
252.00

Date of Receipt  
MM / DD / YYYY  
06 / 06 / 2007

Transaction ID: SA11A1.15022

Amount of Each Receipt this Period  
42.00

**C.** Full Name (Last, First, Middle Initial)  
Prenoyal C. Davis

Mailing Address 19004 Silver Creek Avenue E

City State Zip Code  
Puyallup WA 98375

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

Name of Employer King county DOT-Metro Transit  
Occupation operator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
06 / 04 / 2007

Transaction ID: SA11A1.15051

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	132.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Jimmie R. Ekdahl</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2007	
Mailing Address 13218 Third S		<b>Transaction ID: SA11A1.15037</b>	
City State Zip Code Seattle WA 98168		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer King County DOT-Metro Transit		Occupation operator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. James D. Fitzgerald</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 25 / 2007	
Mailing Address 4608 East 13th Avenue		<b>Transaction ID: SA11A1.15069</b>	
City State Zip Code Spokane Valley WA 99212		Amount of Each Receipt this Period 45.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Spokane Transit Authority		Occupation Transit Operator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 256.68	

Full Name (Last, First, Middle Initial) <b>C. Ms Mary B. Fitzgerald</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 25 / 2007	
Mailing Address 4608 E. 13th Avenue		<b>Transaction ID: SA11A1.15070</b>	
City State Zip Code Spokane Valley WA 99212-6360		Amount of Each Receipt this Period 48.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Spokane Transit Authority		Occupation transit operator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 280.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	143.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A.</b> Joseph D. Gaudette		Date of Receipt M M / D D / Y Y Y Y 06 / 25 / 2007	
Mailing Address 67 Old Thompson Road		Transaction ID: SA11A1.15068	
City Buxton	State ME	Zip Code 04093	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Greater Portland Transit Dist.	Occupation Operator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr Lawrence Hanley		Date of Receipt M M / D D / Y Y Y Y 06 / 06 / 2007	
Mailing Address 40-D Dinsmore Street		Transaction ID: SA11A1.15028	
City Staten Island	State NY	Zip Code 10314	Amount of Each Receipt this Period 42.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Amalgamated Transit Union	Occupation International Representative		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Donald T. Hansen		Date of Receipt M M / D D / Y Y Y Y 06 / 06 / 2007	
Mailing Address 12016 Bronson Street, SE		Transaction ID: SA11A1.15021	
City Tenino	State WA	Zip Code 98589	Amount of Each Receipt this Period 42.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Amalgamated Transit Union	Occupation International Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	124.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Ronald J. Heintzman		Date of Receipt M M / D D / Y Y Y Y 06 / 06 / 2007
Mailing Address 12126 Meridian Road, NE		Transaction ID: SA11A1.15027
City State Zip Code Mt. Angel OR 97362	Amount of Each Receipt this Period 45.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Amalgamated Transit Union	Occupation International Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Sandra G. Huff		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2007
Mailing Address P.O. Box 952		Transaction ID: SA11A1.15049
City State Zip Code Seattle WA 98111	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer King County DOT-Metro Transit	Occupation operator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms Regina D. Jackson		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2007
Mailing Address P.O. Box 1138		Transaction ID: SA11A1.15062
City State Zip Code Maple Valley WA 98038	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer King County DOT-Metro Transit	Occupation Operator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	145.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Jerry L. Jacobs		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address 2112 North 41st		Transaction ID: SA11A1.15046
City State Zip Code Seattle WA 98103	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer King County Metro Transit	Occupation Transit Operator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Darrell Jefferson		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address 545 E. 50th Street		Transaction ID: SA11A1.15032
City State Zip Code Chicago IL 60615	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Chicago Transit Authority	Occupation Operator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Anthony L. Jones		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address 22061 Scott Drive		Transaction ID: SA11A1.15034
City State Zip Code Richton Park IL 60471	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Chicago Transit Authority	Occupation operator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 43
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Paul Kaplan		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 7
Mailing Address P.O. Box 2561		<b>Transaction ID:</b> SA11A1.15074
City State Zip Code Boca Raton FL 33427	Amount of Each Receipt this Period 80.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Palm Tran, Inc.	Occupation transit operator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 470.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Kenneth R. Kirk		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 7
Mailing Address 1236 Spring Water Drive		<b>Transaction ID:</b> SA11A1.15029
City State Zip Code Lancaster TX 75134	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Amalgamated Transit Union	Occupation International Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Ralph T. Klugh		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 7
Mailing Address 3418 Cedar Glen Drive		<b>Transaction ID:</b> SA11A1.15031
City State Zip Code Allison Park PA 15101	Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Port Athority of Allegheny	Occupation transit operator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	165.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Kenneth Mc Cormick		Date of Receipt M M / D D / Y Y Y Y 06 / 18 / 2007
Mailing Address 11027 Auburn Avenue, South		Transaction ID: SA11A1.15041
City State Zip Code Seattle WA 98178	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer King County DOT, Metro Transit	Occupation transit operator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Booker T. McKinion		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2007
Mailing Address 3862 Renton Avenue South		Transaction ID: SA11A1.15044
City State Zip Code Seattle WA 98108	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer King County DOT-Metro Transit	Occupation operator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. William G. Mc Lean		Date of Receipt M M / D D / Y Y Y Y 06 / 06 / 2007
Mailing Address 2350 Greensboro Drive		Transaction ID: SA11A1.15026
City State Zip Code Reno NV 89509	Amount of Each Receipt this Period 83.34	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Amalgamated Transit Union	Occupation International Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	183.34
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 43
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Wes R. Moorehead		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7	
Mailing Address P.O. Box 3011		Transaction ID: SA11A1.15048	
City State Zip Code Kent WA 98032-0201	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer King County Metro Transit	Occupation Transit Operator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Tommy N. Mullins		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 7	
Mailing Address 5240 Dresden Lane		Transaction ID: SA11A1.15019	
City State Zip Code Roanoke VA 24012	Amount of Each Receipt this Period 42.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Amalgamated Transit Union	Occupation International Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. John C. Munro		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7	
Mailing Address 5726 145th Place, SW		Transaction ID: SA11A1.15039	
City State Zip Code Edmonds WA 98026-3729	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer King County Metro Transit	Occupation Transit Operator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	142.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Richard M. Murphy

