

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
AMALGAMATED TRANSIT UNION-COPE

ADDRESS (number and street) 5025 WISCONSIN AVE. N.W.
 Check if different than previously reported. (ACC)
WASHINGTON DC 20016

2. **FEC IDENTIFICATION NUMBER** C00032995
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 03 01 2006 through 03 31 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Mr. Oscar Owens

Signature of Treasurer Electronically Filed by Mr. Oscar Owens Date 04 07 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
AMALGAMATED TRANSIT UNION-COPE

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 3 |

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

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 0 | 3 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| 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 | | 104302.24 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 6 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 145401.47 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 35741.69 | 120140.92 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 181143.16 | 224443.16 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 75628.11 | 118928.11 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 105515.05 | 105515.05 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
AMALGAMATED TRANSIT UNION-COPE

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 3 |

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

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 0 | 3 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| 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 | 1551.84 | 1886.84 |
| (i) Itemized (use Schedule A) | 33792.26 | 117164.97 |
| (ii) Unitemized | 35344.10 | 119051.81 |
| (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) | 35344.10 | 119051.81 |
| 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.) | 397.59 | 1089.11 |
| 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)) | 35741.69 | 120140.92 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 35741.69 | 120140.92 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|---------------------------------------|---|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 66100.00 | 102100.00 |
| 24. Independent Expenditure (use Schedule E) | 428.11 | 428.11 |
| 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..... | 9100.00 | 16400.00 |
| 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)).. | 75628.11 | 118928.11 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 75628.11 | 118928.11 |

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) | 35344.10 | 119051.81 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 35344.10 | 119051.81 |
| 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 / 28 |
| | <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

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) A. Mr. Deoleous A. Bridges | | Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2006 | |
| Mailing Address 5602 Birchwood Avenue | | Transaction ID: SA11A1.12819 | |
| City State Zip Code Baltimore MD 21214-1727 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Mass Transit Administration | Occupation transit operator | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) B. Ms Ramona V. Davis | | Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2006 | |
| Mailing Address 612 Shattuck Avenue South | | Transaction ID: SA11A1.12816 | |
| City State Zip Code Renton WA 98055-2472 | Amount of Each Receipt this Period 70.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer King County Metro Transit | Occupation Operator | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 210.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. Mr. Herbert Dill | | Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006 | |
| Mailing Address 148 Bayhill Village Drive | | Transaction ID: SA11A1.12818 | |
| City State Zip Code O'Fallon MO 63368 | Amount of Each Receipt this Period 148.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Bi-State Development Agency | Occupation Transit Operator | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 407.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1218.00 |
| 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 / 28 |
| | <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

| | | | |
|---|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) A. Mr. Stephen S. Farrell | | Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2006 | |
| Mailing Address 150 Ocean Avenue | | Transaction ID: SA11A1.12817 | |
| City Cranston | State RI | Zip Code 02905 | Amount of Each Receipt this Period 0.50 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Rhode Island Public Transit Au | Occupation Transit operator | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 265.50 | | |

| | | | |
|---|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) B. Mr. David S. Gariepy | | Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006 | |
| Mailing Address 204 Manor Avenue | | Transaction ID: SA11A1.12821 | |
| City Cohoes | State NY | Zip Code 12047-1519 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Capital District Transit, Inc. | Occupation transit operator | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) C. Mr. William G. Mc Lean | | Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2006 | |
| Mailing Address 2350 Greensboro Drive | | Transaction ID: SA11A1.12815 | |
| City Reno | State NV | Zip Code 89509 | 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 ▼ 250.02 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 333.84 |
| TOTAL This Period (last page this line number only) | 1551.84 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | | | |
|--|------------------------------|------------------------------|-----------------------------|--|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | | PAGE 8 / 28 | |
| | (check only one) | | | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input checked="" type="checkbox"/> 17 |

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

A. Full Name (Last, First, Middle Initial)
Citibank, F.S.B.

Mailing Address 5001 Wisconsin Avenue, N.W.

