

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 05 01 2008 through 05 31 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Oscar Owens

Signature of Treasurer Electronically Filed by Mr. Oscar Owens Date 07 14 2008

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

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

**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	5

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		194257.67
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	161941.81									
(c) Total Receipts (from Line 19)	51426.52	244280.04								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	213368.33	438537.71								
7. Total Disbursements (from Line 31)	57800.00	282969.38								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	155568.33	155568.33								
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)	751.92									

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	5

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	-1089.41	-7188.13
(i) Itemized (use Schedule A)		
(ii) Unitemized	52005.61	248765.47
(iii) TOTAL (add Lines 11(a)(i) and (ii)	50916.20	241577.34
(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)	50916.20	241577.34
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.)	510.32	2702.70
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))	51426.52	244280.04
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	51426.52	244280.04

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.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	49500.00	250750.00
24. Independent Expenditure (use Schedule E)	0.00	3994.38
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.....	8300.00	28225.00
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))..	57800.00	282969.38
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	57800.00	282969.38

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	50916.20	241577.34
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	50916.20	241577.34
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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 34
	<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)
AMALGAMATED TRANSIT UNION-COPE

A.	Full Name (Last, First, Middle Initial) Mr. Paul J. Bachtel	Date of Receipt MM / DD / YYYY 05 / 05 / 2008
	Mailing Address 8513 Main Street #203	Transaction ID: SA11AI.17149
	City Edmonds State WA Zip Code 98026	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer King County Metro Transit Occupation Transit Employee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00	

B.	Full Name (Last, First, Middle Initial) Mr. Robert E. Bangs	Date of Receipt MM / DD / YYYY 05 / 05 / 2008
	Mailing Address 2411 South 248th Street #D-12	Transaction ID: SA11AI.17138
	City Kent State WA Zip Code 98032-4070	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer King County Metro Transit Occupation Transit operator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Thomas P. Betzler	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 252 5th Street	Transaction ID: SA11AI.17162
	City Coaldale State PA Zip Code 18218	Amount of Each Receipt this Period 45.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Lehigh & Northampton Transit Occupation Operator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 247.50	

SUBTOTAL of Receipts This Page (optional)	▶	145.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Citibank, F.S.B.	Date of Receipt MM / DD / YYYY 05 / 31 / 2008
	Mailing Address 5001 Wisconsin Avenue, N.W.	Transaction ID: SA11AI.17447
	City State Zip Code Washington DC 20016	Amount of Each Receipt this Period -0.30
	FEC ID number of contributing federal political committee. C	Bank error
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2702.40

B.	Full Name (Last, First, Middle Initial) Mr. Ronald Cox	Date of Receipt MM / DD / YYYY 05 / 06 / 2008
	Mailing Address 8514 S. Shyrock Road	Transaction ID: SA11AI.17137
	City State Zip Code Glasford IL 61533	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Greater Peoria Mass Transit transit operator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

C.	Full Name (Last, First, Middle Initial) Mr. Edward J. Dolores	Date of Receipt MM / DD / YYYY 05 / 12 / 2008
	Mailing Address 1226 Clayburn Lane	Transaction ID: SA11AI.17132
	City State Zip Code San Jose CA 95121-2608	Amount of Each Receipt this Period 44.57
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Santa Clara Valley Trans. Auth. Transit employee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 222.85

SUBTOTAL of Receipts This Page (optional)	544.27
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 34

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Jimmie R. Ekdahl

Mailing Address 13218 Third S

City State Zip Code
Seattle WA 98168

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

Name of Employer Occupation
King County DOT-Metro Transit operator

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

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.17139

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)

Mr. David S. Fairbanks

Mailing Address 8622 202nd SW

City State Zip Code
Edmonds WA 98026-6644

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

Name of Employer Occupation
King County Metro Transit Transit Operator

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.17144

Amount of Each Receipt this Period
42.00

C.

