

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. WASHINGTON DC 20016 Check if different than previously reported. (ACC)

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, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special, Runoff (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 02 01 2009 through 02 28 2009

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

Type or Print Name of Treasurer Mr. Oscar Owens

Signature of Treasurer Electronically Filed by Mr. Oscar Owens Date 03 17 2009

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

Office Use Only FE6AN026 FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
AMALGAMATED TRANSIT UNION-COPE

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 2 |

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

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

 To:

| | |
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| M | M |
| 0 | 2 |

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|---|---|
| D | D |
| 2 | 8 |

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

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|-----------|
| 6. (a) Cash on Hand January 1 <table border="1" 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>9</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 9 | | 114470.36 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 9 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 152710.33 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 42837.70 | 92124.62 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 195548.03 | 206594.98 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 82878.35 | 93925.30 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 112669.68 | 112669.68 | | | | | | | | |
| 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 | 2 |

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

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

 To:

| | |
|---|---|
| M | M |
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|---|---|
| D | D |
| 2 | 8 |

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

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 250.00 |
| (i) Itemized (use Schedule A) | | |
| (ii) Unitemized | 42767.94 | 91743.26 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 42767.94 | 91993.26 |
| (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) | 42767.94 | 91993.26 |
| 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.) | 69.76 | 131.36 |
| 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)) | 42837.70 | 92124.62 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 42837.70 | 92124.62 |

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..... | 46.95 | 93.90 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... | 46.95 | 93.90 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 39750.00 | 50750.00 |
| 24. Independent Expenditure (use Schedule E) | 37956.40 | 37956.40 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 |
| 29. Other Disbursements..... | 5125.00 | 5125.00 |
| 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)).. | 82878.35 | 93925.30 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 82878.35 | 93925.30 |

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) | 42767.94 | 91993.26 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 42767.94 | 91993.26 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 46.95 | 93.90 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 46.95 | 93.90 |

**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) ADLER FOR CONGRESS Mailing Address 14 KNIGHTSWOOD DRIVE City MARLTON State NJ Zip Code 08053 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.19516 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 9 |
| | Amount of Each Disbursement this Period 1000.00 |
| B. Full Name (Last, First, Middle Initial) CITIZENS FOR ALTMIRE Mailing Address PO BOX 1776 City FREEDOM State PA Zip Code 15042 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.19529 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 9 |
| | Amount of Each Disbursement this Period 5000.00 |
| C. Full Name (Last, First, Middle Initial) CLAY JR FOR CONGRESS Mailing Address 625 N EUCLID AVE SUITE 200 City ST. LOUIS State MO Zip Code 63108 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.19514 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 9 |
| | Amount of Each Disbursement this Period 500.00 |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 6500.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

| | |
|--|---|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) DON PAYNE FOR CONGRESS</p> <p>Mailing Address P O BOX 2406</p> <p>City NEWARK State NJ Zip Code 07114</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 10</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB23.19513</p> <p>Date of Disbursement 02 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 750.00</p> <p>Category/Type</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) FRIENDS OF BENNIE THOMPSON</p> <p>Mailing Address PO BOX 100</p> <p>City BOLTON State MS Zip Code 39041</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB23.19530</p> <p>Date of Disbursement 02 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Category/Type</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) FRIENDS OF CHRIS DODD 2004</p> <p>Mailing Address PO BOX 270701</p> <p>City WEST HARTFORD State CT Zip Code 06127</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB23.19532</p> <p>Date of Disbursement 02 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Category/Type</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

