



# Amalgamated Transit Union

5025 Wisconsin Ave., N.W., Washington, D.C. 20016-4131 PH '99  
202-537-1645 Fax 202-244-7824

Office of the International Secretary-Treasurer

February 17, 1999

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

Dear Sir or Madam:

Enclosed please find the February 1999 Report covering the period of January 1, 1999 through January 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

Msg  
Enclosure



# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(SUMMARY PAGE)

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
PUBLIC DISCLOSURE  
DIVISION

FEB 17 12 11 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

(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

(b) Is this Report an Amendment?  YES  NO

Monthly Report Due On:

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 \_\_\_\_\_

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>1/1/99</u> through <u>1/31/99</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 93,005.14
(b) Cash on Hand at Beginning of Reporting Period	\$ 93,005.14	
(c) Total Receipts (from Line 19)	\$ 30,907.67	\$ 30,907.67
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 123,912.81	\$ 123,912.81
7. Total Disbursements (from Line 30)	\$ 10,100.00	\$ 10,100.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 113,812.81	\$ 113,812.81
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ NONE	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ NONE	

For further information contact:  
Federal Election Commission  
880 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-219-3420

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 **2/17/99**

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: 1/1/98 TO: 1/31/98	
		COLUMN A	COLUMN B
		Total This Period	Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A) .....		0.00	0.00
ii. Unitemized .....		30,575.61	30,575.61
iii. Total .....	(add i and ii) >	30,575.61	30,575.61
b. Political Party Committees .....			
c. Other Political Committees (such as PACs) .....			
d. Total Contributions .....	(add a ii, b and c) >	30,575.61	30,575.61
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.) .....		332.06	332.06
18. Transfers from Nonfederal Account for Joint Activity .....			
19. Total Receipts .....	(add 11d, 12, 13, 14, 15, 16, 17, and 18) >	30,907.67	30,907.67
20. Total Federal Receipts .....	(subtract line 18 from line 19) >	30,907.67	30,907.67
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share .....			
ii. Non-Federal Share .....		0.00	0.00
b. Other Federal Operating Expenditures .....		0.00	0.00
c. Total Operating Expenditures .....	(add a i, a ii, and b) >	2,100.00	2,100.00
22. Transfers to Affiliated/Other Party Committees .....		7,500.00	7,500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees .....			
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 .....	(add a, b and c) >	500.00	500.00
29. Other Disbursements .....		10,100.00	10,100.00
30. Total Disbursements .....	(add 21c, 22, 23, 24, 25, 26, 27, 28d and 29) >	10,100.00	10,100.00
31. Total Federal Disbursements .....	(subtract line 21 a ii from line 30) >		
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d) .....		30,575.61	30,575.61
33. Total Contribution Refunds (from line 28d) .....		0.00	0.00
34. Net Contributions (other than loans)(subtract line 33 from 32) .....		30,575.61	30,575.61
35. Total Federal Operating Expenditures .....	(add 21 a i and 21 b) >	0.00	0.00
36. Offsets to Operating Expenditures (from line 15) .....		0.00	0.00
37. Net Operating Expenditures .....	(subtract line 36 from 35) >	0.00	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 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 Transfer to Non-Federal Account Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Day (month, day, year)	Amount of Each Disbursement This Period
Mercantile Bank Missouri COPE Fund P.O. Box 524 St. Louis, MO 63166-0524	Transfer to Non-Federal Account Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	1/28/99	2,100.00
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).....	2,100.00
TOTAL This Period (last page this line number only).....	2,100.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
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
Schumer for Senate 333 West 52nd Street, 6th Floor New York, NY 10019 NY	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 Debt	1/22/99	2,500.00
Klink for Congress P.O. Box 15491 Pittsburgh, PA 15237 PA	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 Debt	1/22/99	2,000.00
Berkley for Congress P.O. Box 7397 Las Vegas, NV 89125 NV	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 Debt	1/22/99	1,000.00
The Bud Shuster for Congress Comm. P.O. Box 25703 Alexandria, VA 22313 PA	Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	1/22/99	1,000.00
Friends of Kent Conrad P.O. Box 812 Bismark, ND ND	Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	1/28/99	1,000.00
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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7,500.00
<b>TOTAL</b> This Period (last page this line number only).....	7,500.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the 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
The Committee to Elect Mike Veon P.O. Box 327 Beaver Falls, PA 15010 <b>PA</b>	Campaign Contribution Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	1/22/99	500.00
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).....	500.00
TOTAL This Period (last page this line number only).....	500.00

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>2-17-99</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>SES</i> PREPARER	<i>2-17-99</i> DATE PREPARED