Full Name (Last, First, Middle Initial)

Mr. James D. Fitzgerald

Mailing Address 4608 East 13th Avenue

City State Zip Code
Spokane Valley WA 99212

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

Name of Employer Occupation
Spokane Transit Authority Transit Operator

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.17163

Amount of Each Receipt this Period
45.00

SUBTOTAL of Receipts This Page (optional) ▶

137.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Ms Mary B. Fitzgerald		Date of Receipt	
	Mailing Address 4608 E. 13th Avenue		M M / D D / Y Y Y Y 05 / 27 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.17164
	Spokane Valley	WA	99212-6360	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		48.00	
Name of Employer Spokane Transit Authority		Occupation transit operator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00		

B.	Full Name (Last, First, Middle Initial) Lavon M. Hamilton		Date of Receipt	
	Mailing Address 1586 Martin Avenue		M M / D D / Y Y Y Y 05 / 12 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.17134
	San Jose	CA	95126	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		50.00	
Name of Employer Santa Clara Valley Transit Aut		Occupation Transit operator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00		

C.	Full Name (Last, First, Middle Initial) Mr. Jerry L. Jacobs		Date of Receipt	
	Mailing Address 2112 North 41st		M M / D D / Y Y Y Y 05 / 05 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.17148
	Seattle	WA	98103	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		50.00	
Name of Employer King County Metro Transit		Occupation Transit Operator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	▶	148.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Darrell Jefferson	Date of Receipt MM / DD / YYYY 05 / 07 / 2008
	Mailing Address 545 E. 50th Street	Transaction ID: SA11AI.17130
	City State Zip Code Chicago IL 60615	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Chicago Transit Authority Occupation Operator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Mr. Richard W. Johnson	Date of Receipt MM / DD / YYYY 05 / 21 / 2008
	Mailing Address 15833 West Carrabeau Lane	Transaction ID: SA11AI.17165
	City State Zip Code Surprise AZ 85379	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ATC Phoenix Transit Nec. Occupation Transit Operator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Mr. Paul Kaplan	Date of Receipt MM / DD / YYYY 05 / 28 / 2008
	Mailing Address P.O. Box 2561	Transaction ID: SA11AI.17171
	City State Zip Code Boca Raton FL 33427	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Palm Tran, Inc. Occupation transit operator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional)	▶	140.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. Maurice K. Kimble	Date of Receipt MM / DD / YYYY 05 / 19 / 2008
	Mailing Address 3540 Eden Avenue	Transaction ID: SA11AI.17158
	City State Zip Code Cincinnati OH 45229	Amount of Each Receipt this Period 41.68
	FEC ID number of contributing federal political committee. C	
	Name of Employer SW Ohio Regional Transit Auth. Occupation Transit operator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.40

B.	Full Name (Last, First, Middle Initial) not applicable May 2008 Adjustment	Date of Receipt MM / DD / YYYY 05 / 31 / 2008
	Mailing Address n/a	Transaction ID: SA11AI.17424
	City State Zip Code n/a	Amount of Each Receipt this Period -3914.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer n/a Occupation n/a Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ -3914.50

C.	Full Name (Last, First, Middle Initial) Mr. Robert J. Mazzei	Date of Receipt MM / DD / YYYY 05 / 06 / 2008
	Mailing Address 1448 Balsam Drive	Transaction ID: SA11AI.17128
	City State Zip Code Alison Park PA 15101-3948	Amount of Each Receipt this Period 62.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Port Authority of Allegheny Occupation Transit operator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00

SUBTOTAL of Receipts This Page (optional)	-3810.82
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 34

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Mr. Kenneth Mc Cormick

Mailing Address P.O. Box 4156

City State Zip Code
Seattle WA 98191-0156

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

Name of Employer Occupation
King County DOT, Metro Tr- ansit transit operator

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.17145

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Mr. James L. Mc Cubbin

Mailing Address P.O. Box 56516

City State Zip Code
Phoenix AZ 85079-6516

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

Name of Employer Occupation
ATC Phoenix Transit Operator

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.17166

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

John L. Mc Donald

Mailing Address 1539 Yarmouth Avenue

City State Zip Code
Cincinnati OH 45237

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

Name of Employer Occupation
SW Ohio Regional Transit Auth. Transit operator

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 208.80

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.17159

Amount of Each Receipt this Period

41.76

SUBTOTAL of Receipts This Page (optional)