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Washington | DC | 20016 |

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
| | |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1089.11

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 3 | 1 | / | 2 | 0 | 0 | 6 |

Transaction ID: SA17.12807

Amount of Each Receipt this Period
397.59

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 397.59 |
| TOTAL This Period (last page this line number only) | ▶ | 397.59 |

**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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. AKAKA IN 2006 | | Transaction ID: SB23.12775 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6 |
| Mailing Address C/O 904 NANA HONUA STREET | | Amount of Each Disbursement this Period 1000.00 |
| City HONOLULU State HI Zip Code 96825 | | |
| Purpose of Disbursement | Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 00 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. ALLYSON SCHWARTZ FOR CONGRESS | | Transaction ID: SB23.12745 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6 |
| Mailing Address P.O. Box 45706 | | Amount of Each Disbursement this Period 3000.00 |
| City Philadelphia State PA Zip Code 19149 | | |
| Purpose of Disbursement | Category/Type | |
| Candidate Name | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. ANGIE PACCIONE FOR CONGRESS | | Transaction ID: SB23.12757 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6 |
| Mailing Address PO Box 1292 | | Amount of Each Disbursement this Period 1000.00 |
| City Ft. Collins State CO Zip Code 80522 | | |
| Purpose of Disbursement | Category/Type | |
| Candidate Name | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 10 / 28

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. BECERRA FOR CONGRESS | | Transaction ID: SB23.12754 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6 |
| Mailing Address PO BOX 261060 | | Amount of Each Disbursement this Period 1000.00 |
| City LOS ANGELES | State CA Zip Code 90026 | |
| Purpose of Disbursement Candidate Name | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 30 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. BRIAN BAIRD FOR CONGRESS | | Transaction ID: SB23.12744 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6 |
| Mailing Address PO BOX 5016 | | Amount of Each Disbursement this Period -1000.00 |
| City VANCOUVER | State WA Zip Code 98668 | |
| Purpose of Disbursement STOP PAYMENT OF 4/19/05 CK Candidate Name | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 03 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. BRIAN HIGGINS FOR CONGRESS | | Transaction ID: SB23.12740 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6 |
| Mailing Address PO BOX 28 | | Amount of Each Disbursement this Period 1000.00 |
| City BUFFALO | State NY Zip Code 14220 | |
| Purpose of Disbursement Candidate Name | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 27 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. CHARLES A GONZALEZ CONGRESSIONAL CAMPAIGN | | Transaction ID: SB23.12763 |
| Mailing Address PO BOX 12612 | | Date of Disbursement MM / DD / YYYY 03 / 23 / 2006 |
| City SAN ANTONIO | State TX | Zip Code 78212 |
| Purpose of Disbursement | | Amount of Each Disbursement this Period 1000.00 |
| Candidate Name | | Category/ Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: TX | District: 20 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. CITIZENS FOR TOM PETRI | | Transaction ID: SB23.12733 |
| Mailing Address PO BOX 270 | | Date of Disbursement MM / DD / YYYY 03 / 02 / 2006 |
| City FOND DU LAC | State WI | Zip Code 54935 |
| Purpose of Disbursement | | Amount of Each Disbursement this Period 4000.00 |
| Candidate Name | | Category/ Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: WI | District: 06 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. CONYERS FOR CONGRESS | | Transaction ID: SB23.12743 |
| Mailing Address 1833 E JEFFERSON | | Date of Disbursement MM / DD / YYYY 03 / 23 / 2006 |
| City DETROIT | State MI | Zip Code 48207 |
| Purpose of Disbursement STOP PAYMENT OF 3/14/05 CK | | Amount of Each Disbursement this Period -1000.00 |
| Candidate Name | | Category/ Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: MI | District: 14 | |

| | |
|--|----------------|
| 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)

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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

