

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 Avenue 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 06 01 2009 through 06 30 2009

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 Oscar Owens
Signature of Treasurer Electronically Filed by Oscar Owens Date 07 17 2009

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Amalgamated Transit Union - COPE

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 6 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

 To:

| | |
|---|---|
| M | M |
| 0 | 6 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|-----------|
| 6. (a) Cash on Hand January 1 <table border="1"><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>9</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 9 | | 114470.36 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 9 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 141743.15 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 49964.92 | 290203.86 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 191708.07 | 404674.22 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 98996.95 | 311963.10 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 92711.12 | 92711.12 | | | | | | | | |
| 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Amalgamated Transit Union - COPE

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 6 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

 To:

| | |
|---|---|
| M | M |
| 0 | 6 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

| 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) | 4102.28 | 11028.36 |
| (ii) Unitemized | 45862.64 | 278850.29 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 49964.92 | 289878.65 |
| (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) | 49964.92 | 289878.65 |
| 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 | 325.21 |
| 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)) | 49964.92 | 290203.86 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 49964.92 | 290203.86 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

| 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..... | 46.95 | 281.70 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 46.95 | 281.70 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 96000.00 | 241750.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 37956.40 |
| 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..... | 2950.00 | 31975.00 |
| 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)).. | 98996.95 | 311963.10 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 98996.95 | 311963.10 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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| 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) | 49964.92 | 289878.65 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 49964.92 | 289878.65 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 46.95 | 281.70 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 46.95 | 281.70 |

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

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

FOR LINE NUMBER: PAGE 6 / 71
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Amalgamated Transit Union - COPE

A. Full Name (Last, First, Middle Initial)
PAUL J BACHTEL

Mailing Address 8513 MAIN STREET #203

City EDMONDS State WA Zip Code 98026-0000

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

Name of Employer KING COUNTY DOT-METRO TRANSIT Occupation Operator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 13 / 2009
Transaction ID: A2009-3623884
Amount of Each Receipt this Period: 25.00

B. Full Name (Last, First, Middle Initial)
PAUL J BACHTEL

Mailing Address 8513 MAIN STREET #203

City EDMONDS State WA Zip Code 98026-0000

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

Name of Employer KING COUNTY DOT-METRO TRANSIT Occupation Operator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 06 / 26 / 2009
Transaction ID: A2009-3626057
Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial)
ROBERT H BAKER

Mailing Address 6400 Oakley Terrace

City Frederick State MD Zip Code 21701-0000

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

Name of Employer AMALGAMATED TRANSIT UNION Occupation International Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt: 06 / 06 / 2009
Transaction ID: A2009-3614253
Amount of Each Receipt this Period: 42.00

SUBTOTAL of Receipts This Page (optional) ► 92.00

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

A. Form/Schedule : **SA11AI**

Transaction ID :

Please note that the PAC is aware that we follow an alternate method of itemizing payroll receipts rather than the suggested manner of disclosing a single total for the reporting period along with the amount deducted per pay period. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately more accurately discloses how the receipts are collected.

**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 / 71 |
| | <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) ROBERT E BANGS | | Date of Receipt | |
| | Mailing Address 2411 SOUTH 248TH STREET #D-12 | | M M / D D / Y Y Y Y Y 0 6 / 0 2 / 2 0 0 9 | |
| | City | State | Zip Code | Transaction ID: A2009-3611596 |
| | KENT | WA | 98032-4070 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 50.00 | |
| | Name of Employer KING COUNTY DOT-METRO TRANSIT | | Occupation Operator | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 300.00 | | |

| | | | | |
|---|---|------------------------------------|--|--------------------------------------|
| B. | Full Name (Last, First, Middle Initial) WARREN M CHAPMAN | | Date of Receipt | |
| | Mailing Address c/o LU 689 2701 Whitney Pl | | M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 9 | |
| | City | State | Zip Code | Transaction ID: A2009-3626416 |
| | Forestville | MD | 20747-0000 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 40.00 | |
| | Name of Employer WASH METRO AREA TRANSIT AUTH | | Occupation Operator | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 240.00 | | |

| | | | | |
|---|---|------------------------------------|--|--------------------------------------|
| C. | Full Name (Last, First, Middle Initial) CHARLES COOK | | Date of Receipt | |
| | Mailing Address 5025 Wisconsin Avenue N.W. | | M M / D D / Y Y Y Y Y 0 6 / 0 6 / 2 0 0 9 | |
| | City | State | Zip Code | Transaction ID: A2009-3614255 |
| | Washington | DC | 20016 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 42.00 | |
| | 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 ▼ 252.00 | | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 132.00 |
| 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 / 71

(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)
JOHN J CROWLEY JR

Mailing Address 113 VAN ZANDT AVENUE

City State Zip Code
NEWPORT RI 02840-1645

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

Name of Employer
RHODE ISLAND PUBLIC TRANS AUTH

Occupation
Operator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 04 / 2009

Transaction ID: A2009-3613462

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)
JOHN J CROWLEY JR

Mailing Address 113 VAN ZANDT AVENUE

City State Zip Code
NEWPORT RI 02840-1645

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

Name of Employer
RHODE ISLAND PUBLIC TRANS AUTH

Occupation
Operator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 06 / 2009

Transaction ID: A2009-3614678

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)
JOHN J CROWLEY JR

Mailing Address 113 VAN ZANDT AVENUE

City State Zip Code
NEWPORT RI 02840-1645

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

Name of Employer
RHODE ISLAND PUBLIC TRANS AUTH

Occupation
Operator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 13 / 2009

Transaction ID: A2009-3621860

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional) ▶

30.00

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 / 71
(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)
JOHN J CROWLEY JR

Mailing Address 113 VAN ZANDT AVENUE

City NEWPORT State RI Zip Code 02840-1645

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

Name of Employer RHODE ISLAND PUBLIC TRANS AUTH Occupation Operator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 20 / 2009
Transaction ID: A2009-3626921
Amount of Each Receipt this Period: 10.00

B.

Full Name (Last, First, Middle Initial)
JOHN J CROWLEY JR

Mailing Address 113 VAN ZANDT AVENUE

City NEWPORT State RI Zip Code 02840-1645

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

Name of Employer RHODE ISLAND PUBLIC TRANS AUTH Occupation Operator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 06 / 29 / 2009
Transaction ID: A2009-3633371
Amount of Each Receipt this Period: 10.00

C.

Full Name (Last, First, Middle Initial)
JOHN A CRUZ

Mailing Address 118 THIRD BEACH ROAD

City MIDDLETOWN State RI Zip Code 02842-0000

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

Name of Employer RHODE ISLAND PUBLIC TRANS AUTH Occupation Operator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 06 / 04 / 2009
Transaction ID: A2009-3613463
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ► 30.00

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 11 / 71
(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)
JOHN A CRUZ

Mailing Address 118 THIRD BEACH ROAD

City MIDDLETOWN State RI Zip Code 02842-0000

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

Name of Employer RHODE ISLAND PUBLIC TRANS AUTH Occupation Operator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 06 / 13 / 2009
Transaction ID: A2009-3621861
Amount of Each Receipt this Period: 10.00

B.

Full Name (Last, First, Middle Initial)
JOHN A CRUZ

Mailing Address 118 THIRD BEACH ROAD

City MIDDLETOWN State RI Zip Code 02842-0000

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

Name of Employer RHODE ISLAND PUBLIC TRANS AUTH Occupation Operator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 20 / 2009
Transaction ID: A2009-3626922
Amount of Each Receipt this Period: 10.00

C.

Full Name (Last, First, Middle Initial)
JOHN A CRUZ

Mailing Address 118 THIRD BEACH ROAD

City MIDDLETOWN State RI Zip Code 02842-0000

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

Name of Employer RHODE ISLAND PUBLIC TRANS AUTH Occupation Operator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 06 / 29 / 2009
Transaction ID: A2009-3633553
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ► 30.00

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 / 71
(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)
EDWARD J DOLORES

Mailing Address 1226 CLAYBURN LANE

City State Zip Code
SAN JOSE CA 95121-2608

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

Name of Employer Occupation
SANTA CLARA VLY TRANS. AU-TH. Operator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 267.42

Date of Receipt
MM / DD / YYYY
06 / 08 / 2009

Transaction ID: A2009-3617056

Amount of Each Receipt this Period
44.57

B.

Full Name (Last, First, Middle Initial)
NINOUS EDWARDS

Mailing Address 1008 N ABBOTT AVENUE

City State Zip Code
MILPITAS CA 95035-0000

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

Name of Employer Occupation
SANTA CLARA VLY TRANS. AU-TH. Operator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
06 / 08 / 2009

Transaction ID: A2009-3617194

Amount of Each Receipt this Period
35.00

C.

