

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 Avenue 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) X 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, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 04 01 2009 through 04 30 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 05 19 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 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 | 4 |

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

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

 To:

| | |
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| M | M |
| 0 | 4 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| 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 | 96219.75 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 46374.78 | 192696.42 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 142594.53 | 307166.78 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 18946.95 | 183519.20 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 123647.58 | 123647.58 | | | | | | | | |
| 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 | 4 |

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

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

 To:

| | |
|---|---|
| M | M |
| 0 | 4 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| 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 | 1822.34 | 2473.00 |
| (i) Itemized (use Schedule A) | | |
| (ii) Unitemized | 44492.57 | 189966.15 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 46314.91 | 192439.15 |
| (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) | 46314.91 | 192439.15 |
| 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.) | 59.87 | 257.27 |
| 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)) | 46374.78 | 192696.42 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 46374.78 | 192696.42 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 46.95 | 187.80 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... | 46.95 | 187.80 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 14500.00 | 123750.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 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..... | 4400.00 | 21625.00 |
| 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)).. | 18946.95 | 183519.20 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 18946.95 | 183519.20 |

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 | 46314.91 | 192439.15 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 46314.91 | 192439.15 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 46.95 | 187.80 |
| 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 | 187.80 |

**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 / 20 |
| | <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) PAUL J BACHTEL | Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 8 / 2 0 0 9 |
| | Mailing Address 8513 MAIN STREET #203 | Transaction ID: A2009-3078000 |
| | City EDMONDS State WA Zip Code 98026-0000 | Amount of Each Receipt this Period 25.00 |
| | 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 ▼ 225.00 | |

| | | |
|-----------|---|---|
| B. | Full Name (Last, First, Middle Initial) BRUCE E HAMILTON | Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 2 / 2 0 0 9 |
| | Mailing Address 306 WEST 100TH STREET #72 | Transaction ID: A2009-3130758 |
| | City NEW YORK State NY Zip Code 10025-0000 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer GREYHOUND LINES INC Occupation 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) PAUL KAPLAN | Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 6 / 2 0 0 9 |
| | Mailing Address P O BOX 2561 | Transaction ID: A2009-3077014 |
| | City BOCA RATON State FL Zip Code 33427-0000 | Amount of Each Receipt this Period 40.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer PALM TRAN INC Occupation Operator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 565.00 |
| TOTAL This Period (last page this line number only) | |

Form/Schedule : **SA11AI**

Transaction ID :

Please note that the PAC is aware that we follow an alternate method of itemizing payroll receipts rather than the suggested manner of disclosing a single total for the reporting period along with the amount deducted per pay period. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately more accurately discloses how the receipts are collected.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 20

(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)

PAUL KAPLAN

Mailing Address P O BOX 2561

City State Zip Code
BOCA RATON FL 33427-0000

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

Name of Employer Occupation
PALM TRAN INC Operator

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: A2009-3136516

Amount of Each Receipt this Period
40.00

B.

Full Name (Last, First, Middle Initial)

DOUGLAS CRAIG KUROWSKI

Mailing Address 2462 TREELAND AVENUE

City State Zip Code
MONROVIA CA 91016-0000

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

Name of Employer Occupation
LOS ANGELES CTY METRO TRAN AUT Other

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 4 / 2 0 0 9

Transaction ID: A2009-3068916

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)

KENNETH MC CORMICK

Mailing Address PO 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 TRA-NSIT Operator

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 202.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 8 / 2 0 0 9

Transaction ID: A2009-3078001

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ▶

565.00

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 9 / 20
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Amalgamated Transit Union - COPE

A. Full Name (Last, First, Middle Initial)
WILLIAM G MC LEAN-IVP

Mailing Address Information Requested

City State Zip Code
Information Regu ZZ 00000-0000

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
AMALGAMATED TRANSIT UNION Operator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt MM / DD / YYYY
04 / 16 / 2009

Transaction ID: A2009-3078528

Amount of Each Receipt this Period 83.34

B. Full Name (Last, First, Middle Initial)
KEVIN M MILLEA

Mailing Address 15 FAIR STREET

City State Zip Code
WARWICK RI 02888-1601

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RHODE ISLAND PUBLIC TRANS AUTH Operator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt MM / DD / YYYY
04 / 04 / 2009