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. CRANLEY FOR CONGRESS | | Transaction ID: SB23.12777 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6 |
| Mailing Address 37 W 7TH ST SUITE 804 | | Amount of Each Disbursement this Period 1000.00 |
| City CINCINNATI State OH Zip Code 45202 | | |
| Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Category/ Type | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. CROWLEY FOR CONGRESS | | Transaction ID: SB23.12741 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 6 |
| Mailing Address 84-56 GRAND AVENUE | | Amount of Each Disbursement this Period 1000.00 |
| City ELMHURST State NY Zip Code 11373 | | |
| Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 07 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Category/ Type | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. DAVIS FOR CONGRESS | | Transaction ID: SB23.12766 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6 |
| Mailing Address 5956 W RACE AVENUE | | Amount of Each Disbursement this Period 1500.00 |
| City CHICAGO State IL Zip Code 60644 | | |
| Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 07 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Category/ Type | | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE | | Transaction ID: SB23.12734 Date of Disbursement |
| Mailing Address 430 SOUTH CAPITOL STREET | | <input type="text" value="03"/> / <input type="text" value="02"/> / <input type="text" value="2006"/> |
| City WASHINGTON | State DC | Zip Code 20003 |
| Purpose of Disbursement | <input type="text"/> | Amount of Each Disbursement this Period |
| Candidate Name | Category/Type | <input type="text" value="10000.00"/> |
| 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: | OTHER | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE | | Transaction ID: SB23.12752 Date of Disbursement |
| Mailing Address 430 SOUTH CAPITOL STREET, SE | | <input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2006"/> |
| City WASHINGTON | State DC | Zip Code 20003 |
| Purpose of Disbursement | <input type="text"/> | Amount of Each Disbursement this Period |
| Candidate Name | Category/Type | <input type="text" value="5000.00"/> |
| 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 checked="" type="checkbox"/> Other (specify) ▼ | |
| State: District: | OTHER | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. DON PAYNE FOR CONGRESS | | Transaction ID: SB23.12739 Date of Disbursement |
| Mailing Address P O BOX 2406 | | <input type="text" value="03"/> / <input type="text" value="10"/> / <input type="text" value="2006"/> |
| City NEWARK | State NJ | Zip Code 07114 |
| Purpose of Disbursement | <input type="text"/> | Amount of Each Disbursement this Period |
| Candidate Name | Category/Type | <input type="text" value="500.00"/> |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ | |
| State: NJ District: 10 | | |

| | |
|--|---------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="15500.00"/> |
| 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)

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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

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. FEINSTEIN FOR SENATE | | Transaction ID: SB23.12738 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6 |
| Mailing Address 601 S. GLENOAKS BLVD., SUITE 208 | | Amount of Each Disbursement this Period 1500.00 |
| City BURBANK State CA Zip Code 91502 | | |
| Purpose of Disbursement <input type="checkbox"/> Category/Type | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 00 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. FRIENDS OF BENNIE THOMPSON | | Transaction ID: SB23.12750 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6 |
| Mailing Address PO BOX 100 | | Amount of Each Disbursement this Period 2000.00 |
| City BOLTON State MS Zip Code 39041 | | |
| Purpose of Disbursement <input type="checkbox"/> Category/Type | | |
| Candidate Name | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 02 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. FRIENDS OF JIM CLYBURN | | Transaction ID: SB23.12774 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6 |
| Mailing Address 2725 DEVINE STREET | | Amount of Each Disbursement this Period 1000.00 |
| City COLUMBIA State SC Zip Code 29205 | | |
| Purpose of Disbursement <input type="checkbox"/> Category/Type | | |
| Candidate Name | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| 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)

PAGE 15 / 28

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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 JOHN BARROW

Mailing Address 2141 B West Broad St

City Athens State GA Zip Code 30606

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: GA District: 12

Transaction ID: SB23.12742

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
FRIENDS OF LOIS CAPPIS

Mailing Address POST OFFICE BOX 23940

City SANTA BARBARA State CA Zip Code 93121

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: CA District: 22

Transaction ID: SB23.12753

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
HAROLD FORD JR FOR TENNESSEE