Mailing Address 346 Washington Street  
#143

City Braintree State MA Zip Code 02184

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

Name of Employer Amalgamated Transit Union Occupation International Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 06 / 2007

Transaction ID: SA11A1.15025

Amount of Each Receipt this Period  
42.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Paul B. Neil

Mailing Address 1701 157th Avenue NE  
#A101

City Bellevue State WA Zip Code 98008-2777

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

Name of Employer King County Metro Transit Occupation Transit operator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 18 / 2007

Transaction ID: SA11A1.15042

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Lance F. Norton

Mailing Address 3529 158th SW

City Lynwood State WA Zip Code 98037-1415

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

Name of Employer King County Metro Transit Occupation Transit Operator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 18 / 2007

Transaction ID: SA11A1.15040

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	142.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Robert W. Pfile</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address 7932 Rhea Vista Drive		<b>Transaction ID: SA11A1.15071</b>	
City State Zip Code Whittier CA 90602	Amount of Each Receipt this Period 1095.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer LA City Metro Transit	Occupation Maintenance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1095.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. Earle Putnam</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 09 / 2007	
Mailing Address 9116 Coronado Terrace		<b>Transaction ID: SA11A1.15018</b>	
City State Zip Code Fairfax VA 22031	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. Rodney Richmond</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 06 / 2007	
Mailing Address 4303 Pine Lane		<b>Transaction ID: SA11A1.15020</b>	
City State Zip Code Spring TX 77389-4642	Amount of Each Receipt this Period 42.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Amalgamated Transit Union	Occupation International Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1387.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Daniel G. Rodriguez, Jr.</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 7
Mailing Address 209 Ray Avenue		<b>Transaction ID: SA11A1.15067</b>
City State Zip Code San Antonio TX 78204	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer VIA Metro Transit Authority	Occupation transit operator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B. Ms Yvette Salazar</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 7
Mailing Address 2713 East 132nd Place		<b>Transaction ID: SA11A1.15030</b>
City State Zip Code Thornton CO 80241	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Amalgamated Transit Union	Occupation nternational Representative	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. John Stroud</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address 525 28th Avenue South		<b>Transaction ID: SA11A1.15053</b>
City State Zip Code Seattle WA 98144	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer King County DOT-Metro Transit	Occupation operator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	140.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Michael J. Teeter