Transaction ID: A2009-3071425

Amount of Each Receipt this Period 2.00

C. Full Name (Last, First, Middle Initial)
KEVIN M MILLEA

Mailing Address 15 FAIR STREET

City State Zip Code
WARWICK RI 02888-1601

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RHODE ISLAND PUBLIC TRANS AUTH Operator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 248.00

Date of Receipt MM / DD / YYYY
04 / 16 / 2009

Transaction ID: A2009-3078991

Amount of Each Receipt this Period 3.00

SUBTOTAL of Receipts This Page (optional) 88.34

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 10 / 20

(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)
KEVIN M MILLEA

Mailing Address 15 FAIR STREET

City State Zip Code
WARWICK RI 02888-1601

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

Name of Employer
RHODE ISLAND PUBLIC TRANS
AUTH

Occupation
Operator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
251.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 2 | 0 | | 2 | 0 | 0 | 9 |

Transaction ID: A2009-3130573

Amount of Each Receipt this Period

| |
|------|
| 3.00 |
|------|

B.

Full Name (Last, First, Middle Initial)
JOSE A ROSADO

Mailing Address 445 SW 144TH STREET

City State Zip Code
SEATTLE WA 98166-1545

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

Name of Employer
KING COUNTY DOT-METRO TRA-
NSIT

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 | 4 | | 0 | 5 | | 2 | 0 | 0 | 9 |

Transaction ID: A2009-3066513

Amount of Each Receipt this Period

| |
|-------|
| 50.00 |
|-------|

C.

Full Name (Last, First, Middle Initial)
JOHN W SEPOLEN

Mailing Address 2401 SW HOLDEN STREET
#Q107

City State Zip Code
SEATTLE WA 98106-1773

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

Name of Employer
KING COUNTY DOT-METRO TRA-
NSIT

Occupation
Operator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
204.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 0 | 5 | | 2 | 0 | 0 | 9 |

Transaction ID: A2009-3066555

Amount of Each Receipt this Period

| |
|-------|
| 51.00 |
|-------|

SUBTOTAL of Receipts This Page (optional) ▶

| |
|--------|
| 104.00 |
|--------|

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 11 / 20 | |
| | (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"/> 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) ADOLFO L SOTO | | Date of Receipt | |
| Mailing Address 27410 CAROL PLACE | | M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 9 | |
| City | State | Zip Code | Transaction ID: A2009-3068917 |
| MORENO VALLEY | CA | 92555-2116 | |
| FEC ID number of contributing federal political committee. | | Amount of Each Receipt this Period | |
| C | | 500.00 | |
| Name of Employer LOS ANGELES CTY METRO TRAN AUT | Occupation Operator | Aggregate Year-to-Date ▼ | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | 500.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 500.00 |
| TOTAL This Period (last page this line number only) | 1822.34 |

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

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | | PAGE 12 / 20 | |
| | (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, N.A. | | Date of Receipt |
| Mailing Address P.O. Box 19748 | | <input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2009"/> |
| City | State | Zip Code |
| Washington | DC | 20036 |
| FEC ID number of contributing federal political committee. | | Transaction ID: A7697 |
| <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| Name of Employer | | <input type="text" value="59.87"/> |
| Occupation | | Bank Interest |
| Receipt For: 2009 | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="257.27"/> | |
| <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable | | |

| | |
|--|------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="59.87"/> |
| TOTAL This Period (last page this line number only) | <input type="text" value="59.87"/> |

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) Woolsey for Congress Mailing Address P.O. Box 750176 City Petaluma State CA Zip Code 94975 Purpose of Disbursement Contribution Candidate Name Lynn Woolsey Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: B253897 Date of Disbursement 04 / 17 / 2009 Amount of Each Disbursement this Period 1000.00 011 Category/ Type |
| B. | Full Name (Last, First, Middle Initial) Suzanne Kosmas for Congress Mailing Address PO Box 1547 City New Smyrna Beach State FL Zip Code 32170 Purpose of Disbursement Contribution Candidate Name Suzanne Kosmas Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: B253990 Date of Disbursement 04 / 21 / 2009 Amount of Each Disbursement this Period 2500.00 011 Category/ Type |
| C. | Full Name (Last, First, Middle Initial) Schakowsky for Congress Mailing Address P.O. Box 5130 City Evanston State IL Zip Code 60204 Purpose of Disbursement Contribution Candidate Name Janice D Schakowsky Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 09 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: B254259 Date of Disbursement 04 / 23 / 2009 Amount of Each Disbursement this Period 1000.00 011 Category/ Type |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 4500.00 |
| TOTAL This Period (last page this line number only) ▶ | [Empty Box] |

