

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 04 01 2008 through 04 30 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 22 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									
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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	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	4

D	D
3	0

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	180956.43									
(c) Total Receipts (from Line 19)	43957.26	192853.52								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	224913.69	387111.19								
7. Total Disbursements (from Line 31)	62971.88	225169.38								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	161941.81	161941.81								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	4

D	D
3	0

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	2260.68	2733.02
(i) Itemized (use Schedule A)		
(ii) Unitemized	41194.98	187928.12
(iii) TOTAL (add Lines 11(a)(i) and (ii)	43455.66	190661.14
(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)	43455.66	190661.14
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.)	501.60	2192.38
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))	43957.26	192853.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	43957.26	192853.52

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	49500.00	201250.00
24. Independent Expenditure (use Schedule E)	1321.88	3994.38
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.....	12150.00	19925.00
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))..	62971.88	225169.38
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	62971.88	225169.38

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)	43455.66	190661.14
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	43455.66	190661.14
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: (check only one)	PAGE 6 / 30
	<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

A.	Full Name (Last, First, Middle Initial) Mr. Paul J. Bachtel		Date of Receipt	
	Mailing Address 8513 Main Street #203		M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.17039
	Edmonds	WA	98026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		50.00	
	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 ▼ 225.00		

B.	Full Name (Last, First, Middle Initial) Mr. Robert H. Baker		Date of Receipt	
	Mailing Address 6400 Oakley Terrace		M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.17029
	Frederick	MD	21701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		84.00	
	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 ▼ 210.00		

C.	Full Name (Last, First, Middle Initial) Thomas P. Betzler		Date of Receipt	
	Mailing Address 252 5th Street		M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.17040
	Coaldale	PA	18218	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		45.00	
	Name of Employer Lehigh & Northampton Transit		Occupation Operator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 202.50		

SUBTOTAL of Receipts This Page (optional)	▶	179.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 30
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
AMALGAMATED TRANSIT UNION-COPE

A. 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 ▼ 210.00

Date of Receipt: 04 / 30 / 2008
Transaction ID: SA11AI.17028
Amount of Each Receipt this Period: 84.00

B. Full Name (Last, First, Middle Initial)
Mr. Bruce Hamilton

Mailing Address 306 West 100th Street #72

City State Zip Code
New York NY 10025

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

Name of Employer Greyhounds Lines, Inc. Occupation Transit operator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 04 / 24 / 2008
Transaction ID: SA11AI.17043
Amount of Each Receipt this Period: 650.00

C. Full Name (Last, First, Middle Initial)
Mr Lawrence Hanley

Mailing Address 40-D Dinsmore Street

City State Zip Code
Staten Island NY 10314

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

Name of Employer Amalgamated Transit Union Occupation International Representative

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 04 / 30 / 2008
Transaction ID: SA11AI.17033
Amount of Each Receipt this Period: 84.00

SUBTOTAL of Receipts This Page (optional) ► 818.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 30
	<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. Donald T. Hansen	Date of Receipt MM / DD / YYYY 04 / 30 / 2008
	Mailing Address 12016 Bronson Street, SE	Transaction ID: SA11AI.17027
	City State Zip Code Tenino WA 98589	Amount of Each Receipt this Period 84.00
	FEC ID number of contributing federal political committee. C	
	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 ▼ 210.00	

B.	Full Name (Last, First, Middle Initial) Ronald J. Heintzman	Date of Receipt MM / DD / YYYY 04 / 30 / 2008
	Mailing Address 12126 Meridian Road, NE	Transaction ID: SA11AI.17032
	City State Zip Code Mt. Angel OR 97362	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. C	
	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	

C.	Full Name (Last, First, Middle Initial) Mr. Richard W. Johnson	Date of Receipt MM / DD / YYYY 04 / 19 / 2008
	Mailing Address 15833 West Carrabean Lane	Transaction ID: SA11AI.17041
	City State Zip Code Surprise AZ 85379	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ATC Phoenix Transit Nec. Occupation Transit Operator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	224.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 30
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Mr. Paul Kaplan

Mailing Address P.O. Box 2561

City State Zip Code
Boca Raton FL 33427

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

Name of Employer
Palm Tran, Inc.

