



# Amalgamated Transit Union

5025 Wisconsin Ave., N.W., Washington, D.C. 20016-4439  
202-537-1645 Fax 202-244-7824

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

AUG 12 1 48 PM '97

Office of the International Secretary-Treasurer

August 12, 1997

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

Dear Sir or Madam:

Enclosed please find a copy of the August 1997 Report covering the period of July 1, 1997 through July 31, 1997 for Amalgamated Transit Union - COPE.

Trusting this meets with your satisfaction, I am

Sincerely,

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

fsg  
Enclosure

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(SUMMARY PAGE)

RECEIVED  
FEDERAL ELECTION  
COMMISSION (FORM 3000)

Aug 12 1 48 PM '97

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
- (b) Is this Report an Amendment?  YES  NO

- 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>7/1/97</u> through <u>7/31/97</u>		
6. (a) Cash on Hand January 1, 19 <u>97</u>		\$ 54,702.85
(b) Cash on Hand at Beginning of Reporting Period	\$ 122,302.93	
(c) Total Receipts (from Line 19)	\$ 31,450.19	\$ 244,787.12
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 153,753.12	\$ 299,489.97
7. Total Disbursements (from Line 30)	\$ 26,910.00	\$ 172,646.85
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 126,843.12	\$ 126,843.12
9. Debts and Obligations Owed TO 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
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ NONE	
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 <b>OLIVER W. GREEN</b>		
Signature of Treasurer <i>Oliver W. Green</i>	Date <b>8/12/97</b>	

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: 7/1/97	TO: 7/31/97
	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) .....	464.61	1149.61
ii. Unitemized .....	30,544.18	239,720.11
iii. Total .....	31,008.79	240,869.72
b. Political Party Committees .....		
c. Other Political Committees (such as PACs) .....		
d. Total Contributions .....	31,008.79	240,869.72
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 .....		1,500.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	441.40	2,417.40
18. Transfers from Nonfederal Account for Joint Activity .....		
19. Total Receipts .....	31,450.19	244,787.12
20. Total Federal Receipts .....	31,450.19	244,787.12
<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 .....	160.00	640.00
c. Total Operating Expenditures .....	160.00	640.00
22. Transfers to Affiliated/Other Party Committees .....	7,500.00	34,154.85
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	18,750.00	131,750.00
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Expenditures Made by Party Committees(2 U.S.C.441e(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	2.00
b. Political Party Committees .....		
c. Other Political Committees (such as PACs) .....		
d. Total Contribution Refunds .....	0.00	2.00
29. Other Disbursements .....	500.00	6,100.00
30. Total Disbursements .....	28,910.00	172,646.85
31. Total Federal Disbursements .....	28,910.00	172,646.85
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans)(from line 11d) .....	31,008.79	240,869.72
33. Total Contribution Refunds (from line 28d) .....	0.00	2.00
34. Net Contributions (other than loans)(subtract line 33 from 32) .....	31,008.79	240,867.72
35. Total Federal Operating Expenditures .....	160.00	640.00
36. Offsets to Operating Expenditures (from line 15) .....	0.00	0.00
37. Net Operating Expenditures .....	160.00	640.00

**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
Earle W. Putnam 9118 Coronado Terrace Fairfax, VA 22031	Amalgamated Transit Union		0.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation General Counsel - Retired		
	Aggregate Year-to Date > \$	250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Day (month, day, year)	Amount of Each Disbursement This Period
William G. McLean 594 Lochburry Court San Jose, CA 95123	Santa Clara County Transit District		27.68
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Operator	7/23/97	
	Aggregate Year-to Date > \$	215.76	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Day (month, day, year)	Amount of Each Disbursement This Period
Loretta A. Springer 1600 Decker Avenue San Martin, CA 95046	Santa Clara County Transit District		26.43
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Operator	7/23/97	
	Aggregate Year-to Date > \$	206.05	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Day (month, day, year)	Amount of Each Disbursement This Period
Craig D. Whitehead 6346 Montgomery Road, #14 Cincinnati, OH 45213	SW Ohio Regional Transit Authority		30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Operator	7/25/97	
	Aggregate Year-to Date > \$	240.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Day (month, day, year)	Amount of Each Disbursement This Period
Ronald J. Heintzman 17573 Schalit Way Lake Oswego, OR 97035	Tri-County Metro Transit District		304.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Operator	7/5/97	
	Aggregate Year-to Date > \$	304.50	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Day (month, day, year)	Amount of Each Disbursement This Period
Jemy L. Kleiboeker 5015 Comanche, #L LaMesa, CA 91941	San Diego Transit Corporation		44.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Operator	7/28/97	
	Aggregate Year-to Date > \$	319.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Day (month, day, year)	Amount of Each Disbursement This Period
Dennis L. McKay 3221 Bancroft, #33 Spring Valley, CA 91977	San Diego Transit Corporation		32.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Operator	7/28/97	
	Aggregate Year-to Date > \$	256.00	