Full Name (Last, First, Middle Initial)
TROY S EDWARDS

Mailing Address 21638 SE 283RD STREET

City State Zip Code
MAPLE VALLEY WA 98038-3300

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

Name of Employer Occupation
KING COUNTY DOT-METRO TRA-NSIT Operator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 02 / 2009

Transaction ID: A2009-3611817

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 129.57

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 13 / 71 |
| | <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) JIMMIE R EKDAHL | Date of Receipt MM / DD / YYYY 06 / 02 / 2009 |
| | Mailing Address 25314 SE 424TH | Transaction ID: A2009-3611818 |
| | City State Zip Code ENUMCLAW WA 98022-0000 | Amount of Each Receipt this Period 50.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation KING COUNTY DOT-METRO TRA-NSIT Operator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00 | |

| | | |
|-----------|---|---|
| B. | Full Name (Last, First, Middle Initial) DAVID S FAIRBANKS | Date of Receipt MM / DD / YYYY 06 / 02 / 2009 |
| | Mailing Address 8622 202ND SW | Transaction ID: A2009-3611834 |
| | City State Zip Code EDMONDS WA 98026-6644 | Amount of Each Receipt this Period 42.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation KING COUNTY DOT-METRO TRA-NSIT Operator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 252.00 | |

| | | |
|-----------|--|---|
| C. | Full Name (Last, First, Middle Initial) EVETTE D FARRA | Date of Receipt MM / DD / YYYY 06 / 04 / 2009 |
| | Mailing Address 4800 SW 191ST AVENUE | Transaction ID: A2009-3613379 |
| | City State Zip Code ALOHA OR 97007-0000 | Amount of Each Receipt this Period 50.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation LANE TRANSIT DISTRICT-EUG-ENE 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) | ▶ | 142.00 |
| 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 14 / 71 |
| | <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) EVETTE D FARRA | Date of Receipt MM / DD / YYYY 06 / 20 / 2009 |
| | Mailing Address 4800 SW 191ST AVENUE | Transaction ID: A2009-3626030 |
| | City State Zip Code ALOHA OR 97007-0000 | Amount of Each Receipt this Period 25.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer LANE TRANSIT DISTRICT-EUGENE Occupation Operator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00 | |

| | | |
|-----------|--|---|
| B. | Full Name (Last, First, Middle Initial) JAMES D FITZGERALD | Date of Receipt MM / DD / YYYY 06 / 21 / 2009 |
| | Mailing Address 4608 EAST 13TH AVENUE | Transaction ID: A2009-3624862 |
| | City State Zip Code SPOKANE VALLEY WA 99212-3260 | Amount of Each Receipt this Period 45.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer SPOKANE TRANSIT AUTHORITY Occupation Operator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00 | |

| | | |
|-----------|--|---|
| C. | Full Name (Last, First, Middle Initial) MARY B FITZGERALD | Date of Receipt MM / DD / YYYY 06 / 21 / 2009 |
| | Mailing Address 4608 E 13TH AVENUE | Transaction ID: A2009-3624948 |
| | City State Zip Code SPOKANE VALLEY WA 99212-3260 | Amount of Each Receipt this Period 48.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer SPOKANE TRANSIT AUTHORITY Occupation Operator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 288.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 118.00 |
| 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 15 / 71
(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)
DAVID J GIBBONS

Mailing Address 29 SUNSET BLVD

City State Zip Code
NEWPORT RI 02840-0000

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

Name of Employer Occupation
RHODE ISLAND PUBLIC TRANS AUTH Operator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2009

Transaction ID: A2009-3613534

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
DAVID J GIBBONS

Mailing Address 29 SUNSET BLVD

City State Zip Code
NEWPORT RI 02840-0000

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

Name of Employer Occupation
RHODE ISLAND PUBLIC TRANS AUTH Operator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt
MM / DD / YYYY
06 / 06 / 2009

Transaction ID: A2009-3614752

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
DAVID J GIBBONS

Mailing Address 29 SUNSET BLVD

City State Zip Code
NEWPORT RI 02840-0000

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

Name of Employer Occupation
RHODE ISLAND PUBLIC TRANS AUTH Operator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2009

Transaction ID: A2009-3621929

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► 60.00

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 16 / 71 |
| | <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) DAVID J GIBBONS | Date of Receipt MM / DD / YYYY 06 / 29 / 2009 |
| | Mailing Address 29 SUNSET BLVD | Transaction ID: A2009-3633400 |
| | City State Zip Code NEWPORT RI 02840-0000 | Amount of Each Receipt this Period 20.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer RHODE ISLAND PUBLIC TRANS AUTH | Occupation Operator | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 330.00 | |

| | | |
|---|--|---|
| B. | Full Name (Last, First, Middle Initial) JOSEPH H GOTCHER | Date of Receipt MM / DD / YYYY 06 / 01 / 2009 |
| | Mailing Address 918 LA PRESA AVENUE | Transaction ID: A2009-3610411 |
| | City State Zip Code SPRING VALLEY CA 91977-4341 | Amount of Each Receipt this Period 20.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer SAN DIEGO TRANSIT CORP | Occupation Operator | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 220.00 | |

| | | |
|---|--|---|
| C. | Full Name (Last, First, Middle Initial) JOSEPH H GOTCHER | Date of Receipt MM / DD / YYYY 06 / 15 / 2009 |
| | Mailing Address 918 LA PRESA AVENUE | Transaction ID: A2009-3623479 |
| | City State Zip Code SPRING VALLEY CA 91977-4341 | Amount of Each Receipt this Period 20.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer SAN DIEGO TRANSIT CORP | Occupation Operator | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 240.00 | |

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional) | 60.00 |
| 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 17 / 71
(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

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) HAGOP H HAGOPIAN</p> <p>Mailing Address 527 E CHEVY CHASE DRIVE #1</p> <p>City State Zip Code GLENDALE CA 91205-0000</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation LOS ANGELES CTY METRO TRAN Maintenance AUT</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 229.24</p> | <p>Date of Receipt M M / D D / Y Y Y Y 06 / 06 / 2009</p> <p>Transaction ID: A2009-3615293</p> <p>Amount of Each Receipt this Period 20.84</p> |
|---|---|

| | |
|---|---|
| <p>B. Full Name (Last, First, Middle Initial) HAGOP H HAGOPIAN</p> <p>Mailing Address 527 E CHEVY CHASE DRIVE #1</p> <p>City State Zip Code GLENDALE CA 91205-0000</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation LOS ANGELES CTY METRO TRAN Maintenance AUT</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.08</p> | <p>Date of Receipt M M / D D / Y Y Y Y 06 / 20 / 2009</p> <p>Transaction ID: A2009-3627521</p> <p>Amount of Each Receipt this Period 20.84</p> |
|---|---|

| | |
|---|---|
| <p>C. Full Name (Last, First, Middle Initial) LAVON M HAMILTON</p> <p>Mailing Address 1586 MARTIN AVENUE</p> <p>City State Zip Code SAN JOSE CA 95126-0000</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation SANTA CLARA VLY TRANS. AU-TH. Operator</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p> | <p>Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2009</p> <p>Transaction ID: A2009-3617057</p> <p>Amount of Each Receipt this Period 50.00</p> |
|---|---|

| | |
|--|---|
| SUBTOTAL of Receipts This Page (optional) | 91.68 |
| 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: PAGE 18 / 71
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Amalgamated Transit Union - COPE

A. Full Name (Last, First, Middle Initial)
LAWRENCE J HANLEY

Mailing Address 5025 Wisconsin Avenue N.W.

City Washington State DC Zip Code 20016

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

Name of Employer AMALGAMATED TRANSIT UNION Occupation International Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt: 06 / 06 / 2009
Transaction ID: A2009-3614260
Amount of Each Receipt this Period: 42.00

B. Full Name (Last, First, Middle Initial)
DONALD T HANSEN

Mailing Address 5025 Wisconsin Avenue N.W.

City Washington State DC Zip Code 20016

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

Name of Employer AMALGAMATED TRANSIT UNION Occupation International Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt: 06 / 06 / 2009
Transaction ID: A2009-3614261
Amount of Each Receipt this Period: 42.00

C. Full Name (Last, First, Middle Initial)
AUDREY R HEDSTROM

Mailing Address 22413 111TH AVENUE SE

City KENT State WA Zip Code 98031-0000

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

Name of Employer KING COUNTY DOT-METRO TRANSIT Occupation Operator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 02 / 2009
Transaction ID: A2009-3611945
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ► 134.00

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 19 / 71
(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)
RONALD J HEINTZMAN

Mailing Address 5025 Wisconsin Avenue N.W.

City Washington State DC Zip Code 20016

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 ▼ 270.00

Date of Receipt 06 / 06 / 2009

Transaction ID: A2009-3614262

Amount of Each Receipt this Period 45.00

B. Full Name (Last, First, Middle Initial)
DANIEL E HRYCYK

Mailing Address 227 HARDING

City GRAYSLAKE State IL Zip Code 60030-0000

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

Name of Employer CHICAGO TRANSIT AUTHORITY Occupation Operator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 01 / 2009

Transaction ID: A2009-3606412

Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
JONATHAN J HUNT

Mailing Address 14230 SW 117TH AVENUE

City TIGARD State OR Zip Code 97224-0000

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

Name of Employer LANE TRANSIT DISTRICT-EUG-ENE Occupation Operator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 06 / 04 / 2009

Transaction ID: A2009-3613380

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 145.00

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 20 / 71
(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)
JONATHAN J HUNT

Mailing Address 14230 SW 117TH AVENUE

City State Zip Code
TIGARD OR 97224-0000

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

Name of Employer
LANE TRANSIT DISTRICT-EUGENE

Occupation
Operator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 20 / 2009

Transaction ID: A2009-3626031

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
REGINA D JACKSON

Mailing Address P O BOX 1138

City State Zip Code
MAPLE VALLEY WA 98038-0000

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

Name of Employer
KING COUNTY DOT-METRO TRANSIT

Occupation
Operator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 02 / 2009

Transaction ID: A2009-3611998

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
JERRY L JACOBS

Mailing Address 2112 NO 41ST

City State Zip Code
SEATTLE WA 98103-8316

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

Name of Employer
KING COUNTY DOT-METRO TRANSIT

Occupation
Operator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 02 / 2009

Transaction ID: A2009-3611999

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **125.00**

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 21 / 71
(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)
JAMES A JAKEMAN

Mailing Address 4019 SW 327TH

City FEDERAL WAY State WA Zip Code 98023-0000

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

Name of Employer KING COUNTY DOT-METRO TRANSIT Occupation Operator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt: 06 / 02 / 2009

Transaction ID: A2009-3612004

Amount of Each Receipt this Period: 40.00

B. Full Name (Last, First, Middle Initial)
DARRELL JEFFERSON

Mailing Address 545 E 50TH STREET

City CHICAGO State IL Zip Code 60615-0000

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

Name of Employer CHICAGO TRANSIT AUTHORITY Occupation Operator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 01 / 2009

Transaction ID: A2009-3606407

Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
JAMES L JOHNSON

Mailing Address 8425 46TH AVENUE SO

City SEATTLE State WA Zip Code 98118-0000

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

Name of Employer KING COUNTY DOT-METRO TRANSIT Occupation Operator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 02 / 2009

Transaction ID: A2009-3612024

Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ► 140.00

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 22 / 71
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Amalgamated Transit Union - COPE