Mailing Address 5120 Barry Road
SUITE 1300

City Memphis State TN Zip Code 38117

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: TN District: 00

Transaction ID: SB23.12748

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

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

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. HOMER HARTAGE | | Transaction ID: SB23.12759 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6 |
| Mailing Address 4862 Indiatlantic Drive | | Amount of Each Disbursement this Period 1000.00 |
| City Orlando State FL Zip Code 32808 | | |
| Purpose of Disbursement | Category/Type | |
| Candidate Name | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 08 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Hooley for Congress | | Transaction ID: SB23.12756 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6 |
| Mailing Address PO BOX 2050 | | Amount of Each Disbursement this Period 2000.00 |
| City SALEM State OR Zip Code 97308 | | |
| Purpose of Disbursement | Category/Type | |
| Candidate Name | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. JESSE JACKSON JR FOR CONGRESS COMMITTEE | | Transaction ID: SB23.12767 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6 |
| Mailing Address 7016 S. EUCLID | | Amount of Each Disbursement this Period 1000.00 |
| City CHICAGO State IL Zip Code 60649 | | |
| Purpose of Disbursement | Category/Type | |
| Candidate Name | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 02 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. KELLAM FOR CONGRESS | | Transaction ID: SB23.12764 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6 |
| Mailing Address 2384 PRINCESS ANNE RD PO BOX 56254 | | Amount of Each Disbursement this Period 500.00 |
| City VIRGINIA BEACH State VA Zip Code 23456 | Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02 | |
| Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Category/ Type |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. LANGEVIN FOR CONGRESS | | Transaction ID: SB23.12769 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6 |
| Mailing Address PO BOX 55 | | Amount of Each Disbursement this Period 2000.00 |
| City PROVIDENCE State RI Zip Code 02901 | Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 02 | |
| Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Category/ Type |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. MARION BERRY FOR CONGRESS | | Transaction ID: SB23.12751 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6 |
| Mailing Address PO BOX 8084 | | Amount of Each Disbursement this Period 1000.00 |
| City JONESBORO State AR Zip Code 72403 | Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 01 | |
| Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Category/ Type |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3500.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. MATSUI FOR CONGRESS | | Transaction ID: SB23.12737 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 6 |
| Mailing Address PO BOX 1738 | | Amount of Each Disbursement this Period 1000.00 |
| City SACRAMENTO | State CA | |
| Zip Code 95812 | | |
| Purpose of Disbursement | | |
| Candidate Name | | Category/Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: CA District: 05 | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. MENENDEZ FOR SENATE | | Transaction ID: SB23.12773 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6 |
| Mailing Address P.O. Box 848 | | Amount of Each Disbursement this Period 2000.00 |
| City Union City | State NJ | |
| Zip Code 07087 | | |
| Purpose of Disbursement | | |
| Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: NJ District: 13 | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. NANCY PELOSI FOR CONGRESS | | Transaction ID: SB23.12736 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 6 |
| Mailing Address 1 BUSH STREET 11TH FLOOR | | Amount of Each Disbursement this Period 2500.00 |
| City SAN FRANCISCO | State CA | |
| Zip Code 94104 | | |
| Purpose of Disbursement | | |
| Candidate Name | | Category/Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: CA District: 08 | | |

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|--|---------|
| 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)

PAGE 19 / 28

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. PALLONE FOR CONGRESS | | Transaction ID: SB23.12770 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6 |
| Mailing Address PO BOX 3176 | | Amount of Each Disbursement this Period 1000.00 |
| City LONG BRANCH | State NJ | |
| Zip Code 07740 | | |
| Purpose of Disbursement | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: NJ District: 06 | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. PASCRELL FOR CONGRESS INC | | Transaction ID: SB23.12755 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6 |
| Mailing Address 63 QUARTZ LANE | | Amount of Each Disbursement this Period 600.00 |
| City PATERSON | State NJ | |
| Zip Code 07501 | | |
| Purpose of Disbursement | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: NJ District: 08 | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. ROBERT WEXLER FOR CONGRESS COMMITTEE | | Transaction ID: SB23.12747 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6 |
| Mailing Address 2500 NORTH MILITARY TRAIL STE 288 | | Amount of Each Disbursement this Period 1000.00 |
| City BOCA RATON | State FL | |
| Zip Code 33431 | | |
| Purpose of Disbursement | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: FL District: 19 | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2600.00 |
| 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