8250.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

| | | | |
|-----------|---|--|--|
| A. | Full Name (Last, First, Middle Initial) FRIENDS OF JOE BACA | Transaction ID: SB23.19522 | |
| | Mailing Address 555 CAPITOL MALL SUITE 1425 | Date of Disbursement MM / DD / YYYY 02 / 06 / 2009 | |
| | City SACRAMENTO State CA Zip Code 95814 | Amount of Each Disbursement this Period 1000.00 | |
| | Purpose of Disbursement | Category/Type | |
| | Candidate Name | | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 42 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| B. | Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BARROW | Transaction ID: SB23.19533 | |
| | Mailing Address 2141 B West Broad St | Date of Disbursement MM / DD / YYYY 02 / 20 / 2009 | |
| | City Athens State GA Zip Code 30606 | Amount of Each Disbursement this Period 1000.00 | |
| | Purpose of Disbursement | Category/Type | |
| | Candidate Name | | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| C. | Full Name (Last, First, Middle Initial) FRIENDS OF SCHUMER | Transaction ID: SB23.19531 | |
| | Mailing Address 60 MADISON AVE SUITE 1026 | Date of Disbursement MM / DD / YYYY 02 / 13 / 2009 | |
| | City NEW YORK State NY Zip Code 10010 | Amount of Each Disbursement this Period 2500.00 | |
| | Purpose of Disbursement | Category/Type | |
| | Candidate Name | | |
| | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 00 | Disbursement For: 2010 <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)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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) GILLIBRAND FOR SENATE | Transaction ID: SB23.19528 Date of Disbursement 02 / 10 / 2009 |
| | Mailing Address P.O. Box 15734 | Amount of Each Disbursement this Period 5000.00 |
| | City Washington State DC Zip Code 20003 | Category/ Type |
| | Purpose of Disbursement | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 00 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. | Full Name (Last, First, Middle Initial) HASTINGS FOR CONGRESS | Transaction ID: SB23.19525 Date of Disbursement 02 / 06 / 2009 |
| | Mailing Address P.O. BOX 100277 | Amount of Each Disbursement this Period 1000.00 |
| | City FT. LAUDERDALE State FL Zip Code 33310 | Category/ Type |
| | Purpose of Disbursement | |
| Candidate Name | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 23 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. | Full Name (Last, First, Middle Initial) KAGEN 4 CONGRESS | Transaction ID: SB23.19524 Date of Disbursement 02 / 06 / 2009 |
| | Mailing Address 100 WEST LAWRENCE STREET | Amount of Each Disbursement this Period 1000.00 |
| | City APPLETON State WI Zip Code 54911 | Category/ Type |
| | Purpose of Disbursement | |
| Candidate Name | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 7000.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
KURT SCHRADER FOR CONGRESS

Mailing Address 2525 N BAKER DR

City State Zip Code
CANBY OR 97013

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: OR District: 05

Transaction ID: SB23.19521
Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
LANGEVIN FOR CONGRESS

Mailing Address PO BOX 55

City State Zip Code
PROVIDENCE RI 02901

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: RI District: 02

Transaction ID: SB23.19517
Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
LATOURETTE FOR CONGRESS COMMITTEE

Mailing Address 1004 MILLRIDGE RD

City State Zip Code
HIGHLAND HTS OH 44143

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: OH District: 19

Transaction ID: SB23.19519
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)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)
MESABI FUND, THE

Mailing Address P.O. Box 77693

City Washington State DC Zip Code 20013

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Other

Transaction ID: SB23.19510
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

B.

Full Name (Last, First, Middle Initial)
NADLER FOR CONGRESS INC

Mailing Address 18 EAST 16TH STREET SUITE 401

City NEW YORK State NY Zip Code 10013

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: NY District: 08

Disbursement For: 2010 Primary General Other (specify) ▼

Other

Transaction ID: SB23.19523
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

C.

Full Name (Last, First, Middle Initial)
PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City LONG BRANCH State NJ Zip Code 07740

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: NJ District: 06

Disbursement For: 2010 Primary General Other (specify) ▼

Other

Transaction ID: SB23.19512
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

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 12 / 20

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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) REED COMMITTEE Mailing Address PO BOX 8628 City CRANSTON State RI Zip Code 02920 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 00 Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.19518 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 9 |
| | Amount of Each Disbursement this Period 1000.00 Category/Type |
| B. Full Name (Last, First, Middle Initial) SHEILA JACKSON LEE FOR CONGRESS Mailing Address 4412 ALMEDA City HOUSTON State TX Zip Code 77044 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 18 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.19520 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 9 |
| | Amount of Each Disbursement this Period 1000.00 Category/Type |

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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

