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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
Coalition to Save Albany

ADDRESS (number and street) 212 Schoolhouse Rd
Albany NY 12203
Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00443929
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), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11) (Non-Election Year Only), Dec 20 (M12) (Non-Election Year Only), Jan 31 (YE)
(c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Election on _____ in the State of _____, Convention (12C), Special (12G)
(d) 30-Day Post -Election Report for the: General (30G), Election on _____ in the State of _____, Runoff (30R), Special (30S)

5. Covering Period 01 01 2008 through 01 31 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 ANTON KONEV
Signature of Treasurer *[Signature]* Date 02 20 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)

28039650450

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Coalition to Save Albany

Report Covering the Period: From: ^{M M} 0 1 ^{D D} 0 1 ^{Y Y W Y} 2 0 0 8 To: ^{M M} 0 1 ^{D D} 3 1 ^{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 ^{Y Y Y Y} 2008		0.00
(b) Cash on Hand at Beginning of Reporting Period	0.00	
(c) Total Receipts (from Line 19)	7714.89	7714.89
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	7714.89	7714.89
7. Total Disbursements (from Line 31)	6149.08	6149.08
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1565.81	1565.81
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

28039650451

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name
Coalition to Save Albany

Report Covering the Period: From: ^{M M} 01 ^{D D} 01 ^{Y Y W Y} 2008 To: ^{M M} 01 ^{D D} 31 ^{Y Y W Y} 2008

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	2611.89	2611.89
(ii) Unitemized	5103.00	5103.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))	7714.89	7714.89
(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)	7714.89	7714.89
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total 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))	7714.89	7714.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	7714.89	7714.89

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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.....	0.00		0.00
24. Independent Expenditure (use Schedule E).....	6149.08		6149.08
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.....	0.00		0.00
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))..	6149.08		6149.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6149.08		6149.08

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	7714.89	7714.89
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7714.89	7714.89
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

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

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)
Coalition to Save Albany

A.

Full Name (Last, First, Middle Initial)
Christopher Amato

Mailing Address 44 Wellington Road

City State Zip Code
Delmar NY 12054

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
DEC NYS Assistant Commissioner

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
01 30 2008

Transaction ID: SA11AI.4234

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
fundraiser

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 390.00

Date of Receipt
M M / D D / Y Y Y Y
01 23 2008

Transaction ID: SA11AI.4128

Amount of Each Receipt this Period
242.00

C.

Full Name (Last, First, Middle Initial)
fundraiser

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 435.00

Date of Receipt
M M / D D / Y Y Y Y
01 25 2008

Transaction ID: SA11AI.4157

Amount of Each Receipt this Period
45.00

SUBTOTAL of Receipts This Page (optional) ▶

537.00

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

28039650455

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

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

FOR LINE NUMBER: PAGE 7 / 16
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Coalition to Save Albany

28039650456

A.

Full Name (Last, First, Middle Initial) fundraiser	Date of Receipt M M / D D / Y Y . Y Y 01 / 27 / 2008
Mailing Address	Transaction ID: SA11AI.4122
City State Zip Code	Amount of Each Receipt this Period 240.00
FEC ID number of contributing federal political committee. C	
Name of Employer Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 675.00

B.

Full Name (Last, First, Middle Initial) fundraiser	Date of Receipt M M / D D / Y Y . Y Y 01 / 28 / 2008
Mailing Address	Transaction ID: SA11AI.4120
City State Zip Code	Amount of Each Receipt this Period 60.00
FEC ID number of contributing federal political committee. C	
Name of Employer Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 735.00

C.

Full Name (Last, First, Middle Initial) fundraiser	Date of Receipt M M / D D / Y Y . Y Y 01 / 29 / 2008
Mailing Address	Transaction ID: SA11AI.4124
City State Zip Code	Amount of Each Receipt this Period 115.00
FEC ID number of contributing federal political committee. C	
Name of Employer Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00

SUBTOTAL of Receipts This Page (optional)	415.00
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 8 / 16
(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)
Coalition to Save Albany

28039650457

A.

Full Name (Last, First, Middle Initial) fundraiser		Date of Receipt M M / D D / Y Y . Y Y Y 01 / 29 / 2008
Mailing Address		Transaction ID: SA11AI.4127
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 440.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1290.00	

B.

Full Name (Last, First, Middle Initial) fundraiser		Date of Receipt M M / D D / Y Y . Y Y Y 01 / 30 / 2008
Mailing Address		Transaction ID: SA11AI.4219
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 340.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1630.00	

C.

Full Name (Last, First, Middle Initial) fundraiser		Date of Receipt M M / D D / Y Y . Y Y Y 01 / 31 / 2008
Mailing Address		Transaction ID: SA11AI.4220
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 398.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2028.00	

SUBTOTAL of Receipts This Page (optional)	▶	1178.00
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 / 16
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Coalition to Save Albany

23039650458

A.