Occupation
transit operator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt
MM / DD / YYYY
04 / 27 / 2008

Transaction ID: SA11AI.17042

Amount of Each Receipt this Period
80.00

B.

Full Name (Last, First, Middle Initial)
Mr. Kenneth R. Kirk

Mailing Address 1236 Spring Water Drive

City State Zip Code
Lancaster TX 75134

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 ▼
250.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2008

Transaction ID: SA11AI.17034

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Mr. Kenneth Mc Cormick

Mailing Address P.O. Box 4156

City State Zip Code
Seattle WA 98191-0156

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

Name of Employer
King County DOT, Metro Transit

Occupation
transit operator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
04 / 14 / 2008

Transaction ID: SA11AI.17037

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ▶ **230.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 30
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
AMALGAMATED TRANSIT UNION-COPE

A. Full Name (Last, First, Middle Initial)
Mr. William G. Mc Lean

Mailing Address 2350 Greensboro Drive

City State Zip Code
Reno NV 89509

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 ▼ 416.70

Date of Receipt
MM / DD / YYYY
04 / 30 / 2008

Transaction ID: SA11AI.17031

Amount of Each Receipt this Period
166.68

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

Mailing Address 346 Washington Street #143

City State Zip Code
Braintree MA 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 ▼ 210.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2008

Transaction ID: SA11AI.17030

Amount of Each Receipt this Period
84.00

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

Mailing Address 1701 157th Avenue NE #A101

City State Zip Code
Bellevue WA 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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
04 / 14 / 2008

Transaction ID: SA11AI.17038

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional) ► 325.68

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. Lance F. Norton	Date of Receipt MM / DD / YYYY 04 / 14 / 2008
	Mailing Address 3529 158th SW	Transaction ID: SA11AI.17036
	City State Zip Code Lynwood WA 98037-1415	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation King County Metro Transit Transit Operator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

B.	Full Name (Last, First, Middle Initial) Mr. Earle Putnam	Date of Receipt MM / DD / YYYY 04 / 15 / 2008
	Mailing Address 9116 Coronado Terrace	Transaction ID: SA11AI.17025
	City State Zip Code Fairfax VA 22031	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation None - retired Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Mr. Rodney Richmond	Date of Receipt MM / DD / YYYY 04 / 30 / 2008
	Mailing Address 4303 Pine Lane	Transaction ID: SA11AI.17026
	City State Zip Code Spring TX 77389-4642	Amount of Each Receipt this Period 84.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Amalgamated Transit Union International Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	384.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 12 / 30	
	(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)
Ms Yvette Salazar

Mailing Address 2713 East 132nd Place

City	State	Zip Code
Thornton	CO	80241

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

Name of Employer Amalgamated Transit Union	Occupation International Representative
---	--

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.17035

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	2260.68

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 13 / 30	
	(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 4 / 3 0 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA17.17044
	Washington	DC	20016	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		501.60	
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2192.38		

SUBTOTAL of Receipts This Page (optional)	501.60
TOTAL This Period (last page this line number only)	501.60

**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)
21ST CENTURY DEMOCRATS

Transaction ID: SB23.16976
Date of Disbursement

Mailing Address 1731 CONNECTICUT AVE NW
2ND FLOOR

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

City WASHINGTON State DC Zip Code 20009

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: District:

Other

B.

Full Name (Last, First, Middle Initial)
CAZAYOUX FOR CONGRESS

Transaction ID: SB23.16969
Date of Disbursement

Mailing Address POB 156

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	0	8

City New Roads State LA Zip Code 70760

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: LA District: 06

Special-General

C.

