

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
NEW YORK STATE PUBLIC EMPLOYEES FEDERATION - COPE

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		248385.33
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	272585.25									
(c) Total Receipts (from Line 19)	27661.19	81861.11								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	300246.44	330246.44								
7. Total Disbursements (from Line 31)	17950.00	47950.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	282296.44	282296.44								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
NEW YORK STATE PUBLIC EMPLOYEES FEDERATION - COPE

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	135.50	135.50
(i) Itemized (use Schedule A)	24742.13	74436.63
(ii) Unitemized	24877.63	74572.13
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	24877.63	74572.13
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.)	2783.56	7288.98
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))	27661.19	81861.11
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	27661.19	81861.11

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	17950.00	47950.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	17950.00	47950.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	17950.00	47950.00

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	24877.63	74572.13
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24877.63	74572.13
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

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

NAME OF COMMITTEE (In Full)
NEW YORK STATE PUBLIC EMPLOYEES FEDERATION - COPE

Full Name (Last, First, Middle Initial) A. JONES MELVIN F.		Date of Receipt MM / DD / YYYY 08 / 30 / 2006
Mailing Address 182 GREEN VALLEY RD		Transaction ID: SA11A1.36967
City ELLENBURG DEPOT	State NY	Zip Code 12935
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer COR ALTONA	Occupation NURSE 2	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. JONES MELVIN F.		Date of Receipt MM / DD / YYYY 09 / 13 / 2006
Mailing Address 182 GREEN VALLEY RD		Transaction ID: SA11A1.39188
City ELLENBURG DEPOT	State NY	Zip Code 12935
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer COR ALTONA	Occupation NURSE 2	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. MCCLOUDROSEMOND FAWN		Date of Receipt MM / DD / YYYY 08 / 30 / 2006
Mailing Address 1035 Clarkson Ave, 4L		Transaction ID: SA11A1.38037
City Brooklyn	State NY	Zip Code 11212
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer MH KRBY PSY CNT	Occupation NURSE 1	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

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

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

NAME OF COMMITTEE (In Full)
NEW YORK STATE PUBLIC EMPLOYEES FEDERATION - COPE

A. Full Name (Last, First, Middle Initial)
MCCLLOUDROSEMOND FAWN

Mailing Address 1035 Clarkson Ave, 4L

City State Zip Code
Brooklyn NY 11212

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

Name of Employer Occupation
MH KRBY PSY CNT NURSE 1

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 13 / 2006

Transaction ID: SA11A1.40143

Amount of Each Receipt this Period
20.00

B. Full Name (Last, First, Middle Initial)
PICHARDO CUAUHEMOC R.

Mailing Address PO BOX 471 KINGSBRIDGE S

City State Zip Code
BRONX NY 10463

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

Name of Employer Occupation
LABOR SUPVG LABOR SERVICES REP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 203.50

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 23 / 2006

Transaction ID: SA11A1.36075

Amount of Each Receipt this Period
18.50

C. Full Name (Last, First, Middle Initial)
PICHARDO CUAUHEMOC R.

Mailing Address PO BOX 471 KINGSBRIDGE S

City State Zip Code
BRONX NY 10463

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

Name of Employer Occupation
LABOR SUPVG LABOR SERVICES REP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 222.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 06 / 2006

Transaction ID: SA11A1.38318

Amount of Each Receipt this Period
18.50

SUBTOTAL of Receipts This Page (optional)	▶	57.00
TOTAL This Period (last page this line number only)	▶	

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

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

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

NAME OF COMMITTEE (In Full)
NEW YORK STATE PUBLIC EMPLOYEES FEDERATION - COPE

A. Full Name (Last, First, Middle Initial)
PICHARDO CUAUHTEMOC R.

Mailing Address PO BOX 471 KINGSBRIDGE S

City BRONX State NY Zip Code 10463

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

Name of Employer LABOR Occupation SUPVG LABOR SERVICES REP

Receipt For:
 Primary General
 Other (specify) ▼

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 20 / 2006

Transaction ID: SA11A1.40172

Amount of Each Receipt this Period
 18.50

Aggregate Year-to-Date ▼
 240.50

SUBTOTAL of Receipts This Page (optional)	▶	18.50
TOTAL This Period (last page this line number only)	▶	135.50

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 13
	<input 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 checked="" 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)
NEW YORK STATE PUBLIC EMPLOYEES FEDERATION - COPE

Full Name (Last, First, Middle Initial) A. State Employees Federal Credit Union		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006	
Mailing Address PO Box 12189		Transaction ID: SA17.41664	
City Albany State NY Zip Code 12212-2189	Amount of Each Receipt this Period 888.41		
FEC ID number of contributing federal political committee. C	Interest		
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2978.19		