A. Full Name (Last, First, Middle Initial)
RONALD A JORDAN

Mailing Address 17900 LIBBY ROAD

City State Zip Code
MAPLE HEIGHTS OH 44137-0000

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

Name of Employer Occupation
GREYHOUND LINES INC Operator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
06 / 27 / 2009

Transaction ID: A2009-3634566

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
PAUL KAPLAN

Mailing Address P O BOX 2561

City State Zip Code
BOCA RATON FL 33427-0000

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

Name of Employer Occupation
PALM TRAN INC Operator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
06 / 22 / 2009

Transaction ID: A2009-3624189

Amount of Each Receipt this Period
40.00

C. Full Name (Last, First, Middle Initial)
PAUL KAPLAN

Mailing Address P O BOX 2561

City State Zip Code
BOCA RATON FL 33427-0000

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

Name of Employer Occupation
PALM TRAN INC Operator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2009

Transaction ID: A2009-3624219

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional) ► 180.00

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 23 / 71 |
| | <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) KENNETH R KIRK | Date of Receipt MM / DD / YYYY 06 / 06 / 2009 |
| | Mailing Address 5025 Wisconsin Avenue N.W. | Transaction ID: A2009-3614266 |
| | City State Zip Code Washington DC 20016 | Amount of Each Receipt this Period 50.00 |
| | 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 ▼ 300.00 | |

| | | |
|---|--|---|
| B. | Full Name (Last, First, Middle Initial) JERRY L KLEIBOEKER | Date of Receipt MM / DD / YYYY 06 / 01 / 2009 |
| | Mailing Address 5015 COMANCHE #L | Transaction ID: A2009-3610435 |
| | City State Zip Code LA MESA CA 91941-3521 | Amount of Each Receipt this Period 21.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation SAN DIEGO TRANSIT CORP Operator | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 231.00 | |

| | | |
|---|--|---|
| C. | Full Name (Last, First, Middle Initial) JERRY L KLEIBOEKER | Date of Receipt MM / DD / YYYY 06 / 15 / 2009 |
| | Mailing Address 5015 COMANCHE #L | Transaction ID: A2009-3623503 |
| | City State Zip Code LA MESA CA 91941-3521 | Amount of Each Receipt this Period 21.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation SAN DIEGO TRANSIT CORP Operator | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 252.00 | |

| | | |
|--|---|-------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 92.00 |
| 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 24 / 71
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Amalgamated Transit Union - COPE

A.

Full Name (Last, First, Middle Initial)
DAVID LEMIRE

Mailing Address 110 KICKEMUIT ROAD

City WARREN State RI Zip Code 02885-1928

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

Name of Employer RHODE ISLAND PUBLIC TRANS AUTH Occupation Operator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 06 / 06 / 2009
Transaction ID: A2009-3614819
Amount of Each Receipt this Period: 20.00

B.

Full Name (Last, First, Middle Initial)
DAVID LEMIRE

Mailing Address 110 KICKEMUIT ROAD

City WARREN State RI Zip Code 02885-1928

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

Name of Employer RHODE ISLAND PUBLIC TRANS AUTH Occupation Operator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 06 / 13 / 2009
Transaction ID: A2009-3621995
Amount of Each Receipt this Period: 10.00

C.

Full Name (Last, First, Middle Initial)
DAVID LEMIRE

Mailing Address 110 KICKEMUIT ROAD

City WARREN State RI Zip Code 02885-1928

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

Name of Employer RHODE ISLAND PUBLIC TRANS AUTH Occupation Operator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 06 / 29 / 2009
Transaction ID: A2009-3633492
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ► 40.00

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 25 / 71 |
| | <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) TOM A LOPROTO | Date of Receipt MM / DD / YYYY 06 / 08 / 2009 |
| | Mailing Address 458 MC CAMISH AVENUE | Transaction ID: A2009-3617361 |
| | City State Zip Code SAN JOSE CA 95123-0000 | Amount of Each Receipt this Period 35.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation SANTA CLARA VLY TRANS. AUTH. Operator | |
| 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) JESS A MARTINEZ | Date of Receipt MM / DD / YYYY 06 / 08 / 2009 |
| | Mailing Address 3801 SAINT NICHOLAS DRIVE | Transaction ID: A2009-3617384 |
| | City State Zip Code MODESTO CA 95356-2446 | Amount of Each Receipt this Period 35.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation SANTA CLARA VLY TRANS. AUTH. Operator | |
| 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) ROBERT J MAZZEI | Date of Receipt MM / DD / YYYY 06 / 05 / 2009 |
| | Mailing Address 1448 BALSAM DR | Transaction ID: A2009-3609145 |
| | City State Zip Code ALISON PK PA 15101-3948 | Amount of Each Receipt this Period 42.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation PORT AUTH-ALLEG - PAT TRANSIT Operator | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 252.00 | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 112.00 |
| 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 26 / 71
(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)

KENNETH MC CORMICK

Mailing Address PO BOX 4156

City

SEATTLE

State

WA

Zip Code

98191-0156

FEC ID number of contributing federal political committee.

C

Name of Employer

KING COUNTY DOT-METRO TRANSIT

Occupation

Operator

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

277.00

Date of Receipt

MM / DD / YYYY
06 / 13 / 2009

Transaction ID: A2009-3623882

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

KENNETH MC CORMICK

Mailing Address PO BOX 4156

City

SEATTLE

State

WA

Zip Code

98191-0156

FEC ID number of contributing federal political committee.

C

Name of Employer

KING COUNTY DOT-METRO TRANSIT

Occupation

Operator

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

302.00

Date of Receipt

MM / DD / YYYY
06 / 26 / 2009

Transaction ID: A2009-3626058

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

JOHN L MC DONALD

Mailing Address 1539 YARMOUTH AVENUE

City

CINCINNATI

State

OH

Zip Code

45237-5901

FEC ID number of contributing federal political committee.

C

Name of Employer

SW OHIO REGIONAL TRANSIT AUTH

Occupation

Operator

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

229.68

Date of Receipt

MM / DD / YYYY
06 / 03 / 2009

Transaction ID: A2009-3613313

Amount of Each Receipt this Period

20.88

SUBTOTAL of Receipts This Page (optional)

70.88

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 27 / 71 |
| | <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) JOHN L MC DONALD | Date of Receipt MM / DD / YYYY 06 / 15 / 2009 |
| | Mailing Address 1539 YARMOUTH AVENUE | Transaction ID: A2009-3623969 |
| | City State Zip Code CINCINNATI OH 45237-5901 | Amount of Each Receipt this Period 20.88 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation SW OHIO REGIONAL TRANSIT AUTH Operator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.56 | |

| | | |
|-----------|--|---|
| B. | Full Name (Last, First, Middle Initial) JOHN L MC DONALD | Date of Receipt MM / DD / YYYY 06 / 29 / 2009 |
| | Mailing Address 1539 YARMOUTH AVENUE | Transaction ID: A2009-3633736 |
| | City State Zip Code CINCINNATI OH 45237-5901 | Amount of Each Receipt this Period 20.88 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation SW OHIO REGIONAL TRANSIT AUTH Operator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 271.44 | |

| | | |
|-----------|--|---|
| C. | Full Name (Last, First, Middle Initial) BOOKER T MC KINION | Date of Receipt MM / DD / YYYY 06 / 02 / 2009 |
| | Mailing Address 3862 RENTON AVENUE SOUTH | Transaction ID: A2009-3612187 |
| | City State Zip Code SEATTLE WA 98108-1639 | Amount of Each Receipt this Period 50.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation KING COUNTY DOT-METRO TRANSIT Operator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 257.75 | |

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional) | 91.76 |
| 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 28 / 71 |
| | <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) WILLIAM G MC LEAN | | Date of Receipt MM / DD / YYYY 06 / 06 / 2009 | | |
| | Mailing Address 2350 Greensboro Dr | | Transaction ID: A2009-3614270 | | |
| | City Reno | State NV | Zip Code 89509-0000 | Amount of Each Receipt this Period 83.34 | |
| | 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 ▼ 500.04 | | | |

| | | | | | |
|---|---|------------------------------------|---|---|--|
| B. | Full Name (Last, First, Middle Initial) PRINCESS A MC VEA | | Date of Receipt MM / DD / YYYY 06 / 02 / 2009 | | |
| | Mailing Address 6506 162ND ST CT E | | Transaction ID: A2009-3612194 | | |
| | City PUYALLUP | State WA | Zip Code 98375-0000 | Amount of Each Receipt this Period 50.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer KING COUNTY DOT-METRO TRANSIT | Occupation Operator | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 270.10 | | | |

| | | | | | |
|---|---|------------------------------------|---|---|--|
| C. | Full Name (Last, First, Middle Initial) MATTHEW MERVOSH | | Date of Receipt MM / DD / YYYY 06 / 06 / 2009 | | |
| | Mailing Address 2919 BREVARD AVENUE | | Transaction ID: A2009-3607412 | | |
| | City PITTSBURGH | State PA | Zip Code 15227-0000 | Amount of Each Receipt this Period 41.67 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer PORT AUTH-ALLEG - PAT TRANSIT | Occupation Operator | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 208.35 | | | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 175.01 |
| 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 29 / 71
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Amalgamated Transit Union - COPE

A. Full Name (Last, First, Middle Initial)
RAYMOND B MESSIER

Mailing Address 9198 WATER ROAD

City State Zip Code
COTATI CA 94931-0000

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

Name of Employer GOLDEN GATE BRIDGE HIGHWAY TRAN
Occupation Operator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 1 2 / 2 0 0 9

Transaction ID: A2009-3618626

Amount of Each Receipt this Period
45.00

B. Full Name (Last, First, Middle Initial)
KEVIN M MILLEA

Mailing Address 15 FAIR STREET

City State Zip Code
WARWICK RI 02888-1601

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

Name of Employer RHODE ISLAND PUBLIC TRANS AUTH
Occupation Operator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 263.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 0 4 / 2 0 0 9

Transaction ID: A2009-3613791

Amount of Each Receipt this Period
3.00

C. Full Name (Last, First, Middle Initial)
KEVIN M MILLEA

Mailing Address 15 FAIR STREET

City State Zip Code
WARWICK RI 02888-1601

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

Name of Employer RHODE ISLAND PUBLIC TRANS AUTH
Occupation Operator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 0 6 / 2 0 0 9

Transaction ID: A2009-3615010

Amount of Each Receipt this Period
2.00

SUBTOTAL of Receipts This Page (optional) ► 50.00

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 30 / 71
(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)
KEVIN M MILLEA

Mailing Address 15 FAIR STREET

City State Zip Code
WARWICK RI 02888-1601

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

Name of Employer RHODE ISLAND PUBLIC TRANS AUTH
Occupation Operator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
267.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2009

Transaction ID: A2009-3622188

Amount of Each Receipt this Period
2.00

B.

