



Amalgamated Transit Union

5025 Wisconsin Ave., N.W., Washington, D.C. 20016-4139
202-537-1645 Fax 202-244-7824

Office of the International Secretary-Treasurer

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

MAR 10 12 39 PM '99

March 10, 1999

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

RE: **MARCH 1999
MONTHLY REPORT**

Dear Sir or Madam:

Enclosed please find the March 1999 Report covering the reporting period of February 1, 1999 through February 28, 1999 for Amalgamated Transit Union - COPE.

Trusting this meets with your satisfaction, I am

Sincerely,

Oliver W. Green
International Secretary-Treasurer/
ATU COPE Director

/fsg
Enclosure



REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(SUMMARY PAGE)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

MAR 10 12 33 PM '99

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>2/1/99</u> through <u>2/28/99</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 93,005.14
(b) Cash on Hand at Beginning of Reporting Period	\$ 113,812.81	
(c) Total Receipts (from Line 19)	\$ 43,406.96	74,314.63
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 157,219.77	\$ 167,319.77
7. Total Disbursements (from Line 30)	\$ 24,038.38	\$ 34,136.38
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 133,183.41	\$ 133,183.41
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ NONE	For further information contact: Federal Election Commission 999 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)	\$ NONE	

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 **3/10/99**

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: 2/1/99 TO: 2/28/99	
	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)	515.00	515.00
II. Unitemized	42,473.61	73,049.22
iii. Total	42,988.61	73,564.22
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions	42,988.61	73,564.22
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		
17. Other Federal Receipts (Dividends, Interest, etc.)	418.35	750.41
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts	43,406.96	74,314.63
20. Total Federal Receipts	43,406.96	74,314.63
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	3,422.00	3,422.00
c. Total Operating Expenditures	3,422.00	3,422.00
22. Transfers to Affiliated/Other Party Committees	7,414.36	9,514.36
23. Contributions to Federal Candidates/Committees and Other Political Committees	8,500.00	17,000.00
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. Individual/Persons Other Than Political Committees	0.00	0.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds	0.00	0.00
29. Other Disbursements	3,700.00	4,200.00
30. Total Disbursements	24,036.36	34,136.36
31. Total Federal Disbursements	24,036.36	34,136.36
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	42,988.61	73,564.22
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	42,988.61	73,564.22
35. Total Federal Operating Expenditures	3,422.00	3,422.00
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00
37. Net Operating Expenditures	3,422.00	3,422.00

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 Earle W. Putnam 916 Coronado Terrace Fairfax, VA 220131-3832	Name of Employer Amalgamated Transit Union	Day (month, day, year) 2/8/99	Amount of Each Disbursement This Period 250.00
	Occupation Retired - General Counsel	Aggregate Year-to Date > \$ 250.00	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):		
B. Full Name, Mailing Address and ZIP Code Edward F. Rodgers, Jr. 100 Lake Shore Drive Warwick, RI 02889-1651	Name of Employer Rhode Island Public Transit Authority	Day (month, day, year) 2/16/99	Amount of Each Disbursement This Period 265.00
	Occupation Transit Worker	Aggregate Year-to Date > \$ 265.00	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
C. Full Name, Mailing Address and ZIP Code 	Name of Employer 	Day (month, day, year) 	Amount of Each Disbursement This Period
	Occupation 	Aggregate Year-to Date > \$	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
D. Full Name, Mailing Address and ZIP Code 	Name of Employer 	Day (month, day, year) 	Amount of Each Disbursement This Period
	Occupation 	Aggregate Year-to Date > \$	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
E. Full Name, Mailing Address and ZIP Code 	Name of Employer 	Day (month, day, year) 	Amount of Each Disbursement This Period
	Occupation 	Aggregate Year-to Date > \$	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
F. Full Name, Mailing Address and ZIP Code 	Name of Employer 	Day (month, day, year) 	Amount of Each Disbursement This Period
	Occupation 	Aggregate Year-to Date > \$	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
G. Full Name, Mailing Address and ZIP Code 	Name of Employer 	Day (month, day, year) 	Amount of Each Disbursement This Period
	Occupation 	Aggregate Year-to Date > \$	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
SUBTOTAL of Receipts This Page (optional).....			
TOTAL This Period (last page this line number only).....			515.00

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
U. S Treasury Department Hand delivered to: John Wisniewski Internal Revenue Service Agent	Tax Payment Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	2/26/99	587.00
U. S Treasury Department Hand delivered to: John Wisniewski Internal Revenue Service Agent	Tax Payment Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	2/26/99	974.00
U. S Treasury Department Hand delivered to: John Wisniewski Internal Revenue Service Agent	Tax Payment Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	2/26/99	1,861.00
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).....