131.76

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 34
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Booker T. Mc Kinion

Mailing Address 3862 Renton Avenue South

City State Zip Code
Seattle WA 98108

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

Name of Employer King County DOT-Metro Transit
Occupation operator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.17147

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Matthew Mervosh

Mailing Address 2919 Brevard Avenue

City State Zip Code
Pittsburgh PA 15227

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

Name of Employer PAT Transportation
Occupation Operator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.35

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.17127

Amount of Each Receipt this Period
41.67

C.

Full Name (Last, First, Middle Initial)
Mr. Wes R. Moorehead

Mailing Address P.O. Box 3011

City State Zip Code
Kent WA 98032-0201

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

Name of Employer King County Metro Transit
Occupation Transit Operator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.17150

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **141.67**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. John C. Munro	Date of Receipt MM / DD / YYYY 05 / 05 / 2008
	Mailing Address 5726 145th Place, SW	Transaction ID: SA11AI.17141
	City State Zip Code Edmonds WA 98026-3729	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer King County Metro Transit Occupation Transit Operator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Mr. Paul B. Neil	Date of Receipt MM / DD / YYYY 05 / 05 / 2008
	Mailing Address 1701 157th Avenue NE #A101	Transaction ID: SA11AI.17146
	City State Zip Code Bellevue WA 98008-2777	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer King County Metro Transit Occupation Transit operator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) Mr. Lance F. Norton	Date of Receipt MM / DD / YYYY 05 / 05 / 2008
	Mailing Address 3529 158th SW	Transaction ID: SA11AI.17142
	City State Zip Code Lynwood WA 98037-1415	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer King County Metro Transit Occupation Transit Operator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional)	200.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 34
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Michael O'Toole		Date of Receipt	
	Mailing Address 1669 Merrill Drive, #D		M M / D D / Y Y Y Y Y 0 5 / 1 2 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.17136
	San Jose	CA	95124	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		50.00	
Name of Employer Santa Clara Valley Trans Auth		Occupation transit operator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

B.	Full Name (Last, First, Middle Initial) Mr. Wilfred M. Owens		Date of Receipt	
	Mailing Address 336 Ohio Street		M M / D D / Y Y Y Y Y 0 5 / 1 5 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.17168
	Vallejo	CA	94590-5053	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		42.00	
Name of Employer Golden Gate Bridge Hwy. Tr. Dist.		Occupation Transit Operator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00		

C.	Full Name (Last, First, Middle Initial) Beth A. Peck		Date of Receipt	
	Mailing Address 301 Ely Boulevard South		M M / D D / Y Y Y Y Y 0 5 / 1 5 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.17169
	Petaluma	CA	94954	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		42.00	
Name of Employer Golden Gate Bridge Highway Tra		Occupation Transit operator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00		

SUBTOTAL of Receipts This Page (optional)	134.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr Raymond K. Pekarovic		Date of Receipt MM / DD / YYYY 05 / 05 / 2008		
	Mailing Address P.O. Box 1501		Transaction ID: SA11AI.17154		
	City Bothell	State WA	Zip Code 98401	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer King County DOT - Metro Transit	Occupation operator	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Ms Loretta Springer		Date of Receipt MM / DD / YYYY 05 / 12 / 2008		
	Mailing Address 1600 Decker Avenue		Transaction ID: SA11AI.17131		
	City San Martin	State CA	Zip Code 95046	Amount of Each Receipt this Period 49.03	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Santa Clara Valley Transit Aut	Occupation Transit Operator	Aggregate Year-to-Date 245.15		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Tonia Starkey-Oba		Date of Receipt MM / DD / YYYY 05 / 19 / 2008		
	Mailing Address 11560 Oldegate Drive		Transaction ID: SA11AI.17160		
	City Cincinnati	State OH	Zip Code 45246	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SW Ohio Regional Tranist Auth.	Occupation Transit Operator	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	149.03
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Willie Stephens Jr.	Date of Receipt MM / DD / YYYY 05 / 19 / 2008
	Mailing Address 3260 Rocker Drive #6	Transaction ID: SA11AI.17161
	City State Zip Code Cincinnati OH 45239	Amount of Each Receipt this Period 41.68
	FEC ID number of contributing federal political committee. C	
	Name of Employer SW Ohio Regional Transit Auth Occupation Operator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.40