39750.00

**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)

PAGE 13 / 20

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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) Bill Spelman Committee</p> <p>Mailing Address P.O. Box 302945</p> <p>City Austin State TX Zip Code 78703</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: SB29.19540 Date of Disbursement 02 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 300.00</p> |
| <p>B. Full Name (Last, First, Middle Initial) Bracken Burns Committee</p> <p>Mailing Address 55 Eastwood Lane</p> <p>City Washington State PA Zip Code 15301</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: SB29.19535 Date of Disbursement 02 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 125.00</p> |
| <p>C. Full Name (Last, First, Middle Initial) Klein for Judge</p> <p>Mailing Address 1113 Manor Complex 564 Forbes Avenue</p> <p>City Pittsburgh State PA Zip Code 15219</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: SB29.19537 Date of Disbursement 02 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 2925.00 |
| 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 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) Lee Leffingwell Campaign <hr/> Mailing Address P.O. Box 302426 <hr/> City Austin State TX Zip Code 78703 <hr/> Purpose of Disbursement Non Federal Contribution Candidate Name <hr/> 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: SB29.19545 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 9 |
| | Amount of Each Disbursement this Period 300.00 |
| | Category/ Type |
| | Category/ Type |
| B. Full Name (Last, First, Middle Initial) Mike Martinez Campaign <hr/> Mailing Address P.O. Box 4148 <hr/> City Austin State TX Zip Code 78765 <hr/> Purpose of Disbursement Non Federal Contribution Candidate Name <hr/> 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: SB29.19542 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 9 |
| | Amount of Each Disbursement this Period 300.00 |
| | Category/ Type |
| | Category/ Type |
| C. Full Name (Last, First, Middle Initial) Perla Cavazos Committee <hr/> Mailing Address P.O. Box 11530 <hr/> City Austin State TX Zip Code 78711 <hr/> Purpose of Disbursement Non Federal Contribution Candidate Name <hr/> 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: SB29.19543 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 9 |
| | Amount of Each Disbursement this Period 300.00 |
| | Category/ Type |
| | Category/ Type |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 900.00 |
| TOTAL This Period (last page this line number only) ▶ | 900.00 |

**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)

PAGE 15 / 20

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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) Sheryl Cole Campaign <hr/> Mailing Address P.O. Box 4148 <hr/> City Austin State TX Zip Code 78765 <hr/> Purpose of Disbursement Non Federal Contribution Candidate Name <hr/> 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: SB29.19539 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 9 |
| | Amount of Each Disbursement this Period 300.00 |
| B. Full Name (Last, First, Middle Initial) Strickland for Governor <hr/> Mailing Address P.O. Box 15055 <hr/> City Columbus State OH Zip Code 43215 <hr/> Purpose of Disbursement Non Federal Contribution Candidate Name <hr/> 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: SB29.19536 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 9 |
| | Amount of Each Disbursement this Period 1000.00 |

SUBTOTAL of Disbursements This Page (optional) ►

1300.00

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

5125.00

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 K & R Industries | | | Nature of Debt (Purpose): tee-shirts |
| Mailing Address P.O. Box 220690 | | | |
| City Chantilly | State VA | ZIP Code 20153 | |

| | | | |
|--|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="21843.80"/> | | Transaction ID: SD10.17609 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="21843.80"/> | Outstanding Balance at Close of This Period <input type="text" value="0.00"/> | |

| | | | |
|---|-------------|-------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor K & R Industries | | | Nature of Debt (Purpose): Campaign buttons |
| Mailing Address P.O. Box 220690 | | | |
| City Chantilly | State VA | ZIP Code 20153 | |

| | | | |
|--|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="12825.00"/> | | Transaction ID: SD10.18258 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="12825.00"/> | Outstanding Balance at Close of This Period <input type="text" value="0.00"/> | |

| | | | |
|---|-------------|-------------------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor K & R Industries | | | Nature of Debt (Purpose): campaign stickers |
| Mailing Address P.O. Box 220690 | | | |
| City Chantilly | State VA | ZIP Code 20153 | |

| | | | |
|---|---|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="2463.00"/> | | Transaction ID: SD10.18968 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="2463.00"/> | Outstanding Balance at Close of This Period <input type="text" value="0.00"/> | |

| | |
|--|-----------------------------------|
| 1) SUBTOTALS This Period This Page (optional)..... | <input type="text" value="0.00"/> |
| 2) TOTALS This Period (last page this line number only)..... | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/> |