Full Name (Last, First, Middle Initial) B. State Employees Federal Credit Union		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006	
Mailing Address PO Box 12189		Transaction ID: SA17.41668	
City Albany State NY Zip Code 12212-2189	Amount of Each Receipt this Period 1.67		
FEC ID number of contributing federal political committee. C	interest		
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2979.86		

Full Name (Last, First, Middle Initial) C. State Employees Federal Credit Union		Date of Receipt M M / D D / Y Y Y Y Y 08 / 30 / 2006	
Mailing Address PO Box 12189		Transaction ID: SA17.41669	
City Albany State NY Zip Code 12212-2189	Amount of Each Receipt this Period 1.46		
FEC ID number of contributing federal political committee. C	interest		
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2981.32		

SUBTOTAL of Receipts This Page (optional) ▶	891.54
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER: PAGE 10 / 13
(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)
NEW YORK STATE PUBLIC EMPLOYEES FEDERATION - COPE

A. Full Name (Last, First, Middle Initial)
State Employees Federal Credit Union
Mailing Address PO Box 12189
City Albany State NY Zip Code 12212-2189
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3905.26

Date of Receipt
MM / DD / YYYY
08 / 31 / 2006
Transaction ID: SA17.41666
Amount of Each Receipt this Period
923.94

B. Full Name (Last, First, Middle Initial)
State Employees Federal Credit Union
Mailing Address PO Box 12189
City Albany State NY Zip Code 12212-2189
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 4872.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2006
Transaction ID: SA17.41667
Amount of Each Receipt this Period
966.74
interest

C. Full Name (Last, First, Middle Initial)
State Employees Federal Credit Union
Mailing Address PO Box 12189
City Albany State NY Zip Code 12212-2189
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 4873.34

Date of Receipt
MM / DD / YYYY
09 / 30 / 2006
Transaction ID: SA17.41670
Amount of Each Receipt this Period
1.34
Interest

SUBTOTAL of Receipts This Page (optional) ► 1892.02
TOTAL This Period (last page this line number only) ► 2783.56

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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)
NEW YORK STATE PUBLIC EMPLOYEES FEDERATION - COPE

Full Name (Last, First, Middle Initial) A. AFT COPE		Transaction ID: SB22.28849 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 7 / 2 0 0 6	
Mailing Address ELIZABETH SMITH- POLITICAL DIR 555 NEW JERSEY AVENUE		Amount of Each Disbursement this Period 2500.00	
City WASHINGTON	State DC		Zip Code 20001
Purpose of Disbursement			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. AFT COPE		Transaction ID: SB22.28848 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 6	
Mailing Address ELIZABETH SMITH- POLITICAL DIR 555 NEW JERSEY AVENUE		Amount of Each Disbursement this Period 2500.00	
City WASHINGTON	State DC		Zip Code 20001
Purpose of Disbursement			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. AFT COPE		Transaction ID: SB22.28850 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6	
Mailing Address ELIZABETH SMITH- POLITICAL DIR 555 NEW JERSEY AVENUE		Amount of Each Disbursement this Period 2500.00	
City WASHINGTON	State DC		Zip Code 20001
Purpose of Disbursement			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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)

PAGE 12 / 13

<input type="checkbox"/> 21b	<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)
NEW YORK STATE PUBLIC EMPLOYEES FEDERATION - COPE

Full Name (Last, First, Middle Initial) A. NEW YORK STATE AFL-CIO		Transaction ID: SB22.28844 Date of Disbursement
Mailing Address 100 SWAN STREET		<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="2006"/>
City ALBANY	State NY	Zip Code 12210
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="2000.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. PMI, INC		Transaction ID: SB22.28847 Date of Disbursement
Mailing Address 4402 Lafayette Street 2nd Floor		<input type="text" value="09"/> <input type="text" value="05"/> / <input type="text" value="2006"/>
City Mariana	State FL	Zip Code 32446
Purpose of Disbursement Automated Phone calls to PEF		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="950.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. SEIU COPE		Transaction ID: SB22.28842 Date of Disbursement
Mailing Address JANE BUCKNER-POLITICAL FINANCE 1313 L STREET, NW		<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="2006"/>
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="2500.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5450.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 13

<input type="checkbox"/> 21b	<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)
NEW YORK STATE PUBLIC EMPLOYEES FEDERATION - COPE

Full Name (Last, First, Middle Initial) A. SEIU COPE		Transaction ID: SB22.28841 Date of Disbursement
Mailing Address JANE BUCKNER-POLITICAL FINANCE 1313 L STREET, NW		<input type="text" value="08"/> / <input type="text" value="09"/> / <input type="text" value="2006"/>
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="2500.00"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. SEIU COPE		Transaction ID: SB22.28845 Date of Disbursement
Mailing Address JANE BUCKNER-POLITICAL FINANCE 1313 L STREET, NW		<input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2006"/>
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="2500.00"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ►

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