



Amalgamated Transit Union

5025 Wisconsin Ave., N.W., Washington, D.C. 20016-4
202-537-1645

Dec 20 9 31 AM '93

Office of the International Secretary-Treasurer

December 20, 1993

Public Records Office
Federal Election Commission
999 E Street, N.W.
Washington, D. C. 20463

Dear Sir:

Enclosed please find a copy of the amended October 1993 report covering the period of September 1, 1993, through September 30, 1993 for Amalgamated Transit Union-COPE. Schedule B has been changed to show, Debt Retirement (1992) for, "Filner for Congress".

Trusting this meets with your satisfaction, I am

Sincerely,

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

/ahw
Enclosure

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Amalgamated Transit Union		2. FEC IDENTIFICATION NUMBER C 00032995
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 5025 Wisconsin Avenue, NW		3. <input type="checkbox"/> This committee qualified as a multicandidate committee DURING THIS Reporting Period of _____ (date).
CITY, STATE and ZIP CODE Washington, DC 20016		

4. TYPE OF REPORT

(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

Monthly Report Due On:

<input type="checkbox"/> February 20	<input type="checkbox"/> June 20	<input checked="" type="checkbox"/> October 20
<input type="checkbox"/> March 20	<input type="checkbox"/> July 20	<input type="checkbox"/> November 20
<input type="checkbox"/> April 20	<input type="checkbox"/> August 20	<input type="checkbox"/> December 20
<input type="checkbox"/> May 20	<input type="checkbox"/> September 20	<input type="checkbox"/> 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>9/1/93</u> through <u>9/30/93</u>		
6. (a) Cash on Hand January 1, 1993			\$ 58,977.81
(b) Cash on Hand at Beginning of Reporting Period		\$ 101,270.77	
(c) Total Receipts (from Line 19)		\$ 24,454.87	\$ 244,408.66
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 125,725.64	\$ 303,386.47
7. Total Disbursements (from Line 30)		\$ 29,200.00	\$ 206,860.83
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 96,525.64	\$ 96,525.64
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 888 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-376-3120
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		Date 12/20/93	
Signature of Treasurer <i>Oliver W. Green</i>			

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

FEC FORM 3X

(revised 1/1991)

93038694151

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 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 Ronald J. Compton 2068 Monroe Street Santa Clara, CA 95050 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer Santa Clara County Transit District Occupation Operator Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 9/7/93	Amount of Each Receipt this Period 50.00
B. Full Name, Mailing Address and ZIP Code William G. McLean 594 Lochburry Court San Jose, CA 95123 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer Santa Clara County Transit District Occupation Operator Aggregate Year-to-Date > \$ 333.19	Date (month, day, year) 9/7/93	Amount of Each Receipt this Period 51.26
C. Full Name, Mailing Address and ZIP Code Alejandro F. Arellano 126 Jacqua Street Chula Vista, CA 91911 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer San Diego Transit Corp. Occupation Operator Aggregate Year-to-Date > \$ 280.00	Date (month, day, year) 9/20/93	Amount of Each Receipt this Period 42.00
D. Full Name, Mailing Address and ZIP Code Jerry L. Kleiboeker 50515 Comanche #L La Mesa, CA 91941 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer San Diego Transit Corp. Occupation Operator Aggregate Year-to-Date > \$ 342.00	Date (month, day, year) 9/20/93	Amount of Each Receipt this Period 27.00
E. Full Name, Mailing Address and ZIP Code Lorenzo L. Jones 830 South Saratoga Avenue #C202 San Jose, CA 95129 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer Santa Clara County Transit District Occupation Operator Aggregate Year-to-Date > \$ 219.95	Date (month, day, year) 9/7/93	Amount of Each Receipt this Period 42.54
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 > \$	Date (month, day, year)	Amount of Each Receipt 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 > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

212.80

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules
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Detailed Summary PagePAGE OF
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FOR LINE NUMBER
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NAME OF COMMITTEE (in Full)