B.	Full Name (Last, First, Middle Initial) Randy A. Stevenson	Date of Receipt MM / DD / YYYY 05 / 05 / 2008
	Mailing Address 5737 A Prentice Street	Transaction ID: SA11AI.17155
	City State Zip Code Seattle WA 98178-2248	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer King County DOT-METRO Transit Occupation Operator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

C.	Full Name (Last, First, Middle Initial) Mr. Mark P. Tambellini	Date of Receipt MM / DD / YYYY 05 / 06 / 2008
	Mailing Address 943 Fairfield Lane	Transaction ID: SA11AI.17126
	City State Zip Code McDonald PA 15057	Amount of Each Receipt this Period 42.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer PAT Transit Allegheny Co. Occupation transit employee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00

SUBTOTAL of Receipts This Page (optional)	133.68
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Michael J. Teeter		Date of Receipt
	Mailing Address 1715 SW Trenton Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 05 / 2008
	City	State	Zip Code
	Seattle	WA	98106
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.17156
Name of Employer King County DOT-Metro Transit		Occupation operator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 250.00	

B.	Full Name (Last, First, Middle Initial) Jimmy O. Vann		Date of Receipt
	Mailing Address 2353 Martin Luther King Jr Way		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 05 / 2008
	City	State	Zip Code
	Tacoma	WA	98405
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.17153
Name of Employer King County DOT-Metro Transit		Occupation operator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 250.00	

C.	Full Name (Last, First, Middle Initial) Mr. Donald L. Ward		Date of Receipt
	Mailing Address 2538 S. Raymond Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 05 / 2008
	City	State	Zip Code
	Seattle	WA	98108
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.17143
Name of Employer King Co DOT, Metro-Transit		Occupation Transit operator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 250.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 150.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) William E. White	Date of Receipt MM / DD / YYYY 05 / 12 / 2008
	Mailing Address 27 Windhaven Lane	Transaction ID: SA11AI.17172
	City State Zip Code Oak Ridge TN 37830	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Greyhound Lines, 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	

B.	Full Name (Last, First, Middle Initial) Chris W. Wick	Date of Receipt MM / DD / YYYY 05 / 05 / 2008
	Mailing Address 10525 SE 250th Place #G-103	Transaction ID: SA11AI.17152
	City State Zip Code Kent WA 98030	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer King County DOT-Metro Transit Occupation operator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Ms Kelly R. Wickham	Date of Receipt MM / DD / YYYY 05 / 05 / 2008
	Mailing Address 6706 North Van De Car Road, SE	Transaction ID: SA11AI.17151
	City State Zip Code Port Orchard WA 98367	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer King County Metro Transit Occupation Transit worker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	350.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 34
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Jimmy C. Williams

Mailing Address 215 31st Avenue S.

City State Zip Code
Seattle WA 98144

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

Name of Employer King County DOT Occupation Transit Operator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
05 / 05 / 2008

Transaction ID: SA11AI.17157

Amount of Each Receipt this Period
40.00

B. Full Name (Last, First, Middle Initial)
Ms Yvonne M. Williams

Mailing Address 2475 60th Avenue

City State Zip Code
Oakland CA 94605

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

Name of Employer Alameda-Contra Costa Trans Dis Occupation transit operator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
05 / 30 / 2008

Transaction ID: SA11AI.17129

Amount of Each Receipt this Period
135.00

C. Full Name (Last, First, Middle Initial)
Mr. Anthony R. Withington

Mailing Address 5817 Blank Road

City State Zip Code
Sebastopol CA 95472-6115

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

Name of Employer Golden Gate Bridge Hwy Tr. Dist. Occupation Transit Operator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2008