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. STEPHEN F LYNCH FOR CONGRESS COMMITTEE | | Transaction ID: SB23.12761 |
| Mailing Address 109 O Street | | Date of Disbursement 03 / 23 / 2006 |
| City South Boston | State MA | Zip Code 02127 |
| Purpose of Disbursement | | Amount of Each Disbursement this Period 1500.00 |
| Candidate Name | | Category/Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: MA | District: 09 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. STEPHEN F LYNCH FOR CONGRESS COMMITTEE | | Transaction ID: SB23.12762 |
| Mailing Address 109 O Street | | Date of Disbursement 03 / 23 / 2006 |
| City South Boston | State MA | Zip Code 02127 |
| Purpose of Disbursement | | Amount of Each Disbursement this Period 3500.00 |
| Candidate Name | | Category/Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: MA | District: 09 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. STEVE ROTHMAN FOR CONGRESS | | Transaction ID: SB23.12768 |
| Mailing Address PO BOX 714 | | Date of Disbursement 03 / 23 / 2006 |
| City HACKENSACK | State NJ | Zip Code 07602 |
| Purpose of Disbursement | | Amount of Each Disbursement this Period 2000.00 |
| Candidate Name | | Category/Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: NJ | District: 09 | |

| | |
|--|----------------|
| 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. TIM BISHOP FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address 129 WOOLEY STREET

City SOUTHAMPTON State NY Zip Code 11968

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: NY District: 01

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.12735

Date of Disbursement

03 / 02 / 2006

Amount of Each Disbursement this Period

2000.00

B. TIM MAHONEY FOR FLORIDA

Mailing Address 1128-408 ROYAL PALM BEACH BLVD

City ROYAL PALM BEACH State FL Zip Code 33411

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.12806

Date of Disbursement

03 / 30 / 2006

Amount of Each Disbursement this Period

1000.00

C. VICTORY NOW PAC

Mailing Address 10605 CONCORD STREET

City KENSINGTON State MD Zip Code 20895

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼
OTHER

Category/
Type

Transaction ID: SB23.12771

Date of Disbursement

03 / 23 / 2006

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ►

5500.00

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

66100.00

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)
Committee to Elect Marc Gergly

Mailing Address P.O. Box 221

City State Zip Code
McKeesport PA 15132

Purpose of Disbursement
Non Federal Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.12793

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
Committee to Elect Tim Solobay

Mailing Address 107 Hawthorne Street

City State Zip Code
Canonsburgh PA 15317

Purpose of Disbursement
Non Federal Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.12785

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

Mailing Address 800 East White Bear Drive

City State Zip Code
Summitt Hill PA 18250

Purpose of Disbursement
Non Federal Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.12788

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 23 / 28

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. Democratic Governors Association | | Transaction ID: SB29.12780 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 6 |
| Mailing Address 499 South Capitol Street, SW | | Amount of Each Disbursement this Period 5000.00 |
| City Washington State DC Zip Code 20003 | Purpose of Disbursement Non Federal Contribution Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other | Category/ Type |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Elect Tom Tangretti Committee | | Transaction ID: SB29.12783 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6 |
| Mailing Address P.O. Box 292 | | Amount of Each Disbursement this Period 300.00 |
| City Greensburg State PA Zip Code 15601 | Purpose of Disbursement Non Federal Contribution Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Friends of Brandon L. King | | Transaction ID: SB29.12800 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6 |
| Mailing Address 13308 Euclid Avenue | | Amount of Each Disbursement this Period -200.00 |
| City East Cleveland State OH Zip Code 44112 | Purpose of Disbursement 11/28/05 ck voided Non Fed Cont Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 5100.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Friends of Ken Ruffing | | Transaction ID: SB29.12790 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6 |
| Mailing Address 110 Saniel Drive | | Amount of Each Disbursement this Period 250.00 |
| City West Mifflin | State PA Zip Code 15122 | |
| Purpose of Disbursement Non Federal Contribution Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Friends of Michael Diven | | Transaction ID: SB29.12787 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6 |
| Mailing Address 2246 Groveland Street | | Amount of Each Disbursement this Period 500.00 |
| City Pittsburgh | State PA Zip Code 15234 | |
| Purpose of Disbursement Non Federal Contribution Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Friends of Stephen A. Zappala, Jr. | | Transaction ID: SB29.12781 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6 |
| Mailing Address 300 Weyman Road Suite 300 Weyman Plaza | | Amount of Each Disbursement this Period 500.00 |
| City Pittsburgh | State PA Zip Code 15236 | |
| Purpose of Disbursement Non Federal Contribution Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1250.00 |
| 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 25 / 28