Full Name (Last, First, Middle Initial) fundraiser		Date of Receipt M M / D D / Y Y Y Y 01 / 31 / 2008
Mailing Address		Transaction ID: SA11AI.4236
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2063.00	

B.

Full Name (Last, First, Middle Initial) fundraiser		Date of Receipt M M / D D / Y Y Y Y 01 / 31 / 2008
Mailing Address		Transaction ID: SA11AI.4275
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 26.89
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2089.89	

C.

Full Name (Last, First, Middle Initial) fundraiser		Date of Receipt M M / D D / Y Y Y Y 01 / 31 / 2008
Mailing Address		Transaction ID: SA11AI.4303
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2109.89	

SUBTOTAL of Receipts This Page (optional)	▶	81.89
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 / 16
(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)
Coalition to Save Albany

23039650459

A.

Full Name (Last, First, Middle Initial) Carol Olszewski		Date of Receipt M M / D D / Y Y Y Y 01 / 22 / 2008	
Mailing Address		Transaction ID: SA11AI.4114	
City	State	Zip Code	Amount of Each Receipt this Period 400.00
FEC ID number of contributing federal political committee. C		Name of Employer	
Occupation		Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B.

Full Name (Last, First, Middle Initial) Carol Olszewski		Date of Receipt M M / D D / Y Y Y Y 01 / 30 / 2008	
Mailing Address		Transaction ID: SA11AI.4216	
City	State	Zip Code	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Name of Employer	
Occupation		Aggregate Year-to-Date ▼ 350.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C.

Full Name (Last, First, Middle Initial) Robert Rosenthal		Date of Receipt M M / D D / Y Y Y Y 01 / 30 / 2008	
Mailing Address 32 Longwood Drive		Transaction ID: SA11AI.4228	
City	State	Zip Code	Amount of Each Receipt this Period 250.00
Delmar	NY	12054	
FEC ID number of contributing federal political committee. C		Name of Employer NYS Attorney General	
Occupation Attorney		Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	400.00
TOTAL This Period (last page this line number only)	2611.89

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

NAME OF COMMITTEE (In Full) Coalition to Save Albany	FEC IDENTIFICATION NUMBER C C00443929
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee Albany Broadcasting	
Mailing Address	
City	State Zip Code
Purpose of Expenditure radio commercials	Category/ Type 004
Name of Federal Candidate supported or Opposed by expenditure: Barack Obama for President	
Calendar Year-To-Date Per Election for Office Sought	4560.00


Date 01 / 30 / 2008
Amount 2050.00
Transaction ID: SE.4318
Office Sought: House State: _____ Senate District: _____ Presidential
Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify): _____

Full Name (Last, First, Middle, Initial) of Payee William Boyce	
Mailing Address 92 Lexington Ave	
City	State Zip Code
Albany	NY 12206
Purpose of Expenditure rent for the office	Category/ Type
Name of Federal Candidate supported or Opposed by expenditure:	
Calendar Year-To-Date Per Election for Office Sought	800.00

Date 01 / 18 / 2008
Amount 800.00
Transaction ID: SE.4316
Office Sought: House State: _____ Senate District: _____ Presidential
Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify): _____

(a) SUBTOTAL of Itemized Independent Expenditures	2850.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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.

Signature 

Date 02 20 2008

28039650460

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


NAME OF COMMITTEE (In Full) Coalition to Save Albany	FEC IDENTIFICATION NUMBER C C00443929
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee copies made	Date M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 8
Mailing Address	Amount 90.00
City State Zip Code	Transaction ID: SE.4313
Purpose of Expenditure copies of campaign materials	Office Sought: House State: _____ Senate District: _____ Presidential
Category/Type 006	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate supported or Opposed by expenditure: Barack Obama for President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify): _____
Calendar Year-To-Date Per Election for Office Sought 90.00	2008

Full Name (Last, First, Middle, Initial) of Payee copies made	Date M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 8
Mailing Address	Amount 100.00
City State Zip Code	Transaction ID: SE.4315
Purpose of Expenditure	Office Sought: House State: _____ Senate District: _____ Presidential
Category/Type 006	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate supported or Opposed by expenditure: Barack Obama for President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify): _____
Calendar Year-To-Date Per Election for Office Sought 100.00	2008

(a) SUBTOTAL of Itemized Independent Expenditures	190.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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.



Signature _____ Date 02 20 2008

28039650461

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

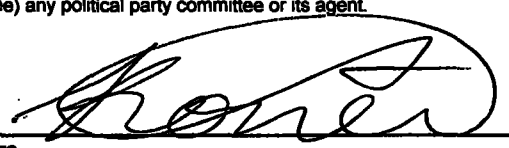
NAME OF COMMITTEE (In Full) Coalition to Save Albany	FEC IDENTIFICATION NUMBER C C00443929
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee food purchase	Date M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 8
Mailing Address	Amount 35.00
City State Zip Code	Transaction ID: SE.4307
Purpose of Expenditure food for campaign workers	Office Sought: House State: _____ Senate District: _____ Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 835.00	Disbursement For: Primary General Other (specify) : _____

Full Name (Last, First, Middle, Initial) of Payee furniture purchase	Date M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 8
Mailing Address	Amount 65.00
City State Zip Code	Transaction ID: SE.4309
Purpose of Expenditure cash furniture for the office purchase	Office Sought: House State: _____ Senate District: _____ Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 900.00	Disbursement For: Primary General Other (specify) : _____

(a) SUBTOTAL of Itemized Independent Expenditures	100.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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.