Full Name (Last, First, Middle Initial)
KEVIN M MILLEA

Mailing Address 15 FAIR STREET

City State Zip Code
WARWICK RI 02888-1601

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

Name of Employer RHODE ISLAND PUBLIC TRANS AUTH
Occupation Operator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
MM / DD / YYYY
06 / 20 / 2009

Transaction ID: A2009-3627240

Amount of Each Receipt this Period
3.00

C.

Full Name (Last, First, Middle Initial)
ALFRED MULLAUGH

Mailing Address 453 BUTTONWOODS AVENUE

City State Zip Code
WARWICK RI 02886-0000

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

Name of Employer RHODE ISLAND PUBLIC TRANS AUTH
Occupation Operator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2009

Transaction ID: A2009-3613650

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► **15.00**

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 31 / 71
(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)
ALFRED MULLAUGH

Mailing Address 453 BUTTONWOODS AVENUE

City WARWICK State RI Zip Code 02886-0000

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

Name of Employer RHODE ISLAND PUBLIC TRANS AUTH Occupation Operator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 6 / 2 0 0 9

Transaction ID: A2009-3614871

Amount of Each Receipt this Period
10.00

B.

Full Name (Last, First, Middle Initial)
ALFRED MULLAUGH

Mailing Address 453 BUTTONWOODS AVENUE

City WARWICK State RI Zip Code 02886-0000

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

Name of Employer RHODE ISLAND PUBLIC TRANS AUTH Occupation Operator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 3 / 2 0 0 9

Transaction ID: A2009-3622048

Amount of Each Receipt this Period
10.00

C.

Full Name (Last, First, Middle Initial)
ALFRED MULLAUGH

Mailing Address 453 BUTTONWOODS AVENUE

City WARWICK State RI Zip Code 02886-0000

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

Name of Employer RHODE ISLAND PUBLIC TRANS AUTH Occupation Operator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 0 / 2 0 0 9

Transaction ID: A2009-3627105

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► 30.00

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 32 / 71
(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"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | 17 |

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NAME OF COMMITTEE (In Full)
Amalgamated Transit Union - COPE

A.

Full Name (Last, First, Middle Initial)
ALFRED MULLAUGH

Mailing Address 453 BUTTONWOODS AVENUE

City WARWICK State RI Zip Code 02886-0000

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

Name of Employer RHODE ISLAND PUBLIC TRANS AUTH
Occupation Operator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 29 / 2009
Transaction ID: A2009-3633668
Amount of Each Receipt this Period 10.00

B.

Full Name (Last, First, Middle Initial)
JOHN C MUNRO

Mailing Address 5726 145TH PLACE SW

City EDMONDS State WA Zip Code 98026-3729

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

Name of Employer KING COUNTY DOT-METRO TRANSIT
Occupation Operator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 02 / 2009
Transaction ID: A2009-3612237
Amount of Each Receipt this Period 50.00

C.

Full Name (Last, First, Middle Initial)
RICHARD MURPHY

Mailing Address 5025 Wisconsin Avenue N.W.

City Washington State DC Zip Code 20016

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

Name of Employer AMALGAMATED TRANSIT UNION
Occupation International Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 06 / 2009
Transaction ID: A2009-3614271
Amount of Each Receipt this Period 42.00

SUBTOTAL of Receipts This Page (optional) ► 102.00

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 33 / 71
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Amalgamated Transit Union - COPE

A.

Full Name (Last, First, Middle Initial)
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 Occupation
KING COUNTY DOT-METRO TRANSPORT Operator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2009

Transaction ID: A2009-3623883

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
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 Occupation
KING COUNTY DOT-METRO TRANSPORT Operator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 26 / 2009

Transaction ID: A2009-3626059

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
KAREN K NEWMAN

Mailing Address 3617 JACKIE LANE

City State Zip Code
BOISE ID 83704-0000

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

Name of Employer Occupation
VALLEY INTER AREA TRANSPORT Operator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
MM / DD / YYYY
06 / 02 / 2009

Transaction ID: A2009-3606991

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ▶ **70.00**

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 34 / 71
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Amalgamated Transit Union - COPE

A. Full Name (Last, First, Middle Initial)
LANCE F NORTON
Mailing Address 3529 158TH SW
City LYNNWOOD State WA Zip Code 98087-0000
FEC ID number of contributing federal political committee. **C**
Name of Employer KING COUNTY DOT-METRO TRANSIT Occupation Operator
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00
Date of Receipt 06 / 13 / 2009
Transaction ID: A2009-3623881
Amount of Each Receipt this Period 25.00

B. Full Name (Last, First, Middle Initial)
LANCE F NORTON
Mailing Address 3529 158TH SW
City LYNNWOOD State WA Zip Code 98087-0000
FEC ID number of contributing federal political committee. **C**
Name of Employer KING COUNTY DOT-METRO TRANSIT Occupation Operator
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 06 / 26 / 2009
Transaction ID: A2009-3626060
Amount of Each Receipt this Period 25.00

C. Full Name (Last, First, Middle Initial)
MICHAEL O'TOOLE
Mailing Address 1669 MERRILL DRIVE #D
City SAN JOSE State CA Zip Code 95124-0000
FEC ID number of contributing federal political committee. **C**
Name of Employer SANTA CLARA VLY TRANS. AUTH. Occupation Operator
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 06 / 08 / 2009
Transaction ID: A2009-3617445
Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 100.00
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 35 / 71 |
| | <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) GREGORY J ORR | | Date of Receipt MM / DD / YYYY 06 / 02 / 2009 | | |
| | Mailing Address 3019 65TH AVENUE SW | | Transaction ID: A2009-3612280 | | |
| | City SEATTLE | State WA | Zip Code 98116-2603 | Amount of Each Receipt this Period 50.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer KING COUNTY DOT-METRO TRANSIT | Occupation Operator | Aggregate Year-to-Date 300.00 | | |

| | | | | | |
|-----------|---|------------------------|---|---|--|
| B. | Full Name (Last, First, Middle Initial) WILFRED M OWENS | | Date of Receipt MM / DD / YYYY 06 / 12 / 2009 | | |
| | Mailing Address 336 OHIO STREET | | Transaction ID: A2009-3618716 | | |
| | City VALLEJO | State CA | Zip Code 94590-5053 | Amount of Each Receipt this Period 42.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer GOLDEN GATE BRIDGE HIGHWAY TRAN | Occupation Operator | Aggregate Year-to-Date 252.00 | | |

| | | | | | |
|-----------|---|------------------------|---|---|--|
| C. | Full Name (Last, First, Middle Initial) JAMES E REESE | | Date of Receipt MM / DD / YYYY 06 / 02 / 2009 | | |
| | Mailing Address 7956 DELRIDGE WAY SW | | Transaction ID: A2009-3612345 | | |
| | City SEATTLE | State WA | Zip Code 98106-0000 | Amount of Each Receipt this Period 50.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer KING COUNTY DOT-METRO TRANSIT | Occupation Operator | Aggregate Year-to-Date 300.00 | | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 142.00 |
| 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 36 / 71
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Amalgamated Transit Union - COPE

A. Full Name (Last, First, Middle Initial)
RODNEY RICHMOND

Mailing Address 5025 Wisconsin Avenue N.W.

City Washington State DC Zip Code 20016

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

Name of Employer AMALGAMATED TRANSIT UNION Occupation International Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 06 / 2009

Transaction ID: A2009-3614276

Amount of Each Receipt this Period 42.00

B. Full Name (Last, First, Middle Initial)
PETER R RITCHIE

Mailing Address 27 CAREY STREET

City NEWPORT State RI Zip Code 02840-4017

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

Name of Employer RHODE ISLAND PUBLIC TRANS AUTH Occupation Operator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 06 / 04 / 2009

Transaction ID: A2009-3613696

Amount of Each Receipt this Period 10.00

C. Full Name (Last, First, Middle Initial)
PETER R RITCHIE

Mailing Address 27 CAREY STREET

City NEWPORT State RI Zip Code 02840-4017

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

Name of Employer RHODE ISLAND PUBLIC TRANS AUTH Occupation Operator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt 06 / 06 / 2009

Transaction ID: A2009-3614914

Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional) ► 62.00

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 37 / 71
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Amalgamated Transit Union - COPE

A. Full Name (Last, First, Middle Initial)
PETER R RITCHIE

Mailing Address 27 CAREY STREET

City State Zip Code
NEWPORT RI 02840-4017

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

Name of Employer Occupation
RHODE ISLAND PUBLIC TRANS AUTH Operator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 13 / 2009

Transaction ID: A2009-3622093

Amount of Each Receipt this Period
10.00

B. Full Name (Last, First, Middle Initial)
PETER R RITCHIE

Mailing Address 27 CAREY STREET

City State Zip Code
NEWPORT RI 02840-4017

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

Name of Employer Occupation
RHODE ISLAND PUBLIC TRANS AUTH Operator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 20 / 2009

Transaction ID: A2009-3627152

Amount of Each Receipt this Period
10.00

C. Full Name (Last, First, Middle Initial)
PETER R RITCHIE

Mailing Address 27 CAREY STREET

City State Zip Code
NEWPORT RI 02840-4017

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

Name of Employer Occupation
RHODE ISLAND PUBLIC TRANS AUTH Operator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 29 / 2009

