



# Amalgamated Transit Union

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

Office of the International Secretary-Treasurer

May 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 May 1993 report covering the period of April 1, 1993, through April 30, 1993 for Amalgamated Transit Union-COPE.

Trusting this meets with your satisfaction, I am

Sincerely,

Oliver W. Green  
International Secretary-  
Treasurer/COPE Director

/ahw  
Enclosure

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# 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)  <u>Amalgamated Transit Union</u> ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported  <u>5025 Wisconsin Avenue, N.W.</u> CITY, STATE and ZIP CODE  <u>Washington, DC 20015</u>	MAY 20 1993  2. FEC IDENTIFICATION NUMBER  <u>C 00032995</u>  3. <input type="checkbox"/> This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).
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### 4. TYPE OF REPORT

(B) <input type="checkbox"/> April 15 Quarterly Report <input type="checkbox"/> July 15 Quarterly Report <input type="checkbox"/> October 15 Quarterly Report <input type="checkbox"/> January 31 Year End Report <input type="checkbox"/> July 31 Mid Year Report (Non-election Year Only)  <input type="checkbox"/> Termination Report	Monthly Report Due On: <input type="checkbox"/> February 20 <input type="checkbox"/> June 20 <input 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 checked="" type="checkbox"/> May 20 <input type="checkbox"/> September 20 <input type="checkbox"/> January 31  <input type="checkbox"/> Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____  <input type="checkbox"/> Thirtieth day report following the General Election on _____ in the State of _____
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(b) Is this Report an Amendment?     YES     NO

### SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>4/1/93</u> through <u>4/30/93</u>		
6. (a) Cash on Hand January 1, 19 <u>93</u>		\$ 58,977.91
(b) Cash on Hand at Beginning of Reporting Period	\$ 55,984.41	
(c) Total Receipts (from Line 19)	\$ 28,117.27	\$ 112,213.97
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 84,101.68	\$ 171,191.68
7. Total Disbursements (from Line 30)	\$ 19,730.83	\$ 106,820.83
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 64,370.85	\$ 64,370.85
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 202-376-3120

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

Date

5/20/93

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

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**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS  
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD	
Amalgamated Transit Union - COPE		FROM 4/1/93	TO 4/30/93
		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) .....	25.63	25.63	
ii. Unitemized .....	27,885.05	111,500.08	
iii. Total .....	27,910.68	111,625.71	(add i and ii) >
b. Political Party Committees .....			
c. Other Political Committees (such as PACs) .....			
d. Total Contributions .....	27,910.68	111,625.71	(add a iii, b and c) >
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.) .....	206.59	588.16	
18. Transfers from Nonfederal Account for Joint Activity .....			
19. Total Receipts .....	28,117.27	112,213.87	(add 11d, 12, 13, 14, 15, 16, 17, and 18) >
20. Total Federal Receipts .....	28,117.27	112,213.87	(subtract line 18 from line 19) >
<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 .....	240.00	480.00	
c. Total Operating Expenditures .....	240.00	480.00	(add a i, a ii, and b) >
22. Transfers to Affiliated/Other Party Committees .....			
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	6,475.00	53,225.00	
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 .....			
b. Political Party Committees .....			
c. Other Political Committees (such as PACs) .....			
d. Total Contribution Refunds .....			(add a, b and c) >
29. Other Disbursements .....	13,015.83	53,115.83	
30. Total Disbursements .....	19,730.83	106,820.83	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >
31. Total Federal Disbursements .....	19,730.83	106,820.83	(subtract line 21 a ii from line 30) >
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d) .....	27,910.68	111,625.71	
33. Total Contribution Refunds (from line 28d) .....	---	---	
34. Net Contributions (other than loans)(subtract line 33 from 32) .....	27,910.68	111,625.71	
35. Total Federal Operating Expenditures .....	240.00	480.00	(add 21 a i and 21 b) >
36. Offsets to Operating Expenditures (from line 15) .....	---	---	
37. Net Operating Expenditures .....	240.00	480.00	(subtract line 36 from 35) >

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SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) 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

