



RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
Amalgamated Transit Union

5025 Wisconsin Ave., N.W., Washington, D.C. 20016-1139
202-537-1645 Fax 202-244-7824

Office of the International Secretary-Treasurer

May 14, 1997

Public Records Office
Federal Election Commission
999 E Street, NW
Washington, DC 20463

Dear Sir or Madam:

Enclosed please find a copy of the May 1997 Report covering the period of April 1, 1997 through April 30, 1997 for Amalgamated Transit Union - COPE.

Trusting this meets with your satisfaction, I am

Sincerely,

Oliver W. Green
International Secretary-Treasurer/
COPE Director

/fsg
Enclosure



REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(SUMMARY PAGE)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

MAY 14 11 57 AM '97

1. NAME OF COMMITTEE (in full)
AMALGAMATED TRANSIT UNION - COPE

ADDRESS (number and street) Check if different than previously reported
5025 WISCONSIN AVENUE, NW

CITY, STATE and ZIP CODE
WASHINGTON, DC 20016

2. FEC IDENTIFICATION NUMBER
C00032995

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

4. TYPE OF REPORT

Monthly Report Due On:

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report

- February 20 June 20 October 20
- March 20 July 20 November 20
- April 20 August 20 December 20
- May 20 September 20 January 31
- Twelfth day report preceding _____
(Type of Election)
election on _____ in the state of _____
- Thirtieth day report following the General Election on _____
in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>4/1/97</u> through <u>4/30/97</u>		
6. (a) Cash on Hand January 1, 19 <u>97</u>		\$ <u>54,702.85</u>
(b) Cash on Hand at Beginning of Reporting Period	\$ <u>99,941.63</u>	
(c) Total Receipts (from Line 19)	\$ <u>37,323.70</u>	\$ <u>147,079.48</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <u>137,265.33</u>	\$ <u>201,782.33</u>
7. Total Disbursements (from Line 30)	\$ <u>11,482.96</u>	\$ <u>75,999.96</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <u>125,782.37</u>	\$ <u>125,782.37</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ <u>NONE</u>	For further information contact: Federal Election Commission 899 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ <u>NONE</u>	

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
OLIVER W. GREEN

Signature of Treasurer *Oliver W. Green* Date **5/14/97**

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

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

PAGE 2, FEC FORM 3X

NAME OF COMMITTEE Amalgamated Transit Union - COPE		REPORT COVERING PERIOD FROM: 4/1/87 TO: 4/30/87	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	.....	—	250.00
ii. Unitemized	.....	36,945.74	144,234.47
iii. Total	.....(add i and ii) >	36,945.74	144,484.47
b. Political Party Committees	.....	
c. Other Political Committees (such as PACs)	.....	
d. Total Contributions	.....(add a iii, b and c) >	36,945.74	144,484.47
12. Transfers From Affiliated/Other Party Committees	.....	
13. All Loans Received	.....	
14. Loan Repayments Received	.....	
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	.....	
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	.....	—	1,500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	.....	377.96	1,095.01
18. Transfers from Nonfederal Account for Joint Activity	.....	
19. Total Receipts	.....(add 11d, 12, 13, 14, 15, 16, 17, and 18) >	37,323.70	147,079.48
20. Total Federal Receipts	.....(subtract line 18 from line 19) >	37,323.70	147,079.48
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	.....	
ii. Non-Federal Share	.....	
b. Other Federal Operating Expenditures	.....	240.00	480.00
c. Total Operating Expenditures	.....(add a i, a ii, and b) >	240.00	480.00
22. Transfers to Affiliated/Other Party Committees	.....	3,742.86	23,742.96
23. Contributions to Federal Candidates/Committees and Other Political Committees	.....	6,700.00	48,875.00
24. Independent Expenditures (use Schedule E)	.....	
25. Coordinated Expenditures Made by Party Committees(2 U.S.C.441a(d)(use Schedule F)	.....	
26. Loan Repayments Made	.....	
27. Loans Made	.....	
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	.....	—	2.00
b. Political Party Committees	.....	
c. Other Political Committees (such as PACs)	.....	
d. Total Contribution Refunds	.....(add a, b and c) >	—	2.00
29. Other Disbursements	.....	800.00	2,900.00
30. Total Disbursements	.....(add 21c, 22, 23, 24, 25, 26, 27, 28d and 29) >	11,482.86	75,999.96
31. Total Federal Disbursements	.....(subtract line 21 a ii from line 30) >	11,482.86	75,999.96
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	.....	36,945.74	144,484.47
33. Total Contribution Refunds (from line 28d)	.....	—	2.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	.....	36,945.74	144,482.47
35. Total Federal Operating Expenditures	.....(add 21 a i and 21 b) >	240.00	480.00
36. Offsets to Operating Expenditures (from line 15)	.....	—	—
37. Net Operating Expenditures	.....(subtract line 36 from 35) >	240.00	480.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11 (a) (i)

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, Mailing Address and ZIP Code	Name of Employer	Day (month, day, year)	Amount of Each Disbursement This Period
Earle W. Putnam 9116 Coronado Terrace Fairfax, VA 22031 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Amalgamated Transit Union Occupation General Counsel - Retired Aggregate Year-to Date > \$ 250.00		0.00
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to Date > \$	Day (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to Date > \$	Day (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to Date > \$	Day (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to Date > \$	Day (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to Date > \$	Day (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to Date > \$	Day (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Receipts This Page (optional).....

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

0.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER 21(b)

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, Mailing Address and ZIP Code	Purpose of Disbursement	Day (month, day, year)	Amount of Each Disbursement This Period
NationsBank 1501 Pennsylvania Avenue, NW Washington, DC 20013	Lamp Fee Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	04/30/97	240.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Day (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Day (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Day (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Day (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Day (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Day (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Day (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Day (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional).....

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

240.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 22

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NAME OF COMMITTEE (In Full)

AMALGAMATED TRANSIT UNION - COPE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Transfer to Non-Federal Account	Day (month, day, year)	Amount of Each Disbursement This Period
ATU New York COPE Fund Staten Island Savings Bank 43 Richmond Hill Road Staten Island, NY 10314	Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	4/8/97	1,742.96
B. Full Name, Mailing Address and ZIP Code NationsBank Special Holding Account 1501 Pennsylvania Avenue, NW Washington, DC 20013	Purpose of Disbursement Transfer to Non-Federal Account Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	04/30/97	2,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Day (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Day (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Day (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Day (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Day (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Day (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Day (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional).....

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

3,742.96

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

PAGE 1 OF 2
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

AMALGAMATED TRANSIT UNION - COPE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Day (month, day, year)	Amount of Each Disbursement This Period
Menendez for Congress P. O. Box 848 Union City, NJ 07087 NJ	Campaign Contribution	4/3/97	500.00
	Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)		
McNulty for Congress Committee P.O. Box 1580 Green Island, NY 12183 NY	Campaign Contribution	4/3/97	500.00
	Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)		
Feingold Senate Committee P.O. Box 820062 Middleton, WI 53562 WI	Campaign Contribution	4/3/97	1,000.00
	Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)		
Carol Moseley-Braun for US Senate 54 West Hubbard Street, #400 Chicago, IL 60610 IL	Campaign Contribution	4/3/97	500.00
	Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)		
DeGette for Congress, Inc. P.O. Box 75214 Washington, DC 20013-5214 CO	1996 Debt Retirement	4/8/97	500.00
	Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)		
Jesse L. Jackson, Jr. for Congress 421 New Jersey Avenue, NW Washington, DC 20001 IL	Campaign Contribution	4/8/97	500.00
	Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)		
Barrett for Congress P.O. Box 40282 Washington, DC 20016 WI	Campaign Contribution	4/10/97	500.00
	Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)		
Friends of Congressman George Miller P.O. Box 5864 Concord, CA 94524 CA	Campaign Contribution	4/23/97	200.00
	Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)		
Hoyer for Congress Committee 7905 Malcolm Road, Suite 102 Clinton, MD 20735 MD	Campaign Contribution	4/23/97	1,000.00
	Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)		

SUBTOTAL of Disbursements This Page (optional).....

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

PAGE 2 OF 2
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

AMALGAMATED TRANSIT UNION - COPE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Day (month, day, year)	Amount of Each Disbursement This Period
Wynn for Congress P.O. Box 5323 Capitol Heights, MD 20791-5323 MD	Campaign Contribution Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/23/97	1,000.00
Louise Slaughter Re-Election Comm. P.O. Box 14117 Rochester, NY 14614 NY	Campaign Contribution Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/24/97	500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Day (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Day (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Day (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Day (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Day (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Day (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Day (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional).....

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

6,700.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

AMALGAMATED TRANSIT UNION - COPE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Day (month, day, year)	Amount of Each Disbursement This Period
Pete DeFazio for Sheriff Committee P.O. Box 95005 Pittsburgh, PA 15223	Campaign Contribution Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General PA <input type="checkbox"/> Other (specify)	4/21/97	200.00
Joyce for Judge 87 Committee 200 Dinsmore Avenue Pittsburgh, PA 15205	Campaign Contribution Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General PA <input type="checkbox"/> Other (specify)	4/24/97	200.00
DeLuca for Legislator Committee 1416 Barbara Drive Verona, PA 15147	Campaign Contribution Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General PA <input type="checkbox"/> Other (specify)	4/24/97	200.00
People to Elect John "Jack" Bova District Justice 3890 Frederick Street Pittsburgh, PA 15227	Campaign Contribution Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General PA <input type="checkbox"/> Other (specify)	4/24/97	200.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Day (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Day (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Day (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Day (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Day (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional).....

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

800.00

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	DATE OF RECEIPT 5-14-97
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House Office of Records and Registration	DATE OF RECEIPT
<input type="checkbox"/> Received from the Senate Office of Public Records	DATE OF RECEIPT
<input type="checkbox"/> Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

SL

5-14-97

PREPARER

DATE PREPARED