Transaction ID: A2009-3633351

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► **30.00**

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 38 / 71
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Amalgamated Transit Union - COPE

A. Full Name (Last, First, Middle Initial)
JOSE A ROSADO
Mailing Address 445 SW 144TH STREET
City SEATTLE State WA Zip Code 98166-1545
FEC ID number of contributing federal political committee. **C**
Name of Employer KING COUNTY DOT-METRO TRANSIT Occupation Operator
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00
Date of Receipt 06 / 02 / 2009
Transaction ID: A2009-3612373
Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
JIMMY L ROSE
Mailing Address 8703 28TH WAY SE
City OLYMPIA State WA Zip Code 98513-4665
FEC ID number of contributing federal political committee. **C**
Name of Employer KING COUNTY DOT-METRO TRANSIT Occupation Operator
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 06 / 02 / 2009
Transaction ID: A2009-3612372
Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
ED T RUTLEDGE
Mailing Address 21409 86TH AVE W
City EDMONDS State WA Zip Code 98026-0000
FEC ID number of contributing federal political committee. **C**
Name of Employer KING COUNTY DOT-METRO TRANSIT Occupation Operator
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 06 / 02 / 2009
Transaction ID: A2009-3612381
Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 150.00
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 39 / 71

(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)
RAYMOND M RYAN

Mailing Address 29 DICKINSON AVENUE

City NORTH PROVIDENCE State RI Zip Code 02904-3631

FEC ID number of contributing federal political committee. C

Name of Employer RHODE ISLAND PUBLIC TRANS AUTH Occupation Operator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 06 / 04 / 2009

Transaction ID: A2009-3613710

Amount of Each Receipt this Period 10.00

B.

Full Name (Last, First, Middle Initial)
RAYMOND M RYAN

Mailing Address 29 DICKINSON AVENUE

City NORTH PROVIDENCE State RI Zip Code 02904-3631

FEC ID number of contributing federal political committee. C

Name of Employer RHODE ISLAND PUBLIC TRANS AUTH Occupation Operator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 06 / 06 / 2009

Transaction ID: A2009-3614930

Amount of Each Receipt this Period 10.00

C.

Full Name (Last, First, Middle Initial)
RAYMOND M RYAN

Mailing Address 29 DICKINSON AVENUE

City NORTH PROVIDENCE State RI Zip Code 02904-3631

FEC ID number of contributing federal political committee. C

Name of Employer RHODE ISLAND PUBLIC TRANS AUTH Occupation Operator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt 06 / 13 / 2009

Transaction ID: A2009-3622107

Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional) 30.00

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 40 / 71 |
| | <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) RAYMOND M RYAN | Date of Receipt MM / DD / YYYY 06 / 20 / 2009 |
| | Mailing Address 29 DICKINSON AVENUE | Transaction ID: A2009-3627166 |
| | City NORTH PROVIDENCE State RI Zip Code 02904-3631 | Amount of Each Receipt this Period 20.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer RHODE ISLAND PUBLIC TRANS AUTH Occupation Operator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 250.00 | |

| | | |
|-----------|--|---|
| B. | Full Name (Last, First, Middle Initial) RAYMOND M RYAN | Date of Receipt MM / DD / YYYY 06 / 29 / 2009 |
| | Mailing Address 29 DICKINSON AVENUE | Transaction ID: A2009-3633354 |
| | City NORTH PROVIDENCE State RI Zip Code 02904-3631 | Amount of Each Receipt this Period 10.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer RHODE ISLAND PUBLIC TRANS AUTH Occupation Operator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 260.00 | |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) YVETTE SALAZAR | Date of Receipt MM / DD / YYYY 06 / 06 / 2009 |
| | Mailing Address 2713 EAST 132ND PLACE | Transaction ID: A2009-3614279 |
| | City THORNTON State CO Zip Code 80241-0000 | Amount of Each Receipt this Period 50.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer AMALGAMATED TRANSIT UNION Occupation International Representative Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 300.00 | |

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional) | 80.00 |
| 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 41 / 71 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

NAME OF COMMITTEE (In Full)
Amalgamated Transit Union - COPE

| | | |
|-----------|--|---|
| A. | Full Name (Last, First, Middle Initial) SAM F SCHWARZ | Date of Receipt MM / DD / YYYY 06 / 04 / 2009 |
| | Mailing Address 4712 SE RIVER DRIVE | Transaction ID: A2009-3613383 |
| | City State Zip Code MILWAUKIE OR 97267-0000 | Amount of Each Receipt this Period 50.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer LANE TRANSIT DISTRICT-EUG-ENE Occupation Operator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00 | |

| | | |
|-----------|--|---|
| B. | Full Name (Last, First, Middle Initial) SAM F SCHWARZ | Date of Receipt MM / DD / YYYY 06 / 20 / 2009 |
| | Mailing Address 4712 SE RIVER DRIVE | Transaction ID: A2009-3626034 |
| | City State Zip Code MILWAUKIE OR 97267-0000 | Amount of Each Receipt this Period 25.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer LANE TRANSIT DISTRICT-EUG-ENE Occupation Operator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00 | |

| | | |
|-----------|--|---|
| C. | Full Name (Last, First, Middle Initial) ROBERT L SCOTT | Date of Receipt MM / DD / YYYY 06 / 08 / 2009 |
| | Mailing Address 12731 RIDING TRAIL DRIVE | Transaction ID: A2009-3615798 |
| | City State Zip Code WILTON CA 94693-0000 | Amount of Each Receipt this Period 40.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Amalgamated Transit Union Occupation Operator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00 | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 115.00 |
| 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 42 / 71
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Amalgamated Transit Union - COPE

A. Full Name (Last, First, Middle Initial)
JOHN W SEPOLEN

Mailing Address 2401 SW HOLDEN STREET
#Q107

City SEATTLE State WA Zip Code 98106-1773

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

Name of Employer KING COUNTY DOT-METRO TRANSIT Occupation Operator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 306.00

Date of Receipt: 06 / 02 / 2009
Transaction ID: A2009-3612415
 Amount of Each Receipt this Period: 51.00

B. Full Name (Last, First, Middle Initial)
YVONNE M SHORT

Mailing Address 11469 69TH PLACE SO

City SEATTLE State WA Zip Code 98178-3002

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

Name of Employer KING COUNTY DOT-METRO TRANSIT Occupation Operator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt: 06 / 02 / 2009
Transaction ID: A2009-3612424
 Amount of Each Receipt this Period: 35.00

C. Full Name (Last, First, Middle Initial)
CARL SMITHBURG

Mailing Address 13411 SE 57TH

City BELLEVUE State WA Zip Code 98006-4106

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

Name of Employer KING COUNTY DOT-METRO TRANSIT Occupation Operator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt: 06 / 02 / 2009
Transaction ID: A2009-3612444
 Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ► 136.00

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 43 / 71
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Amalgamated Transit Union - COPE

A. Full Name (Last, First, Middle Initial)
LORETTA A SPRINGER

Mailing Address 1600 DECKER AVENUE

City State Zip Code
SAN MARTIN CA 95046-0000

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

Name of Employer Occupation
SANTA CLARA VLY TRANS. AUTH. Operator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 294.18

Date of Receipt
MM / DD / YYYY
06 / 08 / 2009

Transaction ID: A2009-3617055

Amount of Each Receipt this Period
49.03

B. Full Name (Last, First, Middle Initial)
TONIA STARKEY-OBA

Mailing Address 11560 OLDEGATE DRIVE
#A

City State Zip Code
CINCINNATI OH 45246-0000

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

Name of Employer Occupation
SW OHIO REGIONAL TRANSIT AUTH. Operator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2009

Transaction ID: A2009-3613349

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
TONIA STARKEY-OBA

Mailing Address 11560 OLDEGATE DRIVE
#A

City State Zip Code
CINCINNATI OH 45246-0000

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

Name of Employer Occupation
SW OHIO REGIONAL TRANSIT AUTH. Operator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2009

Transaction ID: A2009-3624007

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **99.03**

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 44 / 71
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Amalgamated Transit Union - COPE

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) TONIA STARKEY-OBA</p> <p>Mailing Address 11560 OLDEGATE DRIVE #A</p> <p>City State Zip Code CINCINNATI OH 45246-0000</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation SW OHIO REGIONAL TRANSIT AUTH Operator</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 325.00</p> | <p>Date of Receipt 06 / 29 / 2009</p> <p>Transaction ID: A2009-3633769</p> <p>Amount of Each Receipt this Period 25.00</p> |
|---|---|

| | |
|---|---|
| <p>B. Full Name (Last, First, Middle Initial) WILLIE STEPHENS JR</p> <p>Mailing Address 3260 ROCKER DRIVE APT. 6</p> <p>City State Zip Code CINCINNATI OH 45239-0000</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation SW OHIO REGIONAL TRANSIT AUTH Operator</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 208.40</p> | <p>Date of Receipt 06 / 15 / 2009</p> <p>Transaction ID: A2009-3624006</p> <p>Amount of Each Receipt this Period 20.84</p> |
|---|---|

| | |
|---|---|
| <p>C. Full Name (Last, First, Middle Initial) WILLIE STEPHENS JR</p> <p>Mailing Address 3260 ROCKER DRIVE APT. 6</p> <p>City State Zip Code CINCINNATI OH 45239-0000</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation SW OHIO REGIONAL TRANSIT AUTH Operator</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 229.24</p> | <p>Date of Receipt 06 / 29 / 2009</p> <p>Transaction ID: A2009-3633781</p> <p>Amount of Each Receipt this Period 20.84</p> |
|---|---|

| | |
|--|---|
| SUBTOTAL of Receipts This Page (optional) | 66.68 |
| 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: PAGE 45 / 71
(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)
RANDY A STEVENSON

Mailing Address 427 SO 126TH STREET

City SEATTLE State WA Zip Code 98168-2248

FEC ID number of contributing federal political committee. C

Name of Employer KING COUNTY DOT-METRO TRANSIT Occupation Operator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 02 / 2009