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) Capuano for Congress Committee <hr/> Mailing Address PO Box 440305 <hr/> City Somerville State MA Zip Code 02144 <hr/> Purpose of Disbursement Contribution Contribution <input type="checkbox"/> 011 Category/Type Candidate Name Michael E Capuano <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MA District: 08 | Transaction ID: B254258 Date of Disbursement 04 / 23 / 2009 <hr/> Amount of Each Disbursement this Period 2500.00 |
| B. | Full Name (Last, First, Middle Initial) Mike McMahon for Congress <hr/> Mailing Address 66 Arnold Street <hr/> City Staten Island State NY Zip Code 10314 <hr/> Purpose of Disbursement Contribution Contribution <input type="checkbox"/> 011 Category/Type Candidate Name Michael E McMahon <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 13 | Transaction ID: B266794 Date of Disbursement 04 / 08 / 2009 <hr/> Amount of Each Disbursement this Period -5000.00 Voided: Original check dated 03/26/2009 |
| C. | Full Name (Last, First, Middle Initial) Mike McMahon for Congress <hr/> Mailing Address 236 Massachusetts Ave. NE, Suite 6 <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Contribution Contribution <input type="checkbox"/> 011 Category/Type Candidate Name Michael E McMahon <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 13 | Transaction ID: B266805 Date of Disbursement 04 / 08 / 2009 <hr/> Amount of Each Disbursement this Period 5000.00 |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 2500.00 |
| TOTAL This Period (last page this line number only) ▶ | [Empty Box] |

**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

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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) Defazio for Congress Mailing Address PO Box 1316 City Springfield State OR Zip Code 97477 Purpose of Disbursement Contribution Candidate Name Peter A DeFazio Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: B253991 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 9 |
| | Amount of Each Disbursement this Period 5000.00 Category/Type 011 |
| B. Full Name (Last, First, Middle Initial) Lot of People for Dave Obey Mailing Address 525 Washington St PO Box 1322 City Wausau State WI Zip Code 54402 Purpose of Disbursement Contribution Candidate Name David R Obey Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: B253899 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 9 |
| | Amount of Each Disbursement this Period 2500.00 Category/Type 011 |

SUBTOTAL of Disbursements This Page (optional) ►

7500.00

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

14500.00

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)

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

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NAME OF COMMITTEE (In Full)
Amalgamated Transit Union - COPE

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Friends of Peter Franchot <hr/> Mailing Address 7111 Sycamore Ave <hr/> City Takoma Park State MD Zip Code 20912 <hr/> Purpose of Disbursement G-2010 State Comptroller MD Candidate Name Peter Franchot <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: B253797 Date of Disbursement 04 / 17 / 2009 <hr/> Amount of Each Disbursement this Period 100.00 |
| B. | Full Name (Last, First, Middle Initial) Friends of Cheryl Glenn <hr/> Mailing Address 1010 Hull St Suite 202 <hr/> City Baltimore State MD Zip Code 21230 <hr/> Purpose of Disbursement P-2010 State Delegate 45 MD Candidate Name Cheryl Glenn <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: B253796 Date of Disbursement 04 / 17 / 2009 <hr/> Amount of Each Disbursement this Period 100.00 |
| C. | Full Name (Last, First, Middle Initial) Friends of Mary-Dulany James <hr/> Mailing Address 17 West Courtland St. #210 <hr/> City Bel Air State MD Zip Code 21014 <hr/> Purpose of Disbursement P-2010 State House 34A MD Candidate Name Mary-Dulany James <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: B253800 Date of Disbursement 04 / 17 / 2009 <hr/> Amount of Each Disbursement this Period 100.00 |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 300.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Amalgamated Transit Union - COPE