Full Name (Last, First, Middle Initial)
CHILDERS FOR CONGRESS

Transaction ID: SB23.17055
Date of Disbursement

Mailing Address PO BOX 177

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	0	8

City BOONEVILLE State MS Zip Code 38829

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: MS District: 01

Runoff

SUBTOTAL of Disbursements This Page (optional)

9500.00

TOTAL This Period (last page this line number only)

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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)

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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

<p>A. Full Name (Last, First, Middle Initial) COMMITTEE TO RE-ELECT LINDA SANCHEZ</p> <p>Mailing Address 601 S GLENOAKS BLVD SUITE 211</p> <p>City BURBANK State CA Zip Code 91502</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 39</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.16966</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) COURTNEY FOR CONGRESS</p> <p>Mailing Address 38 RISLEY ROAD</p> <p>City VERNON State CT Zip Code 06066</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CT District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.16978</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>C. Full Name (Last, First, Middle Initial) DEMOCRATIC PARTY OF WISCONSIN FEDERAL ACCOUNT</p> <p>Mailing Address 222 STATE STREET #400</p> <p>City MADISON State WI Zip Code 53703</p> <p>Purpose of Disbursement 2/25/08 check lost stop pay. issued</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.17004</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period -1000.00</p>

SUBTOTAL of Disbursements This Page (optional)	3500.00
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) DEMOCRATIC PARTY OF WISCONSIN FEDERAL ACCOUNT Mailing Address 222 STATE STREET #400 City MADISON State WI Zip Code 53703 Purpose of Disbursement 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	Transaction ID: SB23.16975 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other
B. Full Name (Last, First, Middle Initial) DRIEHAUS FOR CONGRESS Mailing Address 1018 BENZ AVENUE City CINCINNATI State OH Zip Code 45238 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Other	Transaction ID: SB23.16964 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Other
C. Full Name (Last, First, Middle Initial) ED CHAU FOR CONGRESS Mailing Address 555 SOUTH FLOWER STREET SUITE 4210 City LOS ANGELES State CA Zip Code 90071 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 42 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Other	Transaction ID: SB23.16967 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Other

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)
ELLSWORTH FOR CONGRESS COMMITTEE

Mailing Address PO BOX 62

City EVANSVILLE State IN Zip Code 47708

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: IN District: 08

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.16979
Date of Disbursement

04 / 04 / 2008

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
FRIENDS OF DAN MAFFEI

Mailing Address PO Box 74

City Syracuse State NY Zip Code 13214

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: NY District: 25

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.16986
Date of Disbursement

04 / 01 / 2008

Amount of Each Disbursement this Period

2000.00

C. Full Name (Last, First, Middle Initial)
FRIENDS OF JOHN BARROW

Mailing Address 2141 B West Broad St

City Athens State GA Zip Code 30606

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: GA District: 12

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.17046
Date of Disbursement

04 / 25 / 2008

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

<p>A. Full Name (Last, First, Middle Initial) JENNIFER DOUGHERTY FOR CONGRESS</p> <p>Mailing Address 207 WEST PATRICK STREET 2ND FLOOR</p> <p>City FREDERICK State MD Zip Code 21701</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MD District: 06</p>	<p>Transaction ID: SB23.16982</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>B. Full Name (Last, First, Middle Initial) JOHN LEWIS FOR CONGRESS</p> <p>Mailing Address 1520 PINEHURST DRIVE SW</p> <p>City ATLANTA State GA Zip Code 30311</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: GA District: 05</p>	<p>Transaction ID: SB23.17045</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) KIND FOR CONGRESS COMMITTEE</p> <p>Mailing Address 205 5th Avenue South Suite 428</p> <p>City La Crosse State WI Zip Code 54601</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: WI District: 03</p>	<p>Transaction ID: SB23.16981</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 2000.00</p>

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)
KURT SCHRADER FOR CONGRESS

