# 48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

*To be used to report all contributions (including loans) of $1000 or more, received within 20 days of the election.*

1. NAME OF COMMITTEE IN FULL
Barbara Lee for Congress

ADDRESS (number and street)
P. O. Box 29164

CITY, STATE, and ZIP CODE
Oakland, CA 94604

2. NAME OF CANDIDATE
Barbara Lee

3. OFFICE SOUGHT (State and District)
U.S. House, CA/09

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.

4. FEC IDENTIFICATION NUMBER
C00331769

| A. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount |
|---|---|---|---|
| Transport Workers Union<br>Political Contributions Committee<br>80 West End Ave.<br>New York, NY 10023<br>C00008268 | | 5/30/98 | $1,000 |
| | | (cumulative | $1,500) |

| B. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount |
|---|---|---|---|
| | | | |

| C. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount |
|---|---|---|---|
| | | | |

| D. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount |
|---|---|---|---|
| | | | |

| E. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount |
|---|---|---|---|
| | | | |

SIGNATURE (optional)

DATE

For further information contact:
Federal Election Commission
999 E Street, NW, Washington, DC 20463
Toll Free 800-424-9530, Local 202-219-3420

FEC FORM (
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