Transaction ID: A2009-3612462

Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
RUTH SULLIVAN

Mailing Address 68 NARRAGANSETT AVENUE

City TIVERTON State RI Zip Code 02878-0000

FEC ID number of contributing federal political committee. C

Name of Employer RHODE ISLAND PUBLIC TRANS AUTH Occupation Operator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 242.00

Date of Receipt 06 / 04 / 2009

Transaction ID: A2009-3613751

Amount of Each Receipt this Period 11.00

C. Full Name (Last, First, Middle Initial)
RUTH SULLIVAN

Mailing Address 68 NARRAGANSETT AVENUE

City TIVERTON State RI Zip Code 02878-0000

FEC ID number of contributing federal political committee. C

Name of Employer RHODE ISLAND PUBLIC TRANS AUTH Occupation Operator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 253.00

Date of Receipt 06 / 06 / 2009

Transaction ID: A2009-3614972

Amount of Each Receipt this Period 11.00

SUBTOTAL of Receipts This Page (optional) 72.00

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 46 / 71 |
| | <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) RUTH SULLIVAN | Date of Receipt MM / DD / YYYY 06 / 13 / 2009 |
| | Mailing Address 68 NARRAGANSETT AVENUE | Transaction ID: A2009-3622150 |
| | City State Zip Code TIVERTON RI 02878-0000 | Amount of Each Receipt this Period 11.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation RHODE ISLAND PUBLIC TRANS AUTH Operator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 264.00 | |

| | | |
|-----------|---|---|
| B. | Full Name (Last, First, Middle Initial) RUTH SULLIVAN | Date of Receipt MM / DD / YYYY 06 / 20 / 2009 |
| | Mailing Address 68 NARRAGANSETT AVENUE | Transaction ID: A2009-3627207 |
| | City State Zip Code TIVERTON RI 02878-0000 | Amount of Each Receipt this Period 11.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation RHODE ISLAND PUBLIC TRANS AUTH Operator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00 | |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) RUTH SULLIVAN | Date of Receipt MM / DD / YYYY 06 / 29 / 2009 |
| | Mailing Address 68 NARRAGANSETT AVENUE | Transaction ID: A2009-3633671 |
| | City State Zip Code TIVERTON RI 02878-0000 | Amount of Each Receipt this Period 11.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation RHODE ISLAND PUBLIC TRANS AUTH Operator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 286.00 | |

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional) | 33.00 |
| 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 47 / 71
(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)
DESTRY R TAYLOR

Mailing Address PO BOX 1092

City EMMETT State ID Zip Code 83617-0000

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

Name of Employer VALLEY INTER AREA TRANSPORT. Occupation Operator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 06 / 02 / 2009
Transaction ID: A2009-3607003
Amount of Each Receipt this Period: 20.00

B. Full Name (Last, First, Middle Initial)
MICHAEL G THURMOND

Mailing Address 960 DAVIS AVENUE

City PITTSBURGH State PA Zip Code 15212-0000

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

Name of Employer PORT AUTH-ALLEG - PAT TRANSIT Occupation Operator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 06 / 06 / 2009
Transaction ID: A2009-3607731
Amount of Each Receipt this Period: 42.00

C. Full Name (Last, First, Middle Initial)
JIMMY O VANN

Mailing Address 2353 MARTIN L KING JR WAY

City TACOMA State WA Zip Code 98405-3841

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

Name of Employer KING COUNTY DOT-METRO TRANSIT Occupation Operator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 02 / 2009
Transaction ID: A2009-3612532
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ► **112.00**

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 48 / 71
(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)
DAVID S WAGGONER

Mailing Address 360 NW DOGWOOD STREET
K204

City ISSAQUAH State WA Zip Code 98027-2724

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

Name of Employer KING COUNTY DOT-METRO TRANSIT Occupation Operator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 02 / 2009
Transaction ID: A2009-3612543
Amount of Each Receipt this Period: 50.00

B.

Full Name (Last, First, Middle Initial)
DEEANN K WAKENIGHT

Mailing Address 4155 12TH AVENUE SOUTH

City SEATTLE State WA Zip Code 98108-0000

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

Name of Employer KING COUNTY DOT-METRO TRANSIT Occupation Operator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 06 / 02 / 2009
Transaction ID: A2009-3612545
Amount of Each Receipt this Period: 35.00

C.

Full Name (Last, First, Middle Initial)
JERRY WALLACE III

Mailing Address 7706 37TH AVENUE SO

City SEATTLE State WA Zip Code 98118-4008

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

Name of Employer KING COUNTY DOT-METRO TRANSIT Occupation Operator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 02 / 2009
Transaction ID: A2009-3612550
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ► 135.00

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 49 / 71
(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)
DALE WARD

Mailing Address 5487 DRYSDALE DRIVE

City State Zip Code
SAN JOSE CA 95124-0000

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

Name of Employer Occupation
SANTA CLARA VLY TRANS. AU-TH. Operator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
06 / 08 / 2009

Transaction ID: A2009-3617611

Amount of Each Receipt this Period
35.00

B.

Full Name (Last, First, Middle Initial)
DONALD L WARD

Mailing Address 2538 S RAYMOND ST

City State Zip Code
RENTON WA 98108-0000

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

Name of Employer Occupation
KING COUNTY DOT-METRO TRA-NSIT Operator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 02 / 2009

Transaction ID: A2009-3612553

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
CHRIS W WICK

Mailing Address 10525 SE 250TH PLACE
G-103

City State Zip Code
KENT WA 98030-0000

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

Name of Employer Occupation
KING COUNTY DOT-METRO TRA-NSIT Operator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 02 / 2009

Transaction ID: A2009-3612577

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **135.00**

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 50 / 71
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Amalgamated Transit Union - COPE

A. Full Name (Last, First, Middle Initial)
JIMMY C WILLIAMS

Mailing Address 215 31ST AVENUE S

City State Zip Code
SEATTLE WA 98144-0000

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

Name of Employer Occupation
KING COUNTY DOT-METRO TRA- Operator
NSIT

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
06 / 02 / 2009

Transaction ID: A2009-3612580

Amount of Each Receipt this Period
40.00

B. Full Name (Last, First, Middle Initial)
JULIUS T WILLIAMS III

Mailing Address 3054 ONALASKA HIGHWAY 508

City State Zip Code
ONALASKA WA 98570-0000

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

Name of Employer Occupation
KING COUNTY DOT-METRO TRA- Operator
NSIT

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
06 / 02 / 2009

Transaction ID: A2009-3612586

Amount of Each Receipt this Period
35.00

C. Full Name (Last, First, Middle Initial)
ANTHONY WITHINGTON

Mailing Address 5025 Wisconsin Avenue N.W.

City State Zip Code
Washington DC 20016

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

Name of Employer Occupation
AMALGAMATED TRANSIT UNION International Representative

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt
MM / DD / YYYY
06 / 06 / 2009

Transaction ID: A2009-3614286

Amount of Each Receipt this Period
41.67

SUBTOTAL of Receipts This Page (optional) ► 116.67

TOTAL This Period (last page this line number only) ► 4102.28

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

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Woolsey for Congress</p> <p>Mailing Address P.O. Box 750176</p> <p>City Petaluma State CA Zip Code 94975</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Lynn Woolsey</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 06</p> | <p>Transaction ID: B267828 Date of Disbursement 06 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> |
| <p>B. Full Name (Last, First, Middle Initial) Judy Chu for Congress</p> <p>Mailing Address 430 South Capitol Street SE 2nd Fl</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Judy Chu</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Run-off State: CA District: 32</p> | <p>Transaction ID: B268299 Date of Disbursement 06 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> |
| <p>C. Full Name (Last, First, Middle Initial) Mike Honda for Congress</p> <p>Mailing Address P.O. Box 8180</p> <p>City San Jose State CA Zip Code 95155</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Mike Honda</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 15</p> | <p>Transaction ID: B268161 Date of Disbursement 06 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> |

| | |
|--|--|
| SUBTOTAL of Disbursements This Page (optional) | 7000.00 |
| 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) Barbara Lee for Congress Mailing Address 1736 Franklin Street #550 City Oakland State CA Zip Code 94612 Purpose of Disbursement Contribution Candidate Name Barbara Lee Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 09 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: B268148 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 9 Amount of Each Disbursement this Period 1000.00 011 Category/ Type |
| B. | Full Name (Last, First, Middle Initial) Friends of Barbara Boxer Mailing Address PO Box 641751 City Los Angeles State CA Zip Code 90064 Purpose of Disbursement Contribution Candidate Name Barbara Boxer Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: B268582 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 9 Amount of Each Disbursement this Period 2500.00 011 Category/ Type |
| C. | Full Name (Last, First, Middle Initial) Friends of Farr Mailing Address 555 Capitol Mall Suite 1425 City Sacramento State CA Zip Code 95814 Purpose of Disbursement Contribution Candidate Name Sam Farr Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 17 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: B268581 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 9 Amount of Each Disbursement this Period 1000.00 011 Category/ Type |

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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) McNerney for Congress Committee</p> <p>Mailing Address 888 16th Street NW Suite 680</p> <p>City Washington State DC Zip Code 20006</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Jerry McNerney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CA District: 11</p> | <p>Transaction ID: B268591 Date of Disbursement 06 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> |
| <p>B. Full Name (Last, First, Middle Initial) Mike Thompson for Congress</p> <p>Mailing Address 5429 Madison Avenue</p> <p>City Sacramento State CA Zip Code 95841</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Mike Thompson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CA District: 01</p> | <p>Transaction ID: B268586 Date of Disbursement 06 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> |
| <p>C. Full Name (Last, First, Middle Initial) Nancy Pelosi for Congress</p> <p>Mailing Address 235 Montgomery Street Suite 610</p> <p>City San Francisco State CA Zip Code 94104</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Nancy Pelosi</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CA District: 08</p> | <p>Transaction ID: B268603 Date of Disbursement 06 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> |

