



RECEIVED
FEDERAL ELECTION
COMMISSION
ROOM

Amalgamated Transit Union

5025 Wisconsin Ave., N.W., Washington, D.C. 20016-4130
202-537-1645 Fax 202-244-7824

SEP 12 2 07 PM '95

Office of the International Secretary-Treasurer

September 12, 1995

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

Dear Sir:

Enclosed please find a copy of the September 1995 Report covering the period of August 1, 1995 through August 31, 1995 for Amalgamated Transit Union - COPE.

Trusting this meets with your satisfaction, I am

Sincerely,

Oliver W. Green
International Secretary-
Treasurer/COPE Director

/fsg
Enclosure

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

SEP 12 2 07 PM '95

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Amalgamated Transit Union - COPE		2. FEC IDENTIFICATION NUMBER C00032995
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 5025 Wisconsin Avenue, NW		
CITY, STATE and ZIP CODE Washington, DC 20026		
3. <input checked="" type="checkbox"/> 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

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 _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>8/1/95</u> through <u>8/31/95</u>		\$ 63,267.93
6. (a) Cash on Hand January 1, 19 <u>95</u>	\$ 105,859.73	
(b) Cash on Hand at Beginning of Reporting Period	\$ 30,688.55	\$ 257,941.25
(c) Total Receipts (from Line 19)	\$ 136,548.28	\$ 321,209.18
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 20,400.00	\$ 205,060.90
7. Total Disbursements (from Line 30)	\$ 116,148.28	\$ 116,148.28
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ NONE	
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
999 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
9/12/95

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

FEC FORM 3X
(revised 9/93)

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DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE Amalgamated Transit Union - COPE	REPORT COVERING PERIOD FROM 8/1/95 TO 8/31/95	
	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees	406.00	987.00
i. Itemized (use Schedule A)	29,785.84	253,880.15
ii. Unitemized	30,191.84	254,867.15
iii. Total (add i and ii) >		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) >	30,191.84	254,867.15
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.)	496.71	3,074.10
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	30,688.55	257,941.25
20. Total Federal Receipts (subtract line 18 from line 19) >	30,688.55	257,941.25
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share	240.00	765.90
b. Other Federal Operating Expenditures	240.00	765.90
c. Total Operating Expenditures (add a i, a ii, and b) >	10,000.00	75,000.00
22. Transfers to Affiliated/Other Party Committees	9,600.00	118,660.00
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		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) >	560.00	10,635.00
29. Other Disbursements	20,400.00	205,060.90
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	20,400.00	205,060.90
31. Total Federal Disbursements (subtract line 21 a k from line 30) >		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from line 11d	30,191.84	254,867.15
33. Total Contribution Refunds (from line 28d)	---	---
34. Net Contributions (other than loans) (subtract line 33 from 32)	30,191.84	254,867.15
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	240.00	765.90
36. Offsets to Operating Expenditures (from line 15)	---	---
37. Net Operating Expenditures (subtract line 36 from 35) >	240.00	765.90

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

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	Date (month, day, year)	Amount of Each Receipt this Period
Earle W. Putnam 9116 Coronado Terrace Fairfax, VA 22031	Amalgamated Transit Union	8/25/95	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation: General Counsel	Aggregate Year-to-Date > \$ 250.00	
John W. Campbell 791 Farm Drive, #2 San Jose, CA 95136	Santa Clara County Trans. District	8/3/95	55.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation: Operator	Aggregate Year-to-Date > \$ 445.00	
Olen W. Hagebusch 12 Sheryl Drive Fairview Heights, IL	Bi-State Development Agency	8/31/95	-0-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation: Operator	Aggregate Year-to-Date > \$ 250.00	
John C. Goldstein 3058 North Stowell Avenue Milwaukee, WI 53211	Milwaukee Transport Service, Inc.	8/21/95	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation: Operator	Aggregate Year-to-Date > \$ 240.00	
Lloyd Perkins, Sr. 4171 North 20th Street Milwaukee, WI 53209	Milwaukee Transport Service, Inc.	8/21/95	26.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation: Operator	Aggregate Year-to-Date > \$ 208.00	
Jerry L. Kleiboeker 5015 Comanche, #L LaMesa, CA 91941	San Diego Transit Corporation	8/28/95	45.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation: Operator	Aggregate Year-to-Date > \$ 324.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) 405.00
 TOTAL This Period (last page this line number only)

0
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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)

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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
NationsBank 1501 Pennsylvania Avenue, NW Washington, DC 20013	Lamp Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	8/31/95	240.00
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

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SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

240.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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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
NationsBank 1501 Pennsylvania Avenue, NW Washington, DC 20013	Transfer to Non-Fed Account Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	8/31/95	10,000.00
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 (last page this line number only)

10,000.00

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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	Date (month, day, year)	Amount of Each Disbursement This Period
People for English 208 G Street, NE Washington, DC 20002 PA	Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/3/95	1,000.00
B. Full Name, Mailing Address and ZIP Code Kaptur for Congress Committee P.O. Box 899 Toledo, OH 43697 OH	Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/3/95	1,000.00
C. Full Name, Mailing Address and ZIP Code Democratic Party of Illinois 1104 South 2nd Street Springfield, IL 62704 IL	Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/11/95	500.00
D. Full Name, Mailing Address and ZIP Code Specter '96 444 North Capitol Street, NW #517A Washington, DC 20001 PA	Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/15/95	2,500.00
E. Full Name, Mailing Address and ZIP Code Bob Ney for Congress P.O. Box 490 St. Clairsville, OH 43950 OH	Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/15/95	1,000.00
F. Full Name, Mailing Address and ZIP Code Coleman for Congress P.O. Box 75214 Washington, DC 20023-5214 TX	Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/15/95	2,500.00
G. Full Name, Mailing Address and ZIP Code Friends of Congressman Tim Holden P.O. Box 523024 Springfield, VA 22152 PA	Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/15/95	500.00
H. Full Name, Mailing Address and ZIP Code Dooley for Congress Committee 1560 Wilson Blvd, Suite 902 Arlington, VA 22209 CA	Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/16/95	500.00
I. Full Name, Mailing Address and ZIP Code Gutierrez for Congress 1324 North Wolcott, Suite 3 Chicago, IL 60622 IL	Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/31/95	100.00

SUBTOTAL of Disbursements This Page (optional)

9,600.00

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 1 OF 1
FOR LINE NUMBER 29

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

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Committee to Elect Bodack 4825 Butler Street, 2nd Floor Pittsburgh, PA 15201 PA	Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/25/95	100.00
B. Full Name, Mailing Address and ZIP Code O'Reilly for Judge Committee 107 Woodland Drive Pittsburgh, PA 15228-1217 PA	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/25/95	160.00
C. Full Name, Mailing Address and ZIP Code Bill DeWeese Campaign Committee P.O. Box 2000 Waynesburg, PA 15370 PA	Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/25/95	150.00
D. Full Name, Mailing Address and ZIP Code LaValle for State Senate Committee 423 Deer Lane Rochester, PA 15074 PA	Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/25/95	150.00
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)

560.00

TOTAL This Period (last page this line number only)

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.

Hand Delivered DATE OF RECEIPT
9-13-95

First Class Mail POSTMARKED

Registered/Certified Mail POSTMARKED

No Postmark

Postmark Illegible

Received from the House Office of Records
and Registration DATE OF RECEIPT

Received from the Senate Office of Public
Records DATE OF RECEIPT

Other (Specify): POSTMARKED

and/or DATE OF RECEIPT

JmH 9-13-95
PREPARER DATE PREPARED

9 5 3 9 : 6 5 3