

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
AMALGAMATED TRANSIT UNION-COPE

ADDRESS (number and street) 5025 WISCONSIN AVE. N.W.  
 Check if different than previously reported. (ACC)  
WASHINGTON DC 20016

2. **FEC IDENTIFICATION NUMBER** C00032995  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 02 01 2008 through 02 29 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Mr. Oscar Owens  
Signature of Treasurer Electronically Filed by Mr. Oscar Owens Date 09 16 2008

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
AMALGAMATED TRANSIT UNION-COPE

Report Covering the Period: From: 

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	2

D	D
2	9

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		194257.67
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	212377.38									
(c) Total Receipts (from Line 19) .....	41614.32	97399.03								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	253991.70	291656.70								
7. Total Disbursements (from Line 31) .....	45475.00	83140.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	208516.70	208516.70								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	1057.50									

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	2

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	2

D	D
2	9

Y	Y	Y	Y
2	0	0	8

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	4.00	259.00
(i) Itemized (use Schedule A) .....	41047.27	96040.35
(ii) Unitemized .....	41051.27	96299.35
(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) .....	41051.27	96299.35
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.) .....	563.05	1099.68
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)) .....	41614.32	97399.03
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	41614.32	97399.03

**DETAILED SUMMARY PAGE**

of Disbursements

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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.....	41750.00	74750.00
24. Independent Expenditure (use Schedule E) .....	0.00	1615.00
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.....	3725.00	6775.00
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))..	45475.00	83140.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	45475.00	83140.00

**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 .....	41051.27	96299.35
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	41051.27	96299.35
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) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 6 / 21	
	(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

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. Stephen S. Farrell		Date of Receipt																					
	Mailing Address 150 Ocean Avenue		<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>2</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	4		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	2		0	4		2	0	0	8														
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.16872																				
	Cranston	RI	02905	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		<b>C</b>	4.00																					
Name of Employer Rhode Island Public Transit Au		Occupation Transit operator																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	259.00																					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	4.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 7 / 21	
	(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.		Date of Receipt	
Mailing Address 5001 Wisconsin Avenue, N.W.		M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8	
City	State	Zip Code	Transaction ID: SA17.16871
Washington	DC	20016	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		563.05	
Name of Employer	Occupation		
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		1099.68	
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	563.05
<b>TOTAL</b> This Period (last page this line number only) .....	563.05

**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)  
**ANDRE CARSON FOR CONGRESS**

Mailing Address 2527 North Alabama Street

City Indianapolis State IN Zip Code 46205

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: IN District: 07

**Transaction ID:** SB23.16848

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

Mailing Address P O BOX 295  
SUITE 200

City OAKLYN State NJ Zip Code 08107

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: NJ District: 01

**Transaction ID:** SB23.16842

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
**BARBARA LEE FOR CONGRESS**

Mailing Address 1736 FRANKLIN STREET #500

City OAKLAND State CA Zip Code 94612

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: CA District: 09

**Transaction ID:** SB23.16839

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)

<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) BLUMENAUER FOR CONGRESS	Transaction ID: SB23.16841 Date of Disbursement
	Mailing Address PO BOX 1396	<input type="text" value="02"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City PORTLAND State OR Zip Code 97207	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="4000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BOB LORD FOR CONGRESS	Transaction ID: SB23.16846 Date of Disbursement
	Mailing Address 4340 E INDIAN SCHOOL SUITE 21-502	<input type="text" value="02"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City PHOENIX State AZ Zip Code 85018	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) COMMITTEE FOR A LIVABLE FUTURE	Transaction ID: SB23.16840 Date of Disbursement
	Mailing Address 921 SW WASHINGTON ST - SUITE 470	<input type="text" value="02"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City PORTLAND State OR Zip Code 97205	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name	Category/Type
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="10000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 10 / 21

<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) <b>CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE</b>	<b>Transaction ID:</b> SB23.16837
	Mailing Address <b>PO BOX 1631</b>	Date of Disbursement MM / DD / YYYY 02 / 22 / 2008
	City <b>BALTIMORE</b> State <b>MD</b> Zip Code <b>21203</b>	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: <b>MD</b> District: <b>07</b>	

B.	Full Name (Last, First, Middle Initial) <b>DAN GRANT FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.16852
	Mailing Address <b>6109 RICKEY DRIVE</b>	Date of Disbursement MM / DD / YYYY 02 / 12 / 2008
	City <b>AUSTIN</b> State <b>TX</b> Zip Code <b>78757</b>	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: <b>TX</b> District: <b>10</b>	

C.	Full Name (Last, First, Middle Initial) <b>DEFAZIO FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.16843
	Mailing Address <b>PO BOX 1316</b>	Date of Disbursement MM / DD / YYYY 02 / 22 / 2008
	City <b>SPRINGFIELD</b> State <b>OR</b> Zip Code <b>97477</b>	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: <b>OR</b> District: <b>04</b>	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6500.00</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)