Mailing Address 1715 SW Trenton Street

City State Zip Code  
Seattle WA 98106

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

Name of Employer King County DOT-Metro Transit  
Occupation operator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
06 / 04 / 2007

Transaction ID: SA11A1.15060

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Jimmy O. Vann

Mailing Address 2353 Martin Luther King Jr Way

City State Zip Code  
Tacoma WA 98405

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

Name of Employer King County DOT-Metro Transit  
Occupation operator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
06 / 04 / 2007

Transaction ID: SA11A1.15058

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Craig D. Whitehead

Mailing Address 1803 Andina Avenue #14

City State Zip Code  
Cincinnati OH 45237

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

Name of Employer SW Ohio Regional Transit Ath  
Occupation Transit Operator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2007

Transaction ID: SA11A1.15064

Amount of Each Receipt this Period  
30.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	130.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Chris W. Wick

Mailing Address 10525 SE 250th Place  
#G-103

City State Zip Code  
Kent WA 98030

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

Name of Employer King County DOT-Metro Transit  
Occupation operator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 04 / 2007

Transaction ID: SA11A1.15056

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Ms Kelly R. Wickham

Mailing Address 6706 North Van De Car Road, SE

City State Zip Code  
Port Orchard WA 98367

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

Name of Employer King County Metro Transit  
Occupation Transit worker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 04 / 2007

Transaction ID: SA11A1.15055

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Jimmy Williams

Mailing Address 215 31st Avenue S.

City State Zip Code  
Seattle WA 98144

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

Name of Employer King County DOT  
Occupation Transit Operator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 04 / 2007

Transaction ID: SA11A1.15063

Amount of Each Receipt this Period  
50.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 20 / 43	
	(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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Anthony R. Withington

Mailing Address 5817 Blank Road

City State Zip Code  
Sebastopol CA 95472-6115

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

Name of Employer Golden Gate Bridge Hwy Tr. Dist.  
Occupation Transit Operator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
252.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	4	/	2	0	0	7

Transaction ID: SA11A1.15073

Amount of Each Receipt this Period  
42.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	42.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	3317.34

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 21 / 43	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Citibank, F.S.B.

Mailing Address 5001 Wisconsin Avenue, N.W.

City	State	Zip Code
Washington	DC	20016

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

Name of Employer	Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2646.28

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	9	/	2	0	0	7

Transaction ID: SA17.15076

Amount of Each Receipt this Period

514.39
--------

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	514.39
<b>TOTAL</b> This Period (last page this line number only) .....	▶	514.39

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 43

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

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

Full Name (Last, First, Middle Initial) <b>A. ARCURI FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.14963
Mailing Address P.O. Box 8508		Date of Disbursement 06 / 06 / 2007
City Utica	State NY	Zip Code 13505
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 24	

Full Name (Last, First, Middle Initial) <b>B. BARBARA LEE FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.15016
Mailing Address 1736 FRANKLIN STREET #500		Date of Disbursement 06 / 28 / 2007
City OAKLAND	State CA	Zip Code 94612
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 09	

Full Name (Last, First, Middle Initial) <b>C. BOB FILNER FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.14991
Mailing Address 1901 1ST AVE SUITE 146		Date of Disbursement 06 / 19 / 2007
City SAN DIEGO	State CA	Zip Code 92101
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 50	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. BOSWELL FOR CONGRESS</b>		Transaction ID: SB23.14964 Date of Disbursement 06 / 06 / 2007
Mailing Address PO BOX 823		Amount of Each Disbursement this Period 1000.00
City INDIANOLA	State IA Zip Code 50125	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IA District: 03		

Full Name (Last, First, Middle Initial) <b>B. BRALEY FOR CONGRESS</b>		Transaction ID: SB23.14990 Date of Disbursement 06 / 19 / 2007
Mailing Address PO Box 390		Amount of Each Disbursement this Period 1000.00
City Waterloo	State IA Zip Code 50704	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IA District: 01		