| | | | |
|----|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Friends of Verna L. Jones Mailing Address 2020 Gov. Thomas Bladen Way #201 City Annapolis State MD Zip Code 21401 Purpose of Disbursement P-2010 State Senate 44 MD Candidate Name Verna L Jones Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: B253795 Date of Disbursement 04 / 17 / 2009 | Amount of Each Disbursement this Period 100.00 |
| B. | Full Name (Last, First, Middle Initial) Citizens for Maggie McIntosh Mailing Address 1010 Hull St Suite 202 City Baltimore State MD Zip Code 21230 Purpose of Disbursement P-2010 State House 43 MD Candidate Name Maggie L. McIntosh Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: B253798 Date of Disbursement 04 / 17 / 2009 | Amount of Each Disbursement this Period 100.00 |
| C. | Full Name (Last, First, Middle Initial) Friends of Catherine Pugh Mailing Address 1265 E. Fayette Street City Baltimore State MD Zip Code 21215 Purpose of Disbursement P-2010 State Senate 40 MD Candidate Name Catherine E Pugh Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: B253794 Date of Disbursement 04 / 17 / 2009 | Amount of Each Disbursement this Period 250.00 |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 450.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Amalgamated Transit Union - COPE

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) Committee to Elect Bobby Zirkin</p> <p>Mailing Address 1010 Hull Street Suite 202</p> <p>City Baltimore State MD Zip Code 21230</p> <p>Purpose of Disbursement P-2010 State Senate 11 MD</p> <p>Candidate Name Robert A Zirkin</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: B253799</p> <p>Date of Disbursement 04 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 100.00</p> <p>011 Category/ Type</p> |
| <p>B. Full Name (Last, First, Middle Initial) FRIENDS OF WILLIAM D MASON</p> <p>Mailing Address 24049 Palm Dr</p> <p>City North Olmstead State OH Zip Code 44070</p> <p>Purpose of Disbursement G-2012 Co. Prosecutor OH</p> <p>Candidate Name WILLIAM D MASON</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: B254260</p> <p>Date of Disbursement 04 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>011 Category/ Type</p> |
| <p>C. Full Name (Last, First, Middle Initial) Committee to Elect Armand A Martin</p> <p>Mailing Address 435 North 6th St</p> <p>City Clairton State PA Zip Code 15025</p> <p>Purpose of Disbursement P-2010 Judge 05-3-09 PA</p> <p>Candidate Name Armand A Martin</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: B253801</p> <p>Date of Disbursement 04 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

850.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Amalgamated Transit Union - COPE

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Friends of Matt Smith <hr/> Mailing Address PO Box 13445 <hr/> City Pittsburgh State PA Zip Code 15243 <hr/> Purpose of Disbursement P-2010 State House 42 PA Candidate Name Matt Smith Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: B254270 Date of Disbursement 04 / 23 / 2009 <hr/> Amount of Each Disbursement this Period 500.00 <hr/> Category/Type 011 |
| B. | Full Name (Last, First, Middle Initial) Friends of Joe Williams <hr/> Mailing Address 1442 Penn Ave <hr/> City Pittsburgh State PA Zip Code 15233 <hr/> Purpose of Disbursement P-2010 State Judge PA Candidate Name Joe Williams Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: B254268 Date of Disbursement 04 / 23 / 2009 <hr/> Amount of Each Disbursement this Period 500.00 <hr/> Category/Type 011 |
| C. | Full Name (Last, First, Middle Initial) Julian Castro for Mayor Campaign <hr/> Mailing Address 115 E. Travis Suite 1403 <hr/> City San Antonio State TX Zip Code 78205 <hr/> Purpose of Disbursement P-2009 Mayor San Antonio TX Candidate Name Julian Castro Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: B266811 Date of Disbursement 04 / 09 / 2009 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> Category/Type 011 |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 2000.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

**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 20 / 20

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

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NAME OF COMMITTEE (In Full)
Amalgamated Transit Union - COPE

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) Carolyn Davis Campaign <hr/> Mailing Address 2611 Burger St <hr/> City Dallas State TX Zip Code 75215 <hr/> Purpose of Disbursement G-2009 City Council 7 TX Candidate Name Carolyn Davis <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: B254272 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 9 |
| | Amount of Each Disbursement this Period 300.00 <hr/> Category/ Type 011 |
| B. Full Name (Last, First, Middle Initial) Levar Thomas Campaign <hr/> Mailing Address PO Box 763266 <hr/> City Dallas State TX Zip Code 75736 <hr/> Purpose of Disbursement G-2009 City Council 8 TX Candidate Name Levar Thomas <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: B260039 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 9 |
| | Amount of Each Disbursement this Period 500.00 <hr/> Category/ Type 011 |

SUBTOTAL of Disbursements This Page (optional) ►

800.00

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

4400.00