Transaction ID: SA11AI.17167

Amount of Each Receipt this Period
42.00

SUBTOTAL of Receipts This Page (optional)	217.00
TOTAL This Period (last page this line number only)	-1089.41

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 21 / 34	
	(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 ▼
2702.70

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 0 8

Transaction ID: SA17.17210

Amount of Each Receipt this Period
510.32

SUBTOTAL of Receipts This Page (optional)	▶	510.32
TOTAL This Period (last page this line number only)	▶	510.32

**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 22 / 34

<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) ADLER FOR CONGRESS	Transaction ID: SB23.17104 Date of Disbursement
	Mailing Address 14 KNIGHTSWOOD DRIVE	<input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="22"/> <input type="text" value="22"/> / <input type="text" value="2008"/> <input type="text" value="2008"/>
	City MARLTON State NJ Zip Code 08053	Amount of Each Disbursement this Period
	Purpose of Disbursement <input type="text"/>	<input type="text" value="3000.00"/>
	Candidate Name <input type="text"/> Category/Type <input type="text"/>	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) ANDREWS FOR SENATE	Transaction ID: SB23.17102 Date of Disbursement
	Mailing Address 215 FOURTH AVE SUITE 200	<input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="22"/> <input type="text" value="22"/> / <input type="text" value="2008"/> <input type="text" value="2008"/>
	City HADDON HEIGHTS State NJ Zip Code 08035	Amount of Each Disbursement this Period
	Purpose of Disbursement <input type="text"/>	<input type="text" value="1000.00"/>
	Candidate Name <input type="text"/> Category/Type <input type="text"/>	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 00	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) ANNA ESHOO FOR CONGRESS	Transaction ID: SB23.17089 Date of Disbursement
	Mailing Address 555 CAPITOL MALL SUITE 1425	<input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="2008"/> <input type="text" value="2008"/>
	City SACRAMENTO State CA Zip Code 95814	Amount of Each Disbursement this Period
	Purpose of Disbursement <input type="text"/>	<input type="text" value="1000.00"/>
	Candidate Name <input type="text"/> Category/Type <input type="text"/>	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5000.00"/>
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 23 / 34

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

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

<p>A. Full Name (Last, First, Middle Initial) BRALEY FOR CONGRESS</p> <p>Mailing Address PO Box 390</p> <p>City Waterloo State IA Zip Code 50704</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 01</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.17109 Date of Disbursement 05 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p>B. Full Name (Last, First, Middle Initial) CITIZENS FOR ARLEN SPECTER</p> <p>Mailing Address 426 C STREET NE CARRIAGE HOUSE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/></p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.17107 Date of Disbursement 05 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C. Full Name (Last, First, Middle Initial) CITIZENS FOR ELEANOR HOLMES NORTON</p> <p>Mailing Address 2201 Wisconsin Avenue, NW Suite 320</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District: 00</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.17100 Date of Disbursement 05 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

11500.00

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

A.	Full Name (Last, First, Middle Initial) CITIZENS TO ELECT RICK LARSEN	Transaction ID: SB23.17098 Date of Disbursement	
	Mailing Address PO BOX 326	<input type="text" value="05"/> / <input type="text" value="16"/> / <input type="text" value="2008"/>	
	City EVERETT State WA Zip Code 98206	Amount of Each Disbursement this Period	<input type="text" value="1000.00"/>
	Purpose of Disbursement		
	Candidate Name	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) DAN LIPINSKI FOR CONGRESS	Transaction ID: SB23.17106 Date of Disbursement	
	Mailing Address 4501 GRAND	<input type="text" value="05"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>	
	City WESTERN SPRINGS State IL Zip Code 60558	Amount of Each Disbursement this Period	<input type="text" value="2500.00"/>
	Purpose of Disbursement		
	Candidate Name	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) DIANE E WATSON FOR CONGRESS	Transaction ID: SB23.17097 Date of Disbursement	
	Mailing Address 601 S GLENOAKS BLVD #208	<input type="text" value="05"/> / <input type="text" value="14"/> / <input type="text" value="2008"/>	
	City BURBANK State CA Zip Code 91502	Amount of Each Disbursement this Period	<input type="text" value="1000.00"/>
	Purpose of Disbursement		
	Candidate Name	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 32	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4500.00"/>
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)