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| SUBTOTAL of Disbursements This Page (optional) | 7500.00 |
| 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) Perlmutter for Congress <hr/> Mailing Address 499 S. Capitol Street SW Suite 422 <hr/> City Washington State DC Zip Code 20003 Purpose of Disbursement Contribution Candidate Name Ed Perlmutter Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CO District: 07 | Transaction ID: B267829 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 9 |
| | Amount of Each Disbursement this Period 1000.00 |
| | Category/Type 011 |
| | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. Full Name (Last, First, Middle Initial) Markey for Congress <hr/> Mailing Address P.O. Box 1333 <hr/> City Fort Collins State CO Zip Code 80522 Purpose of Disbursement Contribution Candidate Name Betsy Markey Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CO District: 04 | Transaction ID: B268296 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 9 |
| | Amount of Each Disbursement this Period 1000.00 |
| | Category/Type 011 |
| | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. Full Name (Last, First, Middle Initial) 21st Century Leadership PAC <hr/> Mailing Address 1731 Connecticut Avenue NW 2nd Flo <hr/> City Washington State DC Zip Code 20009 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: DC District: Not Applicable | Transaction ID: B268605 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 9 |
| | Amount of Each Disbursement this Period 2500.00 |
| | Category/Type 011 |
| | Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ |

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|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 4500.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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) Committee to Elect Alan Grayson Mailing Address P.O. Box 536447 City Orlando State FL Zip Code 32853 Purpose of Disbursement Contribution Contribution Candidate Name Alan Grayson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: B268593 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 9 | Amount of Each Disbursement this Period 1000.00 |
| B. | Full Name (Last, First, Middle Initial) Wasserman-Schultz for Congress Mailing Address 1071 Twin Branch Lane City Weston State FL Zip Code 33326 Purpose of Disbursement Contribution Contribution Candidate Name Debbie Wasserman-Schultz Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: B269265 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 9 | Amount of Each Disbursement this Period 1000.00 |
| C. | Full Name (Last, First, Middle Initial) Boswell for Congress Mailing Address P.O. Box 6220 City Des Moines State IA Zip Code 50309 Purpose of Disbursement Contribution Contribution Candidate Name Leonard L Boswell Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: B268294 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 9 | Amount of Each Disbursement this Period 1000.00 |

| | | |
|--|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | | 3000.00 |
| 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

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) Braley for Congress</p> <p>Mailing Address 300 Walnut Suite 5</p> <p>City Des Moines State IA Zip Code 50309</p> <p>Purpose of Disbursement Contribution Candidate Name Bruce L Braley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: B268579 Date of Disbursement 06 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/Type</p> |
| <p>B. Full Name (Last, First, Middle Initial) Friends of Phil Hare</p> <p>Mailing Address 224 18th Street P.O. Box 4183</p> <p>City Rock Island State IL Zip Code 61204</p> <p>Purpose of Disbursement Contribution Candidate Name Philip G Hare</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 17</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: B268590 Date of Disbursement 06 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/Type</p> |
| <p>C. Full Name (Last, First, Middle Initial) Bill Foster for Congress Committee</p> <p>Mailing Address 39w341 Preston Circle</p> <p>City Geneva State IL Zip Code 60134</p> <p>Purpose of Disbursement Contribution Candidate Name William G Foster</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: B268710 Date of Disbursement 06 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/Type</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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)

PAGE 57 / 71

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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) Halvorson for Congress</p> <p>Mailing Address PO Box 176</p> <p>City State Zip Code Crete IL 60417</p> <p>Purpose of Disbursement Contribution Contribution</p> <p>Candidate Name Debbie Halvorson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 11</p> | <p>Transaction ID: B268708 Date of Disbursement 06 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> |
| <p>B. Full Name (Last, First, Middle Initial) Yarmuth for Congress</p> <p>Mailing Address 1819 Brownsboro Road Suite 100</p> <p>City State Zip Code Louisville KY 40206</p> <p>Purpose of Disbursement Contribution Contribution</p> <p>Candidate Name John Yarmuth</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KY District: 03</p> | <p>Transaction ID: B268149 Date of Disbursement 06 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> |
| <p>C. Full Name (Last, First, Middle Initial) Re-elect McGovern Committee</p> <p>Mailing Address P.O. Box 60405</p> <p>City State Zip Code Worcester MA 01606</p> <p>Purpose of Disbursement Contribution Contribution</p> <p>Candidate Name James P McGovern</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MA District: 03</p> | <p>Transaction ID: B268144 Date of Disbursement 06 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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)
Stephen F. Lynch for Congress Committee

Mailing Address 105 Farragut Road

City State Zip Code
South Boston MA 02127

Purpose of Disbursement
Contribution

Candidate Name
Stephen F Lynch

Office Sought: House
 Senate
 President

State: MA District: 09

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: B268596
Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
Citizens for John Olver for Congress

Mailing Address P.O. Box 819

City State Zip Code
Amherst MA 01004

Purpose of Disbursement
Contribution

Candidate Name
John Olver

Office Sought: House
 Senate
 President

State: MA District: 01

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: B268584
Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
Pingree for Congress

Mailing Address PO Box 17613

City State Zip Code
Portland ME 04112

Purpose of Disbursement
Contribution

Candidate Name
Chellie Pingree

Office Sought: House
 Senate
 President

State: ME District: 01

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: B268597
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

| | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|---------|
| <p>A. Full Name (Last, First, Middle Initial) Kilpatrick for United States Congress</p> <p>Mailing Address P.O. Box 32175</p> <p>City Detroit State MI Zip Code 48232</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Carolyn Cheeks Kilpatrick</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MI District: 13</p> | <p>Transaction ID: B268138 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1500.00</td> </tr> </table> </p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 | | 1 | 8 | | 2 | 0 | 0 | 9 | 1500.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 0 | 6 | | 1 | 8 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | | |
| 1500.00 | | | | | | | | | | | | | | | | | | | | | | |
| <p>B. Full Name (Last, First, Middle Initial) Schauer for Congress</p> <p>Mailing Address P.O. Box 100</p> <p>City Battle Creek State MI Zip Code 49016</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Mark H Schauer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MI District: 07</p> | <p>Transaction ID: B268297 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>2000.00</td> </tr> </table> </p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 | | 1 | 8 | | 2 | 0 | 0 | 9 | 2000.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 0 | 6 | | 1 | 8 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | | |
| 2000.00 | | | | | | | | | | | | | | | | | | | | | | |
| <p>C. Full Name (Last, First, Middle Initial) Peters for Congress Committee</p> <p>Mailing Address P.O. Box 226</p> <p>City Bloomfield Hills State MI Zip Code 48303</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Gary Peters</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MI District: 09</p> | <p>Transaction ID: B268580 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 | | 2 | 3 | | 2 | 0 | 0 | 9 | 1000.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 0 | 6 | | 2 | 3 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | | |

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|--|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | <table border="1" style="width: 100%;"><tr><td style="text-align: center;">4500.00</td></tr></table> | 4500.00 |
| 4500.00 | | |
| TOTAL This Period (last page this line number only) | <table border="1" style="width: 100%;"><tr><td style="text-align: center;"> </td></tr></table> | |
| | | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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)
McCotter Congressional Committee

Mailing Address P.O. Box 530788

City Livonia State MI Zip Code 48153

Purpose of Disbursement Contribution

Candidate Name Thaddeus McCotter

Office Sought: House
 Senate
 President

State: MI District: 11

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: B268985

Date of Disbursement

06 / 24 / 2009

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

B. Full Name (Last, First, Middle Initial)
Secure PAC

Mailing Address PO Box 675

City Bolton State MS Zip Code 39041

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House
 Senate
 President

State: MS District:

Disbursement For: 2009
 Primary General
 Other (specify) ▼

Not Applicable

Transaction ID: B267709

Date of Disbursement

06 / 05 / 2009

Amount of Each Disbursement this Period

2500.00

011
Category/
Type

C. Full Name (Last, First, Middle Initial)
Friends of Bennie Thompson

Mailing Address P.O. Box 100

City Bolton State MS Zip Code 39041

Purpose of Disbursement Contribution

Candidate Name Bennie G Thompson

Office Sought: House
 Senate
 President

State: MS District: 02

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: B267708

Date of Disbursement

06 / 05 / 2009

Amount of Each Disbursement this Period

2500.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

| | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------|
| <p>A. Full Name (Last, First, Middle Initial) Kissell for Congress</p> <p>Mailing Address P.O. Box 1530</p> <p>City Biscoe State NC Zip Code 27209</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Larry Kissell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 08</p> | <p>Transaction ID: B268707 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td>/</td><td>2</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 | / | 2 | 4 | / | 2 | 0 | 0 | 9 | 1000.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 0 | 6 | / | 2 | 4 | / | 2 | 0 | 0 | 9 | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | | |
| <p>B. Full Name (Last, First, Middle Initial) Hodes for Senate</p> <p>Mailing Address 26 South Main Street #253</p> <p>City Concord State NH Zip Code 03301</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Paul W Hodes</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NH District:</p> | <p>Transaction ID: B268578 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td>/</td><td>2</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">2500.00</td> </tr> </table> </p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 | / | 2 | 3 | / | 2 | 0 | 0 | 9 | 2500.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 0 | 6 | / | 2 | 3 | / | 2 | 0 | 0 | 9 | | | | | | | | | | | | | |
| 2500.00 | | | | | | | | | | | | | | | | | | | | | | |
| <p>C. Full Name (Last, First, Middle Initial) Carol Shea-Porter for Congress</p> <p>Mailing Address P.O. Box 453</p> <p>City Rochester State NH Zip Code 03866</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Carol Shea-Porter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NH District: 01</p> | <p>Transaction ID: B268712 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td>/</td><td>2</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 | / | 2 | 4 | / | 2 | 0 | 0 | 9 | 1000.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 0 | 6 | / | 2 | 4 | / | 2 | 0 | 0 | 9 | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | | |

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|--|---|
| SUBTOTAL of Disbursements This Page (optional) | 4500.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Amalgamated Transit Union - COPE