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. FRIENDS OF VINCE BIANCUCCI | | Transaction ID: SB29.12792 Date of Disbursement |
| Mailing Address 226 PLEASANT DRIVE | | <input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2006"/> |
| City ALIQUIPPA | State PA | Zip Code 15001 |
| Purpose of Disbursement Non Federal Contribution | <input type="text" value="200.00"/> | |
| 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. Gonzalo Barrientos Campaign | | Transaction ID: SB29.12799 Date of Disbursement |
| Mailing Address PO Box 12246 | | <input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2006"/> |
| City Austin | State TX | Zip Code 78711 |
| Purpose of Disbursement 8/9/05 ck Voided Non Fed Cont | <input type="text" value="-1000.00"/> | |
| 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) C. Mike Martinez Campaign | | Transaction ID: SB29.12797 Date of Disbursement |
| Mailing Address P.O. Box 4148 | | <input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2006"/> |
| City Austin | State TX | Zip Code 78765 |
| Purpose of Disbursement Non Federal Contribution | <input type="text" value="100.00"/> | |
| 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) | <input type="text" value="-700.00"/> |
| 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 26 / 28

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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

| | | | |
|--|---|--|-------------------|
| Full Name (Last, First, Middle Initial) A. Petrarca Election Committee | | Transaction ID: SB29.12786 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6 | |
| Mailing Address 409 Franklin Avenue | | Amount of Each Disbursement this Period 300.00 | |
| City Van Der Grift | State PA | | Zip Code 15690 |
| Purpose of Disbursement Non Federal Contribution | | | 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. Sheryl Cole Campaign | | Transaction ID: SB29.12795 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6 | |
| Mailing Address P.O. Box 4148 | | Amount of Each Disbursement this Period 100.00 | |
| City Austin | State TX | | Zip Code 78765 |
| Purpose of Disbursement Non Federal Contribution | | | 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. Thomas Petrone Committee | | Transaction ID: SB29.12784 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6 | |
| Mailing Address P.O. Box 8541 | | Amount of Each Disbursement this Period 250.00 | |
| City Pittsburgh | State PA | | Zip Code 15220 |
| Purpose of Disbursement Non Federal Contribution | | | 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) ▶ | 650.00 |
| TOTAL This Period (last page this line number only) ▶ | 9100.00 |

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|---|
| NAME OF COMMITTEE (In Full) AMALGAMATED TRANSIT UNION-COPE | FEC IDENTIFICATION NUMBER C C00032995 |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice | |

Full Name (Last, First, Middle, Initial) of Payee
Killeen Pringting Company, Inc.

Date
M M / D D / Y Y Y Y
0 3 / 2 9 / 2 0 0 6

Mailing Address
537 East Carson Street

Amount
214.06

City State Zip Code
Pittsburgh PA 15203

Transaction ID: SE24.12801
Office Sought: House State: PA
 Senate District: 00
 Presidential

Purpose of Expenditure
'ATU for Casey' Posters
Category/Type 006

Name of Federal Candidate supported or Opposed by expenditure:
BOB Bob CASEY

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 214.06

Disbursement For: Primary General 2006
 Other (specify) : _____

Full Name (Last, First, Middle, Initial) of Payee
Killeen Pringting Company, Inc.

Date
M M / D D / Y Y Y Y
0 3 / 2 9 / 2 0 0 6

Mailing Address
537 East Carson Street

Amount
214.05

City State Zip Code
Pittsburgh PA 15203

Transaction ID: SE24.12805
Office Sought: House State: PA
 Senate District: 00
 Presidential

Purpose of Expenditure
'ATU for Casey' Posters
Category/Type 006

Name of Federal Candidate supported or Opposed by expenditure:
BOB Bob CASEY

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 428.11

Disbursement For: Primary General 2006
 Other (specify) : _____

| | |
|---|--------|
| (a) SUBTOTAL of Itemized Independent Expenditures | 428.11 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | 0.00 |
| (c) TOTAL Independent Expenditures | 428.11 |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. Oscar Owens
Signature

Date M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 6

Image# 26960031685

Form/Schedule: **F3XN**

The unitemized total of \$33,792.26 represents the total contributions from individuals who have not individually contributed more than \$200 in the aggregate during the calendar year.

Transaction ID:
