Image# 201708179070394121				00/17/2017 22 . 23
FEC FORM 1	STATEMEI ORGANIZ			PAGE 1 / 4 —
				Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Amalgamated T	ransit Union - CC)PE		
ADDRESS (number and street)	10000 New Hampshire Ave.			
(Check if address				
is changed)	Silver Spring		MD 20	0903
			STATE ▲	
COMMITTEE'S E-MAIL ADDI	RESS			
(Check if address is changed)	admin@evanskatz.com	n		
is changed)	Optional Second E-Mail Ad	dress		
	asimanova@atu.org			
COMMITTEE'S WEB PAGE A (Check if address is changed)	ADDRESS (URL)			
2. DATE 08	17 ^Y Y Y Y Y 2017			
3. FEC IDENTIFICATION	NUMBER ► C C	00032995		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examined	I this Statement and to the best	of my knowledge and belief i	t is true, correct ar	nd complete.
Type or Print Name of Treasu	Irer Owens, Oscar, , ,			
Signature of Treasurer	vens, Oscar, , ,	[Electronically Filed]	Date 08	/ D D / Y Y Y Y 17 2017
NOTE: Submission of false, err	oneous, or incomplete information ANY CHANGE IN INFORMATI	may subject the person signing		e penalties of 2 U.S.C. §437g
Office Use Only		For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	contact:	FEC FORM 1 (Revised 06/2012)

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TYPE OF COMMITTEE	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information be	low.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (information below.)	Complete the candidate
Name of Candidate	
Candidate Office Party Affiliation Office Sought: House Senate Presider	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee	е.
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Political Action Committee (PAC):	
(e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its	s connected organization is
Corporation Vo Capital Stock	Labor Organization
Membership Organization Trade Association	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separat committee. (i.e., nonconnected committee)	te segregated fund or part
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds f committees/organizations, at least one of which is an authorized committee of a federal candid	
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	or two or more political
Committees Participating in Joint Fundraiser	
1 FEC ID number C	
2 FEC ID number	
3 FEC ID number	
4	

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

Amalgamated Transit Union - COPE

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

	Amalgamated Transit							
L								
	Mailing Address	10000 New Hampshire Ave.						
		Silver Spring			MD	20903	<u> </u>	
		CITY			STATE		ZIP CODE	
7.		d Organization Affiliated Commi		_	Representat		eadership PA	
	Owens, C	scar, , ,	 					
	Full Name	10000 New Hampshire Ave.						
	Mailing Address							
		Silver Spring			MD	20903		
	Title or Position	CITY			STATE		ZIP CODE	
	Treasurer				I 30	01	431	7100

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Telephone number

Full Name of Treasurer	Owens, Oscar, , ,
Mailing Address	10000 New Hampshire Ave.
	Silver Spring MD 20903
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number 301 - 431 - 7100

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Full Name of Designated Agent																			I			1		I								
Mailing Address																																
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																												1				
	CITY								STATE ZIP CODE																							
Title or Position																																
																Tele	eph	one	e ni	umt	ber											

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name	of	Bank,	Depository,	etc.
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Citiban	k F.S.B.		
Mailing Address	5001 Wisconsin Ave. NW		
	Washington	DC 20016	
	CITY	STATE ZIF	P CODE
Name of Bank, Depository, e	etc.		
Mailing Address			
	CITY	STATE ZIF	P CODE