Mailing Address 2525 N BAKER DR

City State Zip Code
CANBY OR 97013

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: OR District: 05

Transaction ID: SB23.17047

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
LAUTENBERG FOR SENATE

Mailing Address GATEWAY ONE 23RD FLOOR

City State Zip Code
NEWARK NJ 07102

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NJ District: 00

Transaction ID: SB23.16974

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
LINDA STENDER FOR CONGRESS

Mailing Address P.O. Box 730

City State Zip Code
Scotch Plains NJ 07076

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NJ District: 07

Transaction ID: SB23.17078

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

A.	Full Name (Last, First, Middle Initial) MENENDEZ FOR SENATE	Transaction ID: SB23.17023 Date of Disbursement 03 / 06 / 2008
	Mailing Address P.O. Box 848	
	City Union City State NJ Zip Code 07087	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement As reported on April 2008 (M4) report.	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 13	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) MENENDEZ FOR SENATE	Transaction ID: SB23.16977 Date of Disbursement 04 / 10 / 2008
	Mailing Address P.O. Box 848	
	City Union City State NJ Zip Code 07087	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 13	
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) MENENDEZ FOR SENATE	Transaction ID: SB23.17024 Date of Disbursement 04 / 22 / 2008
	Mailing Address P.O. Box 848	
	City Union City State NJ Zip Code 07087	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Redesignation of 3/6/08 contribution	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 13	
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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) MONTANANS FOR TESTER Mailing Address PO BOX 1248 City BIG SANDY State MT Zip Code 59520 Purpose of Disbursement 10/16/2006 check voided Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 00 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.17003 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8 Amount of Each Disbursement this Period -2500.00
B.	Full Name (Last, First, Middle Initial) PAC TO THE FUTURE Mailing Address PMB 3230 268 BUSH STREET City SAN FRANCISCO State CA Zip Code 94104 Purpose of Disbursement 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) ▼	Transaction ID: SB23.16971 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 8 Amount of Each Disbursement this Period 5000.00
C.	Full Name (Last, First, Middle Initial) PASCRELL FOR CONGRESS INC Mailing Address 63 QUARTZ LANE City PATERSON State NJ Zip Code 07501 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 08 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.17049 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 8 Amount of Each Disbursement this Period 2500.00

SUBTOTAL of Disbursements This Page (optional)	5000.00
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) REED COMMITTEE	Transaction ID: SB23.16984 Date of Disbursement 04 / 07 / 2008
	Mailing Address PO BOX 8628	Amount of Each Disbursement this Period 1000.00
	City CRANSTON State RI Zip Code 02920	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) SCHAKOWSKY FOR CONGRESS	Transaction ID: SB23.17077 Date of Disbursement 04 / 22 / 2008
	Mailing Address P.O. BOX 5130	Amount of Each Disbursement this Period 1000.00
	City EVANSTON State IL Zip Code 60204	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 09	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) SIREN FOR CONGRESS	Transaction ID: SB23.16972 Date of Disbursement 04 / 17 / 2008
	Mailing Address 6050 BOULEVARD EAST APT 6B	Amount of Each Disbursement this Period 2000.00
	City WEST NEW YORK State NJ Zip Code 07093	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 13	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)
TAMMY BALDWIN FOR CONGRESS

Mailing Address P O BOX 696

City MADISON State WI Zip Code 53701

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.16980
Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
TIM MAHONEY FOR FLORIDA

Mailing Address 1128-408 ROYAL PALM BEACH BLVD

City ROYAL PALM BEACH State FL Zip Code 33411

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: FL District: 16

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.16985
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

Mailing Address 1080 Nimitzview Dr.
Suite 400

City Cincinnati State OH Zip Code 45230

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.16962
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)

PAGE 24 / 30

<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

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

<p>A. Full Name (Last, First, Middle Initial) DeLuca for Legislator Committee</p> <p>Mailing Address 1438 Homestead Road</p> <p>City Verona State PA Zip Code 15147</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>Transaction ID: SB29.16996 Date of Disbursement 04 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Adam Kline</p> <p>Mailing Address 3219 32nd Avenue South</p> <p>City Seattle State WA Zip Code 98144</p> <p>Purpose of Disbursement 8/4/06 check voided Non fed cont.</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>Transaction ID: SB29.17007 Date of Disbursement 04 / 02 / 2008</p> <p>Amount of Each Disbursement this Period -250.00</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Ed Reisinger</p> <p>Mailing Address c/o Martin-Lauer Associates, LLC 1010 Hull Street, Suite 202</p> <p>City Baltimore State MD Zip Code 21230</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>Transaction ID: SB29.16988 Date of Disbursement 04 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 250.00</p>

SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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

A.