Amalgamated Transit Union - COPE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Wofford for Senate 501 Capitol Ct., NE Suite 200 Washington, DC 20002 PA	Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/93	500.00
B. Full Name, Mailing Address and ZIP Code Filner For Congress 216 7th Street, SE Washington, DC 20003 CA	Purpose of Disbursement Debt Retirement (1992) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	9/23/93	1,000.00
C. Full Name, Mailing Address and ZIP Code Hamburg for Congress 216 7th Street, SE Washington, DC 20003 CA	Purpose of Disbursement Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/23/93	1,000.00
D. Full Name, Mailing Address and ZIP Code Committee to Elect Sam Copper- smith P.O. Box 1978 Tempe, AZ 85280 AZ	Purpose of Disbursement Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/22/93	500.00
E. Full Name, Mailing Address and ZIP Code Meek for Congress 216 7th Street, SE Washington, DC 20003 FL	Purpose of Disbursement Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/22/93	500.00
F. Full Name, Mailing Address and ZIP Code The Reed Committee P.O. Box 8628 Cranston, RI 02920 RI	Purpose of Disbursement Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/22/93	1,000.00
G. Full Name, Mailing Address and ZIP Code Barbara Boxer for US Senate 5200 W. Century Blvd, #254 Los Angeles, CA 90045 CA	Purpose of Disbursement Debt Retirement (92) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	9/22/93	1,000.00
H. Full Name, Mailing Address and ZIP Code Cong. Floyd H. Flake Campaign Committee P.O. Box 2290 Jamaica, NY 11431 NY	Purpose of Disbursement Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/17/93	200.00
I. Full Name, Mailing Address and ZIP Code Klein for Congress 3101 S. Manchester St., #320 Falls Church, VA 22044 NJ	Purpose of Disbursement Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/15/93	500.00

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 PagePAGE 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 Bob Wise for Congress 104 N. West Street Alexandria, VA 22314 WV	Purpose of Disbursement Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/15/93	Amount of Each Disbursement This Period 1,000.00
B. Full Name, Mailing Address and ZIP Code Durbin for Congress 555 New Jersey Ave., NW #201 Washington, DC 20001 IL	Purpose of Disbursement Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/10/93	Amount of Each Disbursement This Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Clayton for Congress 230 G Street, N.E. Washington, DC 20002 NC	Purpose of Disbursement Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/10/93	Amount of Each Disbursement This Period 500.00
D. Full Name, Mailing Address and ZIP Code Friends of Lipinski 5838 S. Archer Avenue Chicago, IL 60638 IL	Purpose of Disbursement Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/10/93	Amount of Each Disbursement This Period 500.00
E. Full Name, Mailing Address and ZIP Code Marjorie Margolies-Mezvinsky for Congress 216 Seventh St., SE Washington, DC 20003	Purpose of Disbursement Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/10/93	Amount of Each Disbursement This Period 1,000.00
F. Full Name, Mailing Address and ZIP Code Carolyn Maloney for Congress 216 7th St., SE Washington, DC 20003 NY	Purpose of Disbursement Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/10/93	Amount of Each Disbursement This Period 500.00
G. Full Name, Mailing Address and ZIP Code Friends of Bud Cramer 216 7th St., SE Washington, DC 20003 AL	Purpose of Disbursement Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/10/93	Amount of Each Disbursement This Period 500.00
H. Full Name, Mailing Address and ZIP Code Mineta for Congress Comm. 1245 Winchester Blvd, #314 San Jose, CA 95128 CA	Purpose of Disbursement Campaign Fundraiser Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Date (month, day, year) 9/9/93	Amount of Each Disbursement This Period 500.00
I. Full Name, Mailing Address and ZIP Code Bacerra for Congress 555 New Jersey Ave, NW #201 Washington, DC 20001 CA	Purpose of Disbursement Debt Retirement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Date (month, day, year) 9/7/93	Amount of Each Disbursement This Period 500.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

12,200.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (in Full)

Amalgamated Transit Union - COPE

A. Full Name, Mailing Address and ZIP Code American Security 1501 Pennsylvania Ave, NW Washington, DC 20013	Purpose of Disbursement Trans to Non-Fed Acc. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/30/93	Amount of Each Disbursement This Period 17,000.00
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)	Date (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)	Date (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)	Date (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)	Date (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)	Date (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)	Date (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)	Date (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)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (list page this line number only)

17,000.00

233038694156

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
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E.S.
PREPARER

12/20/93
DATE PREPARED

23038624157