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<p>A. Full Name, Mailing Address and ZIP Code William G. McLean 594 Lochburry Court San Jose, CA 95123</p>	<p>Name of Employer Santa Clara County Transit District</p>	<p>Date (month, day, year) 4/13/93</p>	<p>Amount of Each Receipt this Period 25.63</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):</p>	<p>Occupation Operator</p>	<p>Aggregate Year-to-Date &gt; \$ 205.04</p>	
<p>B. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation</p>	<p>Aggregate Year-to-Date &gt; \$</p>	
<p>C. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation</p>	<p>Aggregate Year-to-Date &gt; \$</p>	
<p>D. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation</p>	<p>Aggregate Year-to-Date &gt; \$</p>	
<p>E. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation</p>	<p>Aggregate Year-to-Date &gt; \$</p>	
<p>F. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation</p>	<p>Aggregate Year-to-Date &gt; \$</p>	
<p>G. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation</p>	<p>Aggregate Year-to-Date &gt; \$</p>	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

25.63

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) 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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mikulski for Senate P.O. Box 13147 Baltimore, MD 21203 MD	Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/23/93	600.00
B. Full Name, Mailing Address and ZIP Code Gephardt in Congress Committee 507 Capitol Ct, NE, Suite 100 Washington, DC 20002 MO	Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/16/93	1,500.00
C. Full Name, Mailing Address and ZIP Code Foglietta for Congress P.O. Box 15052 Washington, DC 20003-0052 PA	Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/16/93	1,000.00
D. Full Name, Mailing Address and ZIP Code Becerra for Congress 555 New Jersey Ave., NW, #201 Washington, DC 20001 CA	Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/16/93	500.00
E. Full Name, Mailing Address and ZIP Code Martin Frost Campaign Comm. 555 New Jersey Ave., NW, #201 Washington, DC 20001 TX	Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/16/93	500.00
F. Full Name, Mailing Address and ZIP Code Don Payne for Congress P.O. Box 2406 Newark, NJ 07114 NJ	Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/7/93	375.00
G. Full Name, Mailing Address and ZIP Code Bernie Thompson for Congress P.O. Box 100 Bolton, MS 39041 MS	Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/7/93	1,000.00
H. Full Name, Mailing Address and ZIP Code Committee to Re-elect Kweisi Mfume P.O. Box 2884 Washington, DC 20013 MD	Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/1/93	1,000.00
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) .....

6,475.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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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
Friends of Jules Melograne Comm. c/o ATU Local 85 1613 Penn Avenue Pittsburgh, PA 15222 PA	Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/23/93	1,000.00
Art Gilkes for Judge Comm. c/o ATU Local 85 1613 Penn Avenue Pittsburgh, PA 15222 PA	Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/23/93	200.00
Comm. to Re-Elect Charles M. Morrisey c/o ATU Local 85, 1613 Penn Pittsburgh, PA 15222 PA	Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/21/93	200.00
District Justice Mary G. Boyle Re-election Committee 1613 Penn Ave. Pittsburgh, PA 15222 PA	Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/23/93	200.00
Committee to Re-Elect E. McGraw c/o ATU Local 85 1613 Penn Avenue Pittsburgh, PA 15222 PA	Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/23/93	200.00
Richard Terrick Camp. Comm. c/o ATU Local 85 1613 Penn Avenue Pittsburgh, PA 15222 PA	Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/23/93	200.00
Comm. to Re-Elect Gene Coon 924 Center Oak Drive Pittsburgh, PA 15237 PA	Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/23/93	500.00
Lorenzo M. Medina 1025 Cardon El Paso, TX 79903 TX	Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/6/93	100.00
Ignacio Padilla 650 Hampton El Paso, TX 79907 TX	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/6/93	100.00

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

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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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
Raymond R. Telles 816 N. Piedras El Paso, TX 79903 TX	Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/6/93	100.00
B. Full Name, Mailing Address and ZIP Code C. S. "Dusty" Rhodes 10720 Adauto Court El Paso, TX 79935 TX	Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/6/93	100.00
C. Full Name, Mailing Address and ZIP Code Jesus "Chuy" Terrazas 2600 Richmond El Paso, TX 79930 TX	Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/6/93	100.00
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) .....

SCHEDULE B

ITEMIZED DISBURSEMENTS

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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
American Security 1501 Pennsylvania Ave., NW Washington, DC 20013	Trans. to Non-Fed Acc. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/30/93	10,015.83
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) .....	13,015.83



**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

*5-20-93*

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

*S.E. G.*

PREPARER

*5-20-93*

DATE PREPARED

23038594373