<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) DEMOCRATIC PARTY OF WISCONSIN FEDERAL ACCOUNT	Transaction ID: SB23.16833 Date of Disbursement
	Mailing Address 222 STATE STREET #400	<input type="text" value="02"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City MADISON State WI Zip Code 53703	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	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) ▼

B.	Full Name (Last, First, Middle Initial) DON PAYNE FOR CONGRESS	Transaction ID: SB23.16838 Date of Disbursement
	Mailing Address P O BOX 2406	<input type="text" value="02"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City NEWARK State NJ Zip Code 07114	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 10	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) EDDIE BERNICE JOHNSON FOR CONGRESS	Transaction ID: SB23.16854 Date of Disbursement
	Mailing Address 2501 CEDAR SPRINGS AVE SUITE 160	<input type="text" value="02"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City DALLAS State TX Zip Code 75201	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 30	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) .....	<input type="text" value="4500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 12 / 21

<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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>KRATOVIL FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.16835 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 8	
	Mailing Address 222 Main Sail Drive PO Box 518		
	City State Zip Code Stevensville MD 21666	Amount of Each Disbursement this Period 250.00	
	Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>LATOURETTE FOR CONGRESS COMMITTEE</b>	<b>Transaction ID:</b> SB23.16855 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 8	
	Mailing Address 1004 MILLRIDGE RD		
	City State Zip Code HIGHLAND HTS OH 44143	Amount of Each Disbursement this Period 4000.00	
	Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 19	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>LAUTENBERG FOR U S SENATE COMMITTEE</b>	<b>Transaction ID:</b> SB23.16850 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 8	
	Mailing Address ONE NEWARK CENTER		
	City State Zip Code NEWARK NJ 07102	Amount of Each Disbursement this Period 2500.00	
	Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6750.00</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

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

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

**A.** Full Name (Last, First, Middle Initial)  
LOUISVILLE-JEFFERSON COUNTY DEMOCRATIC EXECUTIVE COMMITTEE

Mailing Address 901 BARRET AVENUE

City LOUISVILLE State KY Zip Code 40204

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Other

Transaction ID: SB23.16884

Date of Disbursement

02 / 01 / 2008

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
OHIO DEMOCRATIC PARTY

Mailing Address 271 E State St

City Columbus State OH Zip Code 43215

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Other

Transaction ID: SB23.16834

Date of Disbursement

02 / 25 / 2008

Amount of Each Disbursement this Period

5000.00

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

Mailing Address PO BOX 271512

City HOUSTON State TX Zip Code 77277

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: TX District: 07

Transaction ID: SB23.16844

Date of Disbursement

02 / 22 / 2008

Amount of Each Disbursement this Period

1000.00

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

7000.00

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

41750.00

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

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

FOR LINE NUMBER:  
(check only one)

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<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

<b>A.</b> Full Name (Last, First, Middle Initial) Bracken Burns Committee <hr/> Mailing Address 55 Eastwood Lane <hr/> City Washington State PA Zip Code 15301 <hr/> Purpose of Disbursement Non federal contribution Candidate Name <hr/> 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) ▼	Transaction ID: SB29.16866 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 8
	Amount of Each Disbursement this Period 125.00
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Committee to Elect Tim Solobay <hr/> Mailing Address 107 Hawthorne Street <hr/> City Canonsburgh State PA Zip Code 15317 <hr/> Purpose of Disbursement Non federal contribution Candidate Name <hr/> 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) ▼	Transaction ID: SB29.16870 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 8
	Amount of Each Disbursement this Period 250.00
	Category/ Type
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Elect Bill Kortz Committee <hr/> Mailing Address 514 Ridgeview Drive <hr/> City Dravosburg State PA Zip Code 15034 <hr/> Purpose of Disbursement Non federal contribution Candidate Name <hr/> 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) ▼	Transaction ID: SB29.16889 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type

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

1375.00

**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 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends of Ferlo</p> <p>Mailing Address P.O. Box 9002</p> <p>City Pittsburgh State PA Zip Code 15224</p> <p>Purpose of Disbursement Non federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.16869 <b>Date of Disbursement</b> 02 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends of Ryan Douglas</p> <p>Mailing Address 36 Oregon Avenue</p> <p>City Pittsburgh State PA Zip Code 15205</p> <p>Purpose of Disbursement Non federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.16887 <b>Date of Disbursement</b> 02 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 300.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends of Shirley Smith</p> <p>Mailing Address 77 High Street 10th Floor</p> <p>City Columbus State OH Zip Code 43215</p> <p>Purpose of Disbursement Non federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.16863 <b>Date of Disbursement</b> 02 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 250.00</p>