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

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

<p>A. Full Name (Last, First, Middle Initial) DOYLE FOR CONGRESS COMMITTEE</p> <p>Mailing Address 2227 HAMPTON STREET</p> <p>City PITTSBURGH State PA Zip Code 15218</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.17108</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) JOHN HALL FOR CONGRESS</p> <p>Mailing Address PO Box 274</p> <p>City Hopewell Junction State NY Zip Code 12533</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 19</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.17110</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period <input type="text" value="3000.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) LANGEVIN FOR CONGRESS</p> <p>Mailing Address PO BOX 55</p> <p>City PROVIDENCE State RI Zip Code 02901</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.17099</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5000.00"/>
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)

<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)
LINDA STENDER FOR CONGRESS

Mailing Address P.O. Box 730

City State Zip Code
Scotch Plains NJ 07076

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: NJ District: 07

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.17085
Date of Disbursement

/

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
MENENDEZ FOR SENATE

Mailing Address P.O. Box 848

City State Zip Code
Union City NJ 07087

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: NJ District: 13

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.17084
Date of Disbursement

/

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
MUSGROVE FOR U S SENATE

Mailing Address 600 CONCOURSE SUITE 100
1076 HIGHLAND COLONY PARKWAY

City State Zip Code
RIDGELAND MS 39157

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: MS District: 00

Disbursement For: 2008
 Primary General
 Other (specify) ▼
Special-General

Category/
Type

Transaction ID: SB23.17095
Date of Disbursement

/

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) NEW JERSEY DEMOCRATIC STATE COMMITTEE <hr/> Mailing Address 150 West State Street <hr/> City Trenton State NJ Zip Code 08608 <hr/> Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name <input type="checkbox"/> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Transaction ID: SB23.17086 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00
B. Full Name (Last, First, Middle Initial) NEW JERSEY FIRST <hr/> Mailing Address Riverfront Plaza Station PO Box 200597 <hr/> City Newark State NJ Zip Code 07102 <hr/> Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name <input type="checkbox"/> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Transaction ID: SB23.17090 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00
C. Full Name (Last, First, Middle Initial) NIKI TSONGAS COMMITTEE, THE <hr/> Mailing Address PO Box 1454 <hr/> City Lowell State MA Zip Code 01853 <hr/> Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name <input type="checkbox"/> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 05 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Other	Transaction ID: SB23.17087 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00

SUBTOTAL of Disbursements This Page (optional)	10000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS <hr/> Mailing Address PO BOX 3176 <hr/> 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 06	Transaction ID: SB23.17094 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		1	4		2	0	0	8													
B.	Full Name (Last, First, Middle Initial) PROGRESSIVE VOTERS OF AMERICA <hr/> Mailing Address PO BOX 852 <hr/> City BURLINGTON State VT Zip Code 05402 Purpose of Disbursement Candidate Name Category/Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Other	Transaction ID: SB23.17092 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">5000.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		1	4		2	0	0	8													
C.	Full Name (Last, First, Middle Initial) TIM WALZ FOR US CONGRESS <hr/> Mailing Address PO BOX 938 <hr/> City MANKATO State MN Zip Code 56002 Purpose of Disbursement Candidate Name Category/Type Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District: 01	Transaction ID: SB23.17105 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		2	2		2	0	0	8													

SUBTOTAL of Disbursements This Page (optional)	<div style="border: 1px solid black; padding: 5px;">7000.00</div>
TOTAL This Period (last page this line number only)	<div style="border: 1px solid black; padding: 5px;">49500.00</div>