Full Name (Last, First, Middle Initial) <b>C. CITIZENS FOR JOHN OLVER FOR CONGRESS</b>		Transaction ID: SB23.14983 Date of Disbursement 06 / 11 / 2007
Mailing Address PO BOX 819 PO BOX 819		Amount of Each Disbursement this Period 5000.00
City AMHERST	State MA Zip Code 01004	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MA District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
CITIZENS TO ELECT RICK LARSEN

Mailing Address PO BOX 326

City EVERETT State WA Zip Code 98206

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.14984

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
COMMITTEE FOR A DEMOCRATIC MAJORITY

Mailing Address 227 MASSACHUSETTS AVE NE STE 101

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
Other

Transaction ID: SB23.14977

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

**C.** Full Name (Last, First, Middle Initial)  
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

Mailing Address PO BOX 1631

City BALTIMORE State MD Zip Code 21203

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: MD District: 07

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.14975

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

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

8500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
DAN LIPINSKI FOR CONGRESS

Mailing Address 4501 GRAND

City WESTERN SPRINGS State IL Zip Code 60558

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: IL District: 03

Transaction ID: SB23.15105

Date of Disbursement

06 / 26 / 2007

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
DEFAZIO FOR CONGRESS

Mailing Address PO BOX 1316

City SPRINGFIELD State OR Zip Code 97477

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: OR District: 04

Transaction ID: SB23.14982

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

5000.00

**C.** Full Name (Last, First, Middle Initial)  
DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 SOUTH CAPITOL STREET

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Other

Transaction ID: SB23.15095

Date of Disbursement

06 / 29 / 2007

Amount of Each Disbursement this Period

5000.00

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

11000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Democratic National Committee</b>		<b>Transaction ID:</b> SB23.14974 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 7
Mailing Address 430 South Capitol Street, SE		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20003	Purpose of Disbursement <input type="checkbox"/> Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other

Full Name (Last, First, Middle Initial) <b>B. Democratic National Committee</b>		<b>Transaction ID:</b> SB23.14988 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 7
Mailing Address 430 South Capitol Street, SE		Amount of Each Disbursement this Period 10000.00
City Washington State DC Zip Code 20003	Purpose of Disbursement <input type="checkbox"/> Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Other

Full Name (Last, First, Middle Initial) <b>C. DUTCH RUPPERSBERGER FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.15079 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address PO BOX 5675		Amount of Each Disbursement this Period 1000.00
City TIMONIUM State MD Zip Code 21094	Purpose of Disbursement <input type="checkbox"/> Category/Type	
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Other

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	16000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. FRIENDS OF BENNIE THOMPSON**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 100

City BOLTON State MS Zip Code 39041

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: MS District: 02

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.15015

Date of Disbursement

06 / 27 / 2007

Amount of Each Disbursement this Period

2500.00

**B. FRIENDS OF CORRINE BROWN**

Full Name (Last, First, Middle Initial)

Mailing Address 3109 RIVER BEND COURT, D-102

City LAUREL State MD Zip Code 20724

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: FL District: 03

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.15004

Date of Disbursement

06 / 22 / 2007

Amount of Each Disbursement this Period

1000.00

**C. FRIENDS OF LOIS CAPPS**

Full Name (Last, First, Middle Initial)

Mailing Address POST OFFICE BOX 23940

City SANTA BARBARA State CA Zip Code 93121

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: CA District: 22

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.14962

Date of Disbursement

06 / 06 / 2007

Amount of Each Disbursement this Period

1000.00

**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 Page

FOR LINE NUMBER:  
(check only one)

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

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

**A. HARRY MITCHELL FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 23748

City Tempe State AZ Zip Code 85285

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: AZ District: 05

**Transaction ID: SB23.14967**

Date of Disbursement

06 / 06 / 2007

Amount of Each Disbursement this Period

1000.00

**B. HEATH SHULER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 97

City HAZELWOOD State NC Zip Code 28738

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: NC District: 11

**Transaction ID: SB23.14968**

Date of Disbursement

06 / 06 / 2007

Amount of Each Disbursement this Period

1000.00

**C. HOYER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address 7905 MALCOLM ROAD SUITE 102

City CLINTON State MD Zip Code 20735

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: MD District: 05

**Transaction ID: SB23.14960**

Date of Disbursement

06 / 06 / 2007

Amount of Each Disbursement this Period

1050.00

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

3050.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. JOHN HALL FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.14965 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 7
Mailing Address PO Box 274		Amount of Each Disbursement this Period 1000.00
City Hopewell Junction	State NY	
Zip Code 12533		
Purpose of Disbursement		
Candidate Name		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 19		