 Signature

Date M M / D D / Y Y Y Y
 0 2 / 2 0 / 2 0 0 8

28039650462

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

NAME OF COMMITTEE (in Full) Coalition to Save Albany	FEC IDENTIFICATION NUMBER C C00443929
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Megan Kaminsky

Mailing Address

City State Zip Code

Purpose of Expenditure
copies of campaign materials

Category/Type 006

Name of Federal Candidate supported or Opposed by expenditure:
Barack Obama for President

Calendar Year-To-Date Per Election for Office Sought 4640.00

Date 01 / 30 / 2008

Amount 80.00

Transaction ID: SE.4323

Office Sought: House State: _____
Senate District: _____
Presidential

Check One: Support Oppose

Disbursement For: Primary General
Other (specify): _____

Full Name (Last, First, Middle, Initial) of Payee
Megan Kaminsky

Mailing Address

City State Zip Code

Purpose of Expenditure
office supplies

Category/Type

Name of Federal Candidate supported or Opposed by expenditure:

Calendar Year-To-Date Per Election for Office Sought 1062.18

Date 01 / 31 / 2008

Amount 135.29

Transaction ID: SE.4320

Office Sought: House State: _____
Senate District: _____
Presidential

Check One: Support Oppose

Disbursement For: Primary General
Other (specify): _____

(a) SUBTOTAL of Itemized Independent Expenditures	215.29
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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.

Signature 

Date 02 / 20 / 2008

28039650463

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

NAME OF COMMITTEE (In Full) Coalition to Save Albany	FEC IDENTIFICATION NUMBER C C00443929
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee Anton Konev	
Mailing Address 212 Schoolhouse Rd	
City Albany	State NY
Zip Code 12203	
Purpose of Expenditure yard signs	Category/ Type 006
Name of Federal Candidate supported or Opposed by expenditure: Barack Obama for President	
Calendar Year-To-Date Per Election for Office Sought 900.00	

Date M M / D D / Y Y Y Y 01 / 28 / 2008
Amount 800.00
Transaction ID: SE.4324
Office Sought: House State: _____ Senate District: _____ Presidential
Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) : _____ 2008

Full Name (Last, First, Middle, Initial) of Payee Anton Konev	
Mailing Address 212 Schoolhouse Rd	
City Albany	State NY
Zip Code 12203	
Purpose of Expenditure yard signs and copies of materials	Category/ Type 006
Name of Federal Candidate supported or Opposed by expenditure: Barack Obama for President	
Calendar Year-To-Date Per Election for Office Sought 2510.00	

Date M M / D D / Y Y Y Y 01 / 30 / 2008
Amount 1610.00
Transaction ID: SE.4304
Office Sought: House State: _____ Senate District: _____ Presidential
Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) : _____ 2008

(a) SUBTOTAL of Itemized Independent Expenditures	2410.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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.

Anton Konev

Signature _____

Date 02 20 2008

28038650464

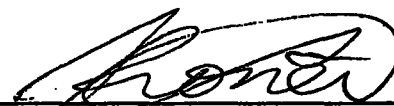
**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Coalition to Save Albany		FEC IDENTIFICATION NUMBER C C00443929	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee office suplies		Date M M / D D / Y Y Y Y 01 / 31 / 2008	
Mailing Address		Amount 26.89	
City State Zip Code		Transaction ID: SE.4311	
Purpose of Expenditure supplies for the off-ice		Office Sought: House State: _____ Senate District: _____ Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: Primary General Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 926.89			
Full Name (Last, First, Middle, Initial) of Payee Dustin Reidy		Date M M / D D / Y Y Y Y 01 / 31 / 2008	
Mailing Address 1815 6th Ave Apt1		Amount 356.90	
City State Zip Code Watervliet NY 12189		Transaction ID: SE.4322	
Purpose of Expenditure copies for campaign materials		Office Sought: House State: _____ Senate District: _____ Presidential	
Category/Type 006		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Barack Obama for President		Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) : _____ 2008	
Calendar Year-To-Date Per Election for Office Sought 446.90			

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(a) SUBTOTAL of Itemized Independent Expenditures	383.79
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	6149.08

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.

Signature  Date M M / D D / Y Y Y Y
02 / 20 / 2008

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
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<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input checked="" type="checkbox"/> USPS Express Mail	Postmarked 2/29/08
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

JMA
PREPARER
(3/2005)

3/3/08
DATE PREPARED

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