

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF  
COMMITTEE (in full)☐(Check if name  
is changed)Example: If typing, type  
over the lines

12FE4M5

**AMALGAMATED TRANSIT UNION-COPE**

ADDRESS (number and street)

**5025 WISCONSIN AVE. N.W.**☐(Check if address  
is changed)**WASHINGTON****DC****20016**

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

**oo7@atu.org**

COMMITTEE'S WEB PAGE ADDRESS (URL)

**None**

COMMITTEE'S FAX NUMBER

**2022447824**

2. DATE

M M  
0 1/ D D  
0 2/ Y Y Y Y  
2 0 0 7

3. FEC IDENTIFICATION NUMBER

**C C00032995**

4. IS THIS STATEMENT

☒

NEW (N)

OR

☐

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

**Mr. Oscar Owens**

Signature of Treasurer

Electronically Filed by **Mr. Oscar Owens**

Date

M M  
0 1/ D D  
0 5/ Y Y Y Y  
2 0 0 7

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 02/2003)

## 5. TYPE OF COMMITTEE (Check One)

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of  
CandidateCandidate  
Party AffiliationOffice  
Sought:

House

Senate

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of  
Candidate

- (d) ☐ This committee is a (National, State (or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) ☒ This committee is a separate segregated fund

- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

## 6. Name of Any Connected Organization or Affiliated Committee

AMALGAMATED TRANSIT UNION-COPE

Mailing Address

5025 WISCONSIN AVE. N.W.

WASHINGTON

DC

20016

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Common control

Type of Connected Organization:

- ☐ Corporation ☐ Corporation w/o Capital Stock ☒ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative

Write or Type Committee Name

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7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Mr. Oscar Owens**

Mailing Address **5025 Wisconsin Avenue, NW**

**Washington** **DC** **20016** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

**Treasurer** Telephone number **202** - **537** - **1645**

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).

Full Name of Treasurer **Mr. Oscar Owens**

Mailing Address **5025 Wisconsin Avenue, NW**

**Washington** **DC** **20016** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

**Treasurer** Telephone number **202** - **537** - **1645**

Full Name of Designated Agent **Mr. Oscar Owens**

Mailing Address **5025 Wisconsin Avenue, NW**

**Washington** **DC** **20016** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

**Treasurer** Telephone number **202** - **537** - **1645**

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.

Citibank, F.S.B.

Mailing Address

5001 Wisconsin Avenue, N.W.

Washington

DC

20016

CITY ▲

STATE ▲

ZIP CODE ▲