Full Name (Last, First, Middle Initial) <b>B. KEEP NICK RAHALL IN CONGRESS COMMITTEE</b>		<b>Transaction ID:</b> SB23.14980 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address P O BOX 64		Amount of Each Disbursement this Period 2500.00
City BECKLEY,	State WV	
Zip Code 25802		
Purpose of Disbursement		
Candidate Name		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WV District: 03		

Full Name (Last, First, Middle Initial) <b>C. KLEIN FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.14986 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 21301 POWERLINE ROAD SUITE 204		Amount of Each Disbursement this Period 1000.00
City BOCA RATON	State FL	
Zip Code 33433		
Purpose of Disbursement		
Candidate Name		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL District: 22		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. LAMPSON FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.14970 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 7
Mailing Address P O BOX 21578		Amount of Each Disbursement this Period 1000.00
City BEAUMONT State TX Zip Code 77720	Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 09	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. LOBIONDO FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.15005 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address PO BOX 775		Amount of Each Disbursement this Period 1500.00
City MARMORA State NJ Zip Code 08223	Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. LUCILLE ROYBAL-ALLARD FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.14976 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 7
Mailing Address 601 S. Glenoaks Blvd. Suite 211		Amount of Each Disbursement this Period 2500.00
City Burbank State CA Zip Code 91502	Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 34	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. M-PAC</b>		<b>Transaction ID:</b> SB23.15096 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 607 14th Street N.W. Suite 800		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20005		
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Other	

Full Name (Last, First, Middle Initial) <b>B. MARION BERRY FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.14989 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 7
Mailing Address PO BOX 8084		Amount of Each Disbursement this Period 1000.00
City JONESBORO State AR Zip Code 72403		
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AR District: 01		

Full Name (Last, First, Middle Initial) <b>C. MATHESON FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.14992 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 7
Mailing Address 677 SOUTH 200 WEST SUITE A		Amount of Each Disbursement this Period 1000.00
City SALT LAKE CITY State UT Zip Code 84101		
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: UT District: 02		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. MCCOTTER CONGRESSIONAL COMMITTEE</b>		<b>Transaction ID: SB23.14972</b>	
Mailing Address P.O. Box 530788		Date of Disbursement 06 / 06 / 2007	
City LIVONIA	State MI	Zip Code 48153	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MI District: 11			

Full Name (Last, First, Middle Initial) <b>B. MCNERNEY FOR CONGRESS</b>		<b>Transaction ID: SB23.14966</b>	
Mailing Address 5429 Madison Avenue		Date of Disbursement 06 / 06 / 2007	
City Sacramento	State CA	Zip Code 95841	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA District: 11			

Full Name (Last, First, Middle Initial) <b>C. MOORE FOR CONGRESS</b>		<b>Transaction ID: SB23.14959</b>	
Mailing Address PO BOX 16646		Date of Disbursement 06 / 06 / 2007	
City MILWAUKEE	State WI	Zip Code 53216	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: WI District: 04			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 33 / 43

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

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

Full Name (Last, First, Middle Initial) <b>A. NANCY PELOSI FOR CONGRESS</b>		<b>Transaction ID: SB23.15011</b>	
Mailing Address 1 BUSH STREET 11TH FLOOR		Date of Disbursement 06 / 25 / 2007	
City SAN FRANCISCO	State CA	Zip Code 94104	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA	District: 08		

Full Name (Last, First, Middle Initial) <b>B. NANCY PELOSI FOR CONGRESS</b>		<b>Transaction ID: SB23.15014</b>	
Mailing Address 1 BUSH STREET 11TH FLOOR		Date of Disbursement 06 / 25 / 2007	
City SAN FRANCISCO	State CA	Zip Code 94104	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA	District: 08		