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) Adler for Congress</p> <p>Mailing Address 14 Knightswood Drive</p> <p>City Marlton State NJ Zip Code 08053</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name John Adler</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 03</p> | <p>Transaction ID: B268146 Date of Disbursement 06 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> |
| <p>B. Full Name (Last, First, Middle Initial) Lobiondo for Congress</p> <p>Mailing Address PO Box 775</p> <p>City Marmora State NJ Zip Code 08223</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Frank A LoBiondo</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 02</p> | <p>Transaction ID: B268587 Date of Disbursement 06 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> |
| <p>C. Full Name (Last, First, Middle Initial) Harry Teague for Congress</p> <p>Mailing Address P.O. Box 50614 Ste. C5</p> <p>City Hobbs State NM Zip Code 88241</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Harry Teague</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NM District: 02</p> | <p>Transaction ID: B268298 Date of Disbursement 06 / 18 / 2009</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)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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) Martin Heinrich for Congress Inc.</p> <p>Mailing Address 2118 CENTRAL AVENUE SE #71</p> <p>City ALBUQUERQUE State NM Zip Code 87106</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Martin Heinrich</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NM District: 01</p> | <p>Transaction ID: B268711 Date of Disbursement 06 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> |
| <p>B. Full Name (Last, First, Middle Initial) Clarke for Congress</p> <p>Mailing Address 111-36 200th St.</p> <p>City Hollis State NY Zip Code 11412</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Yvette Clarke</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 11</p> | <p>Transaction ID: B267711 Date of Disbursement 06 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> |
| <p>C. Full Name (Last, First, Middle Initial) Rangel Victory Fund</p> <p>Mailing Address 818 Connecticut Ave NW Ste 1100</p> <p>City Washington State DC Zip Code 20006</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: NY District: Not Applicable</p> | <p>Transaction ID: B268176 Date of Disbursement 06 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> |

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|--|--|
| SUBTOTAL of Disbursements This Page (optional) | 7000.00 |
| 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

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Arcuri for Congress</p> <p>Mailing Address P.O. Box 8508</p> <p>City Utica State NY Zip Code 13505</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Michael Arcuri</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 24</p> | <p>Transaction ID: B268292 Date of Disbursement 06 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> |
| <p>B. Full Name (Last, First, Middle Initial) Tim Bishop for Congress</p> <p>Mailing Address P.O. Box 437</p> <p>City Farmingville State NY Zip Code 11738</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Tim Bishop</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 01</p> | <p>Transaction ID: B268142 Date of Disbursement 06 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> |
| <p>C. Full Name (Last, First, Middle Initial) Friends of Dan Maffei</p> <p>Mailing Address PO Box 74</p> <p>City Syracuse State NY Zip Code 13214</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Dan Maffei</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 25</p> | <p>Transaction ID: B268714 Date of Disbursement 06 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> |

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)
Friends of Schumer

Mailing Address 509 Madison Ave Suite 1902

City State Zip Code
New York NY 10022

Purpose of Disbursement
Contribution

Candidate Name
Charles E Schumer

Office Sought: House
 Senate
 President

State: NY District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: B268598
Date of Disbursement

06 / 24 / 2009

Amount of Each Disbursement this Period

2500.00

011
Category/
Type

B.

Full Name (Last, First, Middle Initial)
John Bocchieri for Congress

Mailing Address P.O. Box 316

City State Zip Code
Alliance OH 44601

Purpose of Disbursement
Contribution

Candidate Name
John Bocchieri

Office Sought: House
 Senate
 President

State: OH District: 16

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: B268293
Date of Disbursement

06 / 18 / 2009

Amount of Each Disbursement this Period

2000.00

011
Category/
Type

C.

Full Name (Last, First, Middle Initial)
Marcia Fudge for Congress

Mailing Address 3729 Silsby Road

City State Zip Code
University Heights OH 44118

Purpose of Disbursement
Contribution

Candidate Name
Marcia L Fudge

Office Sought: House
 Senate
 President

State: OH District: 11

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: B268152
Date of Disbursement

06 / 18 / 2009

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional)

5500.00

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) Kilroy for Congress</p> <p>Mailing Address 550 East Walnut Street Ste 305</p> <p>City Columbus State OH Zip Code 43215</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Mary Jo Kilroy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 15</p> | <p>Transaction ID: B268592 Date of Disbursement 06 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> |
| <p>B. Full Name (Last, First, Middle Initial) Driehaus for Congress</p> <p>Mailing Address 1018 Benz Avenue</p> <p>City Cincinnati State OH Zip Code 45238</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Steven L Driehaus</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 01</p> | <p>Transaction ID: B268706 Date of Disbursement 06 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> |
| <p>C. Full Name (Last, First, Middle Initial) Zack Space for Congress Committee</p> <p>Mailing Address 123 West High Avenue</p> <p>City New Philadelphia State OH Zip Code 44663</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Zachary T Space</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 18</p> | <p>Transaction ID: B268973 Date of Disbursement 06 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> |

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| SUBTOTAL of Disbursements This Page (optional) | 3000.00 |
| 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) ORPAC Mailing Address 2236 SE 10th Avenue City Portland State OR Zip Code 97214 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable | Transaction ID: B268972 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 9 Amount of Each Disbursement this Period 2500.00 011 Category/ Type |
| B. | Full Name (Last, First, Middle Initial) Steve Cohen for Congress Mailing Address 501 Capitol Court NE Suite 100 City Washington State DC Zip Code 20002 Purpose of Disbursement Contribution Candidate Name Stephen Cohen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 09 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: B268705 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 9 Amount of Each Disbursement this Period 1000.00 011 Category/ Type |
| C. | Full Name (Last, First, Middle Initial) Democratic Congressional Camp. Cmte Mailing Address 430 S. Capitol St. SE 2nd Fl. City Washington State DC Zip Code 20003 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: US District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable | Transaction ID: B268160 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 9 Amount of Each Disbursement this Period 5000.00 011 Category/ Type |

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|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 8500.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Amalgamated Transit Union - COPE

| | | |
|----|---|---|
| A. | Full Name (Last, First, Middle Initial) Gerry Connolly for Congress Mailing Address P.O. Box 563 City Merrifield State VA Zip Code 22116 Purpose of Disbursement Contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: B268588 Date of Disbursement 06 / 23 / 2009 Amount of Each Disbursement this Period 1000.00 011 Category/Type |
| B. | Full Name (Last, First, Middle Initial) People for Patty Murray U S Senate Campaign Mailing Address PO Box 3662 City Seattle State WA Zip Code 98124 Purpose of Disbursement Contribution Candidate Name Patty Murray Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: B268583 Date of Disbursement 06 / 23 / 2009 Amount of Each Disbursement this Period 2500.00 011 Category/Type |
| C. | Full Name (Last, First, Middle Initial) Kagen 4 Congress Mailing Address 100 W. College Avenue Ste. 50D City Appleton State WI Zip Code 54911 Purpose of Disbursement Contribution Candidate Name Steve Kagen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: B268295 Date of Disbursement 06 / 18 / 2009 Amount of Each Disbursement this Period 1000.00 011 Category/Type |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 4500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)
Feingold Senate Committee

Mailing Address PO Box 620062

City Middleton State WI Zip Code 53562

Purpose of Disbursement Contribution 011 Category/Type

Candidate Name Russ Feingold

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: WI District:

Transaction ID: B268600
Date of Disbursement: 06 / 24 / 2009

Amount of Each Disbursement this Period
2500.00

B. Full Name (Last, First, Middle Initial)
Kagen 4 Congress

Mailing Address 100 W. College Ave. 50 D

City Appleton State WI Zip Code 54911

Purpose of Disbursement Contribution 011 Category/Type

Candidate Name Steve Kagen

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: WI District: 08

Transaction ID: B268709
Date of Disbursement: 06 / 24 / 2009

Amount of Each Disbursement this Period
1000.00

SUBTOTAL of Disbursements This Page (optional) ►

3500.00

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

96000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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) Cmte to Elect Judge Michelle Denise Earley <hr/> Mailing Address 540 East 105th St <hr/> City Cleveland State OH Zip Code 44108 <hr/> Purpose of Disbursement G-2009 Municipal Court Judge OH <hr/> Candidate Name Michelle D Earley <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: B267712 Date of Disbursement 06 / 05 / 2009 <hr/> Amount of Each Disbursement this Period 250.00 |
| B. | Full Name (Last, First, Middle Initial) Cmte to Re-Elect Judge Pauline H Tarver <hr/> Mailing Address 11510 Martin Luther King Dr <hr/> City Cleveland State OH Zip Code 44105 <hr/> Purpose of Disbursement G-2010 Municipal Court Judge OH <hr/> Candidate Name Pauline H Tarver <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: B268975 Date of Disbursement 06 / 24 / 2009 <hr/> Amount of Each Disbursement this Period 200.00 |
| C. | Full Name (Last, First, Middle Initial) Carolyn Davis Campaign <hr/> Mailing Address 2611 Burger St <hr/> City Dallas State TX Zip Code 75215 <hr/> Purpose of Disbursement O-2009 City Council 7 TX <hr/> Candidate Name Carolyn Davis <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Runoff | Transaction ID: B267624 Date of Disbursement 06 / 02 / 2009 <hr/> Amount of Each Disbursement this Period 1000.00 |

SUBTOTAL of Disbursements This Page (optional) ▶

1450.00

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)

PAGE 71 / 71

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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)
Steve Shannon for Attorney General Campaign

Transaction ID: B268336

Date of Disbursement

Mailing Address P.O. Box 1143

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 1 | 8 | | 2 | 0 | 0 | 9 |

City State Zip Code
Vienna VA 22183

Amount of Each Disbursement this Period

| |
|---------|
| 1500.00 |
|---------|

Purpose of Disbursement
G-2009 State Att. General VA

| |
|-------------------|
| 011 |
| Category/ Type |

Candidate Name
Steve Shannon

Office Sought: House
 Senate
 President

Disbursement For: 2009
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

| |
|---------|
| 1500.00 |
|---------|

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

| |
|---------|
| 2950.00 |
|---------|