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
K & R Industries

Nature of Debt (Purpose):
Campaign buttons

Mailing Address P.O. Box 220690

| | | |
|-----------|-------|----------|
| City | State | ZIP Code |
| Chantilly | VA | 20153 |

Outstanding Balance Beginning This Period

824.60

Transaction ID: SD10.18162

Amount Incurred This Period

0.00

Payment This Period

824.60

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ▶

0.00

2) **TOTALS** This Period (last page this line number only)..... ▶

0.00

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) ▶

0.00

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
K & R Industries

Mailing Address
P.O. Box 220690

| | | |
|-------------------|-------------|-------------------|
| City Chantilly | State VA | Zip Code 20153 |
|-------------------|-------------|-------------------|

| | |
|------------------------------------|--------------------------|
| Purpose of Expenditure t-shirts | Category/ Type 006 |
|------------------------------------|--------------------------|

Name of Federal Candidate supported or Opposed by expenditure:
BARACK OBAMA

| | |
|---|----------|
| Calendar Year-To-Date Per Election for Office Sought | 21843.80 |
|---|----------|

Date

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

Amount

| |
|----------|
| 21843.80 |
|----------|

Transaction ID: SE.19553

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
 2008

Full Name (Last, First, Middle, Initial) of Payee
K & R Industries

Mailing Address
P.O. Box 220690

| | | |
|-------------------|-------------|-------------------|
| City Chantilly | State VA | Zip Code 20153 |
|-------------------|-------------|-------------------|

| | |
|-----------------------------------|--------------------------|
| Purpose of Expenditure buttons | Category/ Type 006 |
|-----------------------------------|--------------------------|

Name of Federal Candidate supported or Opposed by expenditure:
BARACK OBAMA

| | |
|---|----------|
| Calendar Year-To-Date Per Election for Office Sought | 34668.80 |
|---|----------|

Date

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

Amount

| |
|----------|
| 12825.00 |
|----------|

Transaction ID: SE.19554

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
 2008

| | |
|---|----------|
| (a) SUBTOTAL of Itemized Independent Expenditures | 34668.80 |
|---|----------|

| | |
|---|--|
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
|---|--|

| | |
|--|--|
| (c) TOTAL Independent Expenditures | |
|--|--|

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 | 3 | | 1 | 7 | | 2 | 0 | 0 | 9 |

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
K & R Industries

Date
MM / DD / YYYY
02 / 26 / 2009

Mailing Address
P.O. Box 220690

Amount
2463.00

City State Zip Code
Chantilly VA 20153

Transaction ID: SE.19555
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure
decals Category/Type 006

Name of Federal Candidate supported or Opposed by expenditure:
BARACK OBAMA

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
37131.80

Disbursement For: Primary General
 Other (specify) : _____
2008

Full Name (Last, First, Middle, Initial) of Payee
K & R Industries

Date
MM / DD / YYYY
02 / 26 / 2009

Mailing Address
P.O. Box 220690

Amount
824.60

City State Zip Code
Chantilly VA 20153

Transaction ID: SE.19555
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure
campaign buttons Category/Type 006

Name of Federal Candidate supported or Opposed by expenditure:
BARACK OBAMA

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
37956.40

Disbursement For: Primary General
 Other (specify) : _____
2008

| | |
|---|----------|
| (a) SUBTOTAL of Itemized Independent Expenditures | 3287.60 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | _____ |
| (c) TOTAL Independent Expenditures | 37956.40 |

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 MM / DD / YYYY
03 / 17 / 2009

Image# 29933359785

Form/Schedule: **F3XN**
Transaction ID:

The unitemized total of \$42767.94 represents the total contributions from individuals who have not individually contributed more than \$200 in the aggregate during the calendar year.