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

1050.00

**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 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Larry A. Jones for Judge Committee</p> <p>Mailing Address 10602 Lakeshore Boulevard</p> <p>City Brathenahl State OH Zip Code 44108</p> <p>Purpose of Disbursement Non federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.16860 <b>Date of Disbursement</b> 02 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 250.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Steven J. Terry for Judge Committee</p> <p>Mailing Address 3727 Ingleside Road</p> <p>City Shaker Heights State OH Zip Code 44122</p> <p>Purpose of Disbursement Non federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.16856 <b>Date of Disbursement</b> 02 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 200.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Van Ho for Euclid City Council</p> <p>Mailing Address 21960 Bruce Avenue</p> <p>City Euclid State OH Zip Code 44123</p> <p>Purpose of Disbursement Non federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.16858 <b>Date of Disbursement</b> 02 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 100.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	550.00
<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 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

<b>A.</b> Full Name (Last, First, Middle Initial) Walko for State Legislator <hr/> Mailing Address 3025 Mt. Allister Road <hr/> City Pittsburgh State PA Zip Code 15214 <hr/> Purpose of Disbursement Non federal contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.16867 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 8
	Amount of Each Disbursement this Period 250.00
<b>B.</b> Full Name (Last, First, Middle Initial) Willie Madison Campaign <hr/> Mailing Address P.O. Box 140212 <hr/> City Austin State TX Zip Code 78714 <hr/> Purpose of Disbursement Non federal contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.16864 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 8
	Amount of Each Disbursement this Period 500.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	3725.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

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

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Doyle Printing & Offset Co.			Nature of Debt (Purpose): Campaign Posters for Ohio
Mailing Address 6911 Old Landover Road			
City Landover	State MD	ZIP Code 20785	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		<b>Transaction ID:</b> SD10.16945	
Amount Incurred This Period <input type="text" value="528.75"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="528.75"/>	

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Doyle Printing & Offset Co.			Nature of Debt (Purpose): Campaign posters for Texas
Mailing Address 6911 Old Landover Road			
City Landover	State MD	ZIP Code 20785	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		<b>Transaction ID:</b> SD10.17474	
Amount Incurred This Period <input type="text" value="528.75"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="528.75"/>	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="1057.50"/>
2) <b>TOTALS</b> This Period (last page this line number only).....	<input type="text" value="1057.50"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text" value="1057.50"/>

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) AMALGAMATED TRANSIT UNION-COPE	<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00032995
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Doyle Printing & Offset Co.

Date  
MM / DD / YYYY  
02 / 26 / 2008

Mailing Address  
6911 Old Landover Road

Amount  
528.75

City State Zip Code  
Landover MD 20785

Transaction ID: SE.16959

Purpose of Expenditure  
Campaign Posters for Ohio Primary  
Category/Type

Office Sought:  House State: OH  
 Senate District: \_\_\_\_\_  
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:  
HILLARY RODHAM CLINTON

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
528.75

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008  
**[MEMO ITEM]**

Full Name (Last, First, Middle, Initial) of Payee  
Doyle Printing & Offset Co.

Date  
MM / DD / YYYY  
02 / 26 / 2008

Mailing Address  
6911 Old Landover Road

Amount  
528.75

City State Zip Code  
Landover MD 20785

Transaction ID: SE.17476

Purpose of Expenditure  
Campaign posters for Texas  
Category/Type 006

Office Sought:  House State: TX  
 Senate District: \_\_\_\_\_  
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:  
HILLARY RODHAM CLINTON

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
528.75

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008  
**[MEMO ITEM]**

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	0.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures .....	0.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. Oscar Owens  
Signature

Date MM / DD / YYYY  
09 / 16 / 2008

Image# 28932990373

Form/Schedule: **F3XA**

Transaction ID:

The unitemized total of \$41,047.27 represents the total contributions from individuals who have not individually contributed more than \$200 in the aggregate during the calendar year. 9/16/2008 The previously reported 20-08 March adjustment is an internal bookkeeping entry and should not have been reported. Correcting this entry to unitemized has correctly adjusted the year to date totals.

Form/Schedule: **SE**

Transaction ID: **SE.16959**

This independent expenditure for campaign posters will be paid in March, 2008. To respond and comply with the May 16, 2008 letter requesting additional information relating to the independent expenditure, please note the software is not functioning properly and the campaign posters for the Ohio Primary are now stated in the description line.

\*\*\*\*\*

Image# 28932990374

Form/Schedule: SE  
Transaction ID: SE.17476

In response to your letter of July 16, the expenditure for \$1057.50 expenditure for ATU for Hillary posters were incorrectly reported for the Ohio Primary when in fact, the posters were distributed to ATU members in both Ohio and Texas. The expenditure was to be split between the two states which the amended report now states.

\*\*\*\*\*