Full Name (Last, First, Middle Initial) <b>C. NAPOLITANO FOR CONGRESS</b>		<b>Transaction ID: SB23.15003</b>	
Mailing Address 555 Capitol Mall Suite 1425		Date of Disbursement 06 / 22 / 2007	
City Sacramento	State CA	Zip Code 95814	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA	District: 34		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>11000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. PASCRELL FOR CONGRESS INC</b>		<b>Transaction ID:</b> SB23.14961
Mailing Address 63 QUARTZ LANE		Date of Disbursement 06 / 06 / 2007
City PATERSON	State NJ	Zip Code 07501
Purpose of Disbursement		Amount of Each Disbursement this Period 2500.00
Candidate Name		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NJ	District: 08	

Full Name (Last, First, Middle Initial) <b>B. PETE KING FOR CONGRESS COMMITTEE</b>		<b>Transaction ID:</b> SB23.14993
Mailing Address POST OFFICE BOX 1428		Date of Disbursement 06 / 21 / 2007
City SEAFORD	State NY	Zip Code 11783
Purpose of Disbursement		Amount of Each Disbursement this Period 2500.00
Candidate Name		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 03	

Full Name (Last, First, Middle Initial) <b>C. REED COMMITTEE</b>		<b>Transaction ID:</b> SB23.15017
Mailing Address PO BOX 8628		Date of Disbursement 06 / 28 / 2007
City CRANSTON	State RI	Zip Code 02920
Purpose of Disbursement		Amount of Each Disbursement this Period 2000.00
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: RI	District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>7000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 35 / 43

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

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

Full Name (Last, First, Middle Initial) <b>A. RICHARDSON FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.15009 Date of Disbursement																				
Mailing Address 1212 S VICTORY BLVD		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	1		2	0	0	7													
City BURBANK	State CA	Zip Code 91502																				
Purpose of Disbursement		Amount of Each Disbursement this Period																				
Candidate Name		<table border="1"><tr><td>2500.00</td></tr></table>	2500.00																			
2500.00																						
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: CA District: 37	Category/ Type																					

Full Name (Last, First, Middle Initial) <b>B. ROBERT WEXLER FOR CONGRESS COMMITTEE</b>		<b>Transaction ID:</b> SB23.14985 Date of Disbursement																				
Mailing Address 2500 NORTH MILITARY TRAIL STE 288		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	5		2	0	0	7													
City BOCA RATON	State FL	Zip Code 33431																				
Purpose of Disbursement		Amount of Each Disbursement this Period																				
Candidate Name		<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																			
1000.00																						
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: FL District: 19	Category/ Type																					

Full Name (Last, First, Middle Initial) <b>C. SCHIFF FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.15002 Date of Disbursement																				
Mailing Address 555 CAPITOL MALL SUITE 1425		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		2	2		2	0	0	7													
City SACRAMENTO	State CA	Zip Code 95814																				
Purpose of Disbursement		Amount of Each Disbursement this Period																				
Candidate Name		<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																			
1000.00																						
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: CA District: 27	Category/ Type																					

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>4500.00</td></tr></table>	4500.00
4500.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
SCHULTZ DEBBIE WASSERMAN

Mailing Address 4479 FOXGLOVE LN

City WESTON State FL Zip Code 33331

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: FL District: 20

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.14981

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
SHERMAN FOR CONGRESS

Mailing Address 555 SOUTH FLOWER STREET SUITE 4510

City LOS ANGELES State CA Zip Code 90071

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 24

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.15001

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
TIM BISHOP FOR CONGRESS

Mailing Address 129 WOOLEY STREET

City SOUTHAMPTON State NY Zip Code 11968

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 01

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.15104

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. TIM JOHNSON FOR SOUTH DAKOTA INC</b>		<b>Transaction ID:</b> SB23.14979
Mailing Address PO BOX 1859		Date of Disbursement 06 / 11 / 2007
City SIOUX FALLS	State SD	Zip Code 57101
Purpose of Disbursement	Amount of Each Disbursement this Period 5000.00	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: SD District: 00		