3,422.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 22

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
Citibank, F.S.B. Special Holding Account P.O. Box 19748 Washington, DC 20036-0748	Transfer to Non-Federal Account Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	2/16/99	6,283.70
Citibank, F.S.B. Special Holding Account P.O. Box 19748 Washington, DC 20036-0748	Transfer to Non-Federal Account Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	2/19/99	270.97
Citibank, F.S.B. Special Holding Account P.O. Box 19748 Washington, DC 20036-0748	Transfer to Non-Federal Account Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	2/23/99	598.50
Citibank, F.S.B. Special Holding Account P.O. Box 19748 Washington, DC 20036-0748	Transfer to Non-Federal Account Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	2/24/99	261.19
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).....

7,414.36

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
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
Gutierrez for Congress 2300 West Wabansia, Suite 334 Chicago, IL 60647 IL	Void Check - Never Cashed	(12/4/98)	(500.00)
	Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) 2000	2/3/99	
Citizens for Harkin 426 C Street, NE Washington, DC 20002 IA	Campaign Contribution	2/3/99	2,500.00
	Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) 2002		
Rodriguez for Congress 363 West Harding San Antonio, TX 78214 TX	Campaign Contribution	2/3/99	500.00
	Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) 2000		
Fattah for Congress 2043 Walnut Street Philadelphia, PA 19103 PA	Campaign Contribution	2/3/99	500.00
	Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) 2000		
TTD-PAC 1000 Vermont Avenue, NW, Suite 900 Washington, DC 20005 DC	Contribution	2/3/99	2,500.00
	Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)		
CBC-PAC P.O. Box 2884 Washington, DC 20013 DC	Contribution	2/12/99	500.00
	Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)		
Martin Frost Campaign Committee P.O. Box 75214 Washington, DC 20013-5214 TX	Campaign Contribution	2/22/99	1,500.00
	Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) 2000		
Diana DeGatte for Congress, Inc. P.O. Box 75214 Washington, DC 20013-5214 CO	Campaign Contribution	2/22/99	500.00
	Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) 2000		
Eva Clayton for Congress Committee 307 West Franklin Street Warrenton, NC 27588 NC	Campaign Contribution	2/22/99	500.00
	Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) 2000		

SUBTOTAL of Disbursements This Page (optional).....	8,500.00
TOTAL This Period (last page this line number only).....	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the 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
New Democrat Network 501 Capitol Court, NE, Suite 200 Washington, DC 20002 DC	Contribution Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	2/3/98	1,000.00
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)	1,000.00
TOTAL This Period (last page this line number only)	9,500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
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
Committee to Elect Richard King 435 Sinton Avenue Pittsburgh, PA 15210 PA	Campaign Contribution	2/3/99	300.00
	Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
B. Full Name, Mailing Address and ZIP Code Committee to ReElect Gigi Sullivan Terrence Sullivan - Treasurer 122 Bucknell Drive Springdale, PA 15144 PA	Campaign Contribution	2/3/99	300.00
	Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code Committee to Elect James E. Russo 190 Ohio River Boulevard Box 153 Leetsdale, PA 15056 PA	Campaign Contribution	2/5/99	200.00
	Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code Wecht 2000 West Penn Building 14 Wood Street Pittsburgh, PA PA	Campaign Contribution	2/12/99	500.00
	Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code DeFazio for Council 1945 Lincoln Highway North Versailles, PA 15137 PA	Campaign Contribution	2/22/99	250.00
	Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code Friends of Bob O'Connor 5670 Phillips Avenue Pittsburgh, PA 15217 PA	Campaign Contribution	2/22/99	250.00
	Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code Committee to Elect Michael Coyne 217 East 15th Avenue Homestead, PA 15210 PA	Campaign Contribution	2/22/98	100.00
	Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code Committee to Elect Tommy Adkisson 2933 Southcross Boulevard San Antonio, TX 78223 TX	Campaign Contribution	2/22/99	500.00
	Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000		
I. Full Name, Mailing Address and ZIP Code Allegheny County Democratic Comm. 4825 Butler Street, 2nd Floor Pittsburgh, PA 15201 PA	Campaign Contribution	2/23/99	1,000.00
	Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

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

3,400.00

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2
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
Committee to Re-Elect Judge Dzvonick 814 Argonne Avenue Pittsburgh, PA 15223 PA	Campaign Contribution Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	2/25/99	200.00
B. Full Name, Mailing Address and ZIP Code Friends of Rick Schwartz 773 Providence Drive Pittsburgh, PA 15239 PA	Campaign Contribution Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	2/26/99	100.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General 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 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 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 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 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 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 Other (specify)	Day (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	3,700.00

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 <i>3-10-99</i>
<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
<input type="checkbox"/> Electronic Filing	
<i>SS</i> PREPARER	<i>3-10-99</i> DATE PREPARED