Full Name (Last, First, Middle Initial)
Friends of Matt Smith

Transaction ID: SB29.16995
Date of Disbursement

Mailing Address P.O. Box 13445

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	8

City Pittsburgh State PA Zip Code 15243

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Non federal contribution

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
FRIENDS OF VINCE BIANCUCCI

Transaction ID: SB29.16994
Date of Disbursement

Mailing Address 226 PLEASANT DRIVE

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	8

City ALIQUIPPA State PA Zip Code 15001

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
Non federal contribution

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Jennifer Kim Campaign

Transaction ID: SB29.16997
Date of Disbursement

Mailing Address P.O. Box 42258

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	0	8

City Austin State TX Zip Code 78704

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Non federal contribution

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

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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

A.	Full Name (Last, First, Middle Initial) Jennifer Kim Campaign	Transaction ID: SB29.17053 Date of Disbursement
	Mailing Address P.O. Box 42258	<input type="text" value="04"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City Austin State TX Zip Code 78704	Amount of Each Disbursement this Period
	Purpose of Disbursement Non federal campaign	<input type="text" value="300.00"/>
	Candidate Name	Category/ Type
	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) ▼

B.	Full Name (Last, First, Middle Initial) Lee Leffingwell Campaign	Transaction ID: SB29.17051 Date of Disbursement
	Mailing Address P.O. Box 302426	<input type="text" value="04"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City Austin State TX Zip Code 78703	Amount of Each Disbursement this Period
	Purpose of Disbursement Non federal contribution	<input type="text" value="300.00"/>
	Candidate Name	Category/ Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) Mike Martinez Campaign	Transaction ID: SB29.17005 Date of Disbursement
	Mailing Address P.O. Box 4148	<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2008"/>
	City Austin State TX Zip Code 78765	Amount of Each Disbursement this Period
	Purpose of Disbursement 3/29/06 check voided Non fed cont.	<input type="text" value="-100.00"/>
	Candidate Name	Category/ Type
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="500.00"/>
TOTAL 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)

<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

A. Full Name (Last, First, Middle Initial)
Paid for by Friends of Joe Scarnati

Mailing Address P.O. Box 792

City Harrisburg State PA Zip Code 17108

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: SB29.16999
Date of Disbursement

04 / 17 / 2008

Amount of Each Disbursement this Period

5000.00

B. Full Name (Last, First, Middle Initial)
Rawlings-Blake for Baltimore

Mailing Address c/o Martin-Lauer Associates, LLC
1010 Hull Street, Suite 202

City Baltimore State MD Zip Code 21230

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: SB29.16990
Date of Disbursement

04 / 10 / 2008

Amount of Each Disbursement this Period

250.00

C. Full Name (Last, First, Middle Initial)
The Committee to Re-elect Keith McCall

Mailing Address P.O. Box 244

City Lansford State PA Zip Code 18232

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: SB29.16992
Date of Disbursement

04 / 15 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

6250.00

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

A.

Full Name (Last, First, Middle Initial)
Will Wynn Campaign

Transaction ID: SB29.17006

Date of Disbursement

Mailing Address P.O. Box 50042

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

City State Zip Code
Austin TX 78763

Amount of Each Disbursement this Period

-100.00

Purpose of Disbursement
4/24/06 ck voided Non fed cont.

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

-100.00

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

12150.00

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) AMALGAMATED TRANSIT UNION-COPE		FEC IDENTIFICATION NUMBER C 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 M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 8	
Mailing Address 6911 Old Landover Road		Amount 1321.88	
City State Zip Code Landover MD 20785		Transaction ID: SE.17002	
Purpose of Expenditure Campaign posters		Office Sought: <input type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: HILLARY RODHAM CLINTON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
		1321.88	

(a) SUBTOTAL of Itemized Independent Expenditures	1321.88
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	1321.88
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 M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 8

Form/Schedule: **F3XA**

Transaction ID:

The unitemized amount of \$41,194.98 represent the total contributions from individuals who have not individually contributed more than \$200 in the aggregate during the calendar year. 9/22/2008 In response to your 8/22/08 letter, I offer the following explanations. The previous schedule A negative itemized entries were internal bookkeeping entries and should have been unitemized. With the unitemization of these entries all Calendar Year-to-Date totals have been corrected. Additionally, all entries on Schedule A are for contributors who have contributed over \$200 in the aggregate during the calendar year. There were no refunds to individuals during this reporting period and aggregates for individuals which exceed the \$200 threshold were not deducted from column B. Additionally, the Schedule E independent expenditure now shows the Pennsylvania as the state of the Primary election.