**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 29 / 34

<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 David Holton Mailing Address P.O. Box 70973 City Louisville State KY Zip Code 40270 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) ▼	Transaction ID: SB29.17111 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 8	Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) Committee to Elect Dennis Rousseau Mailing Address P.O. Box 142 City Beaver Falls State PA Zip Code 15101 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) ▼	Transaction ID: SB29.17120 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 0 8	Amount of Each Disbursement this Period 150.00
C.	Full Name (Last, First, Middle Initial) Diana Maldonado Mailing Address P.O. Box 5674 City Austin State TX Zip Code 78763 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) ▼	Transaction ID: SB29.17115 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 0 8	Amount of Each Disbursement this Period 300.00

SUBTOTAL of Disbursements This Page (optional)	1450.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 30 / 34

<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) Evergreen Progress	Transaction ID: SB29.17113 Date of Disbursement
	Mailing Address P.O. Box 9885	<input type="text" value="05"/> / <input type="text" value="16"/> / <input type="text" value="2008"/>
	City Seattle State WA Zip Code 98109	Amount of Each Disbursement this Period
	Purpose of Disbursement Non federal contribution	<input type="text" value="5000.00"/>
	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) ▼

B.	Full Name (Last, First, Middle Initial) Friends of Bob Macey	Transaction ID: SB29.17122 Date of Disbursement
	Mailing Address 409 Juniper Drive	<input type="text" value="05"/> / <input type="text" value="28"/> / <input type="text" value="2008"/>
	City West Mifflin State PA Zip Code 15122	Amount of Each Disbursement this Period
	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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends of Frank Dermody	Transaction ID: SB29.17117 Date of Disbursement
	Mailing Address P.O. Box 274	<input type="text" value="05"/> / <input type="text" value="28"/> / <input type="text" value="2008"/>
	City Tarentum State PA Zip Code 15084	Amount of Each Disbursement this Period
	Purpose of Disbursement Non federal contribution	<input type="text" value="400.00"/>
	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)	<input type="text" value="5600.00"/>
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)

<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

<p>A. Full Name (Last, First, Middle Initial) Friends of Todd Eachus</p> <p>Mailing Address P.O. Box 2174</p> <p>City Hazelton State PA Zip Code 18201</p> <p>Purpose of Disbursement Non federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.17124</p> <p>Date of Disbursement 05 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Jennifer Kim Campaign</p> <p>Mailing Address P.O. Box 42258</p> <p>City Austin State TX Zip Code 78704</p> <p>Purpose of Disbursement 4/17/2008 check voided</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.17082</p> <p>Date of Disbursement 05 / 02 / 2008</p> <p>Amount of Each Disbursement this Period -500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Ravenstahl for Mayor</p> <p>Mailing Address P.O. Box 23648</p> <p>City Pittsburgh State PA Zip Code 15222</p> <p>Purpose of Disbursement Non federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.17118</p> <p>Date of Disbursement 05 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p>

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)

PAGE 32 / 34

<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

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

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

A.

Full Name (Last, First, Middle Initial)
Richard Kasunic Campaign Committee

Transaction ID: SB29.17119

Date of Disbursement

Mailing Address 3216 2nd Street

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	0	8

City Dunbar State PA Zip Code 15431

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
Non federal contribution

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

250.00

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

8300.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Albany Clothing & Promotions

Nature of Debt (Purpose):
T-shirts

Mailing Address 26B Picotte Drive

City	State	ZIP Code
Albany	NY	12208

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.17215

Amount Incurred This Period

751.92

Payment This Period

0.00

Outstanding Balance at Close of This Period

751.92

1) SUBTOTALS This Period This Page (optional).....	▶	751.92
2) TOTALS This Period (last page this line number only).....	▶	751.92
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	751.92

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		Date M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 8	
Full Name (Last, First, Middle, Initial) of Payee Albany Clothing & Promotions		Amount 751.92	
Mailing Address 26B Picotte Drive		Transaction ID: SE.17223	
City Albany	State NY	Zip Code 12208	Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 21 <input type="checkbox"/> Presidential
Purpose of Expenditure t-shirts will be paid in June 2008		Category/ Type	006
Name of Federal Candidate supported or Opposed by expenditure: Tracey Brooks		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
		[MEMO ITEM]	
		0.00	

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	0.00
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 7 / 1 4 / 2 0 0 8