Full Name (Last, First, Middle Initial) <b>B. TIM MAHONEY FOR FLORIDA</b>		<b>Transaction ID:</b> SB23.14987
Mailing Address 1128-408 ROYAL PALM BEACH BLVD		Date of Disbursement 06 / 15 / 2007
City ROYAL PALM BEACH	State FL	Zip Code 33411
Purpose of Disbursement	Amount of Each Disbursement this Period 1000.00	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL District: 16		

Full Name (Last, First, Middle Initial) <b>C. TIM WALZ FOR US CONGRESS</b>		<b>Transaction ID:</b> SB23.14969
Mailing Address PO BOX 938		Date of Disbursement 06 / 06 / 2007
City MANKATO	State MN	Zip Code 56002
Purpose of Disbursement	Amount of Each Disbursement this Period 1000.00	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MN District: 1		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>7000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 38 / 43

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input 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. VAN HOLLEN FOR CONGRESS**

Transaction ID: SB23.14971

Date of Disbursement

Mailing Address 3514 FARRAGUT AVENUE

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	0	7

City State Zip Code  
KENSINGTON MD 20895

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement

--

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: MD District: 08

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

5000.00
---------

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

111050.00
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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Citizens for Delores Kelley</b>		<b>Transaction ID:</b> SB29.15083 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address P.O. Box 21514		Amount of Each Disbursement this Period 250.00
City Baltimore State MD Zip Code 21282	Purpose of Disbursement Non federal contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Citizens for Steve Deboy</b>		<b>Transaction ID:</b> SB29.15085 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 1810 Palo Circle		Amount of Each Disbursement this Period 125.00
City Baltimore State MD Zip Code 21227	Purpose of Disbursement Non federal contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Crowley for Council</b>		<b>Transaction ID:</b> SB29.14994 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 7
Mailing Address 2198 Victory Parkway		Amount of Each Disbursement this Period 500.00
City Cincinnati State OH Zip Code 45206-2813	Purpose of Disbursement Non federal contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	875.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 40 / 43

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

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

Full Name (Last, First, Middle Initial) <b>A. Ed Oakley Campaign</b>		<b>Transaction ID:</b> SB29.14996 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 7
Mailing Address P.O. Box 190832		Amount of Each Disbursement this Period 500.00
City Dallas State TX Zip Code 75219	Purpose of Disbursement Non federal contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Friends of Kathy Klausmeier</b>		<b>Transaction ID:</b> SB29.15081 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 17 West Courtland Street, #210` c/o Rice Consulting		Amount of Each Disbursement this Period 100.00
City Bel Air State MD Zip Code 21014	Purpose of Disbursement Non federal contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Friends of Lisa Gladden</b>		<b>Transaction ID:</b> SB29.15089 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address P.O. Box 67081		Amount of Each Disbursement this Period 200.00
City Baltimore State MD Zip Code 21215	Purpose of Disbursement Non federal contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	800.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Friends of Mike Weir</b>		<b>Transaction ID:</b> SB29.15093 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 613 Weir Lane		Amount of Each Disbursement this Period 100.00
City Baltimore State MD Zip Code 21221	Purpose of Disbursement Non federal contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Friends of Sharon G Middleton</b>		<b>Transaction ID:</b> SB29.15091 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 1010 Hull Street, #202		Amount of Each Disbursement this Period 250.00
City Baltimore State MD Zip Code 21230	Purpose of Disbursement Non federal contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Friends of Verna Jones</b>		<b>Transaction ID:</b> SB29.15087 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 1010 Hull Street, #202		Amount of Each Disbursement this Period 100.00
City Baltimore State MD Zip Code 21230	Purpose of Disbursement Non federal contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	450.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 42 / 43

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

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

Full Name (Last, First, Middle Initial)

**A.** Rose for City Council

Mailing Address 5001 Spring Valley

City Dallas State TX Zip Code 75244

Purpose of Disbursement  
Non federal contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.14997

Date of Disbursement

06 / 06 / 2007

Amount of Each Disbursement this Period

500.00

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

500.00

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

2625.00

Image# 27930874279

Form/Schedule: **F3XN**  
Transaction ID:

The unitemized amount of \$63,995.81 represents the total contributions from individuals who have not individually contributed more than \$200 in the aggregate during the calendar year.

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