



# Amalgamated Transit Union

5025 Wisconsin Ave., N.W., Washington, D.C. 20016-4139  
202-537-1645 Fax 202-244-7874

Office of the International Secretary-Treasurer

SEP 20 4 35 PM '98

September 20, 1999

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

**RE: SEPTEMBER 1999  
MONTHLY REPORT**

Dear Sir or Madam:

Enclosed please find the September 1999 Report covering the reporting period of August 1, 1999 through August 31, 1999 for Amalgamated Transit Union - COPE.

Trusting this meets with your satisfaction, I am

Sincerely,

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

/npc  
Enclosure

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(SUMMARY PAGE)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

SEP 20 4 35 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>8/1/99</u> through <u>8/31/99</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>		\$ <u>83,005.14</u>
(b) Cash on Hand at Beginning of Reporting Period	\$ <u>139,789.08</u>	
(c) Total Receipts (from Line 19)	\$ <u>29,893.24</u>	\$ <u>299,188.82</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <u>169,482.32</u>	\$ <u>392,193.96</u>
7. Total Disbursements (from Line 20)	\$ <u>1,650.00</u>	\$ <u>224,361.64</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <u>167,832.32</u>	\$ <u>167,832.32</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 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-8420
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  
**8/20/99**

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 <b>Amalgamated Transit Union - COPE</b>	REPORT COVERING PERIOD FROM: 8/1/89 TO: 8/31/89	
	COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A) .....	203.41	3,249.78
ii. Unitemized .....	28,810.89	281,119.45
iii. Total .....(add i and ii) >	29,014.30	284,369.23
b. Political Party Committees .....		
c. Other Political Committees (such as PACs) .....		
d. Total Contributions .....(add a ii, b and c) >	29,014.30	284,369.23
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.) .....	878.94	4,818.59
18. Transfers from Nonfederal Account for Joint Activity .....		
19. Total Receipts .....(add 11d, 12, 13, 14, 15, 16, 17, and 18) >	29,893.24	289,188.82
20. Total Federal Receipts .....(subtract line 18 from line 19) >	29,893.24	289,188.82
<b>II. Disbursements</b>		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share .....		
ii. Non-Federal Share .....		
b. Other Federal Operating Expenditures .....	0.00	9,362.67
c. Total Operating Expenditures .....(add a i, a ii, and b) >	0.00	9,362.67
22. Transfers to Affiliated/Other Party Committees .....	0.00	30,548.97
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	0.00	173,450.00
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 .....	1,850.00	11,000.00
b. Political Party Committees .....		
c. Other Political Committees (such as PACs) .....		
d. Total Contribution Refunds .....(add a, b and c) >	1,850.00	11,000.00
29. Other Disbursements .....		
30. Total Disbursements .....(add 21c, 22, 23, 24, 25, 26, 27, 28d and 29) >	1,850.00	224,381.64
31. Total Federal Disbursements .....(subtract line 21 a ii from line 30) >	1,850.00	224,381.64
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans)(from line 11d) .....	29,014.30	284,369.23
33. Total Contribution Refunds (from line 28d) .....	1,850.00	11,000.00
34. Net Contributions (other than loans)(subtract line 33 from 32) .....	27,364.30	283,369.23
35. Total Federal Operating Expenditures .....(add 21 a i and 21 b) >	0.00	9,362.67
36. Offsets to Operating Expenditures (from line 15) .....	0.00	0.00
37. Net Operating Expenditures .....(subtract line 36 from 35) >	0.00	9,362.67

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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
WILLIAM G. MC LEAN 594 LOCHBURY COURT SAN JOSE, CA 95123-1324	SANTA CLARA COUNTY TRANSIT DISTRICT	08/09/99	29.37
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation TRANSIT WORKER	Aggregate Year-to Date > \$ 233.24	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Day (month, day, year)	Amount of Each Disbursement This Period
LORETTA A SPRINGER 1800 DECKER AVENUE SAN MARTIN, CA 95046-9633	SANTA CLARA COUNTY TRANSIT DISTRICT	08/09/99	28.04
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation TRANSIT WORKER	Aggregate Year-to Date > \$ 222.68	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Day (month, day, year)	Amount of Each Disbursement This Period
CRAIG D WHITEHEAD 6348 MONTGOMERY ROAD, #14 CINCINNATI, OH 45213-1425	SW OHIO REGIONAL TRANSIT AUTHORITY	08/20/99	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation TRANSIT WORKER	Aggregate Year-to Date > \$ 225.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Day (month, day, year)	Amount of Each Disbursement This Period
HERBERT S DILL 5215 ADKINS ST LOUIS, MO 63116-2320	BI-STATE DEVELOPMEN AGENCY	08/23/99	40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation TRANSIT WORKER	Aggregate Year-to Date > \$ 230.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Day (month, day, year)	Amount of Each Disbursement This Period
JERRY L KLEIBOEKER 5015 COMANCHE #L LA MESA, CA 91941-3521	SAN DIEGO TRANSIT CORPORATION	08/03/99	44.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation TRANSIT WORKER	Aggregate Year-to Date > \$ 341.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Day (month, day, year)	Amount of Each Disbursement This Period
DENNIS L MC KAY 3221 BANCROFT #33 SPRING VALLEY, CA 91977-2616	SAN DIEGO TRANSIT CORPORATION	08/03/99	32.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation TRANSIT WORKER	Aggregate Year-to Date > \$ 248.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Day (month, day, year)	Amount of Each Disbursement This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to Date > \$	

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

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

203.41

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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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
Friends of Bob O'Connor 5670 Phillips Avenue Pittsburgh, PA 15217 PA	Bob O'Connor, Local County Council	8/13/99	50.00
	Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)		
B. Full Name, Mailing Address and ZIP Code The Committee to Elect Tallani 339 Ballies Run Road Creighton, PA 15030 PA	Tony Tallani, Local County Council	8/24/99	100.00
	Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)		
C. Full Name, Mailing Address and ZIP Code Committee to Elect Debra Todd P.O. Box 2286 Pittsburgh, PA 15230 PA	Debra Todd, State Superior Court	8/24/99	1,000.00
	Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)		
D. Full Name, Mailing Address and ZIP Code Schiller for Superior Court 312 Boulevard of the Allies Pittsburgh, PA 15222 PA	Berle M. Schiller, State Superior Court	8/24/99	500.00
	Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Day (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Day (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Day (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Day (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Day (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)		

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

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

1,650.00

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>9-20-99</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>SEL</i> PREPARER	<i>9-21-99</i> DATE PREPARED