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

**SCHEDULE A ITEMIZED RECEIPTS**

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**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
Ivey Glenn Smith 701 Alicia Court Gamer, NC 27529	Amalgamated Transit Union		0.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation IVP/GEB - Retired		
	Aggregate Year-to Date > \$	250.00	
B. 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 type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to Date > \$		
C. 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 type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to Date > \$		
D. 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 type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to Date > \$		
E. 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 type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to Date > \$		
F. 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 type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to Date > \$		
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 type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to Date > \$		

<b>SUBTOTAL of Receipts This Page (optional)</b> .....	
<b>TOTAL This Period (last page this line number only)</b> .....	464.61

**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)

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	Day (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)	7/31/97	160.00
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).....

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

160.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE **1** OF **1**  
FOR LINE NUMBER **22**

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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
NationsBank Special Holding Account 1501 Pennsylvania Avenue, NW Washington, DC 20013	Transfer to Non-Federal Account Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	7/3/97	2,500.00
NationsBank Special Holding Account 1501 Pennsylvania Avenue, NW Washington, DC 20013	Transfer to Non-Federal Account Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	7/11/97	2,500.00
NationsBank Special Holding Account 1501 Pennsylvania Avenue, NW Washington, DC 20013	Transfer to Non-Federal Account Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	7/24/97	2,500.00
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)	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)**.....

**TOTAL 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 2  
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
Schakowsky for Congress 1101 Ridge Evanston, IL 60602 IL	Campaign Contribution	7/1/97	250.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)		
Friends of Carolyn McCarthy 252 Ninth Street, NE Washington, DC 20002 NY	Campaign Contribution	7/1/97	1,000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)		
Sanchez Recount Fund 38 Ivy Street Washington, DC 20003 CA	Recount Fund	7/2/97	1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)		
Democratic Senatorial Campaign Comm. 430 South Capitol Street, SE Washington, DC 20003 DC	Campaign Contribution	7/2/97	5,000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)		
Friends of Barbara Boxer P.O. Box 641751 Los Angeles, CA 90064 CA	Campaign Contribution	7/14/97	1,500.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)		
Payne for Congress Committee P.O. Box 75214 Washington, DC 20013-5214 NJ	Campaign Contribution	7/16/97	1,000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)		
Rangel for the 106th Congress Comm. 530 Seventh Street, SE Washington, DC 20003 NY	Campaign Contribution	7/22/97	500.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)		
Cummings for Congress Committee 2300 North Calvert Street, #100 Baltimore, MD 21218 MD	Campaign Contribution	7/22/97	1,500.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)		
Davis for Congress 5730 West Division Street Chicago, IL 60651 IL	Campaign Contribution	7/22/97	500.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)		

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

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 2 OF 2  
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
Luther for Congress Volunteer Comm. 1399 Geneva Avenue, North Oakdale, MN 55128 MN	Campaign Contribution Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	7/22/97	1,000.00
Mary Rieder for Congress Bear Creek P.O. Box 9250 Rochester, MN 55903 MN	Campaign Contribution Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	7/22/97	500.00
Juanita McDonald for Congress P.O. Box 2884 Washington, DC 20013 CA	Campaign Contribution Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	7/24/97	1,000.00
Bonior for Congress 237 South Gratiot Mount Clemens, MI 48043 MI	Campaign Contribution Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	7/24/97	1,000.00
Friends of Eric Vitaliano 130 Chapin Lane Staten Island, NY 10305 NY	Campaign Contribution Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	07/29/97	2,000.00
Citizens for Rush 421 New Jersey Avenue, SE Washington, DC 20003 IL	Campaign Contribution Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	07/29/97	500.00
Citizens for Rush 421 New Jersey Avenue, SE Washington, DC 20003 IL	Campaign Contribution Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	07/29/97	500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General 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 Other (specify)	Day (month, day, year)	Amount of Each Disbursement This Period

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

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

18,750.00

**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	Day (month, day, year)	Amount of Each Disbursement This Period
Ivan Itkin Campaign Committee 6954 Reynolds Street Pittsburgh, PA 15208	Campaign Contribution Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	7/1/97	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General 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 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 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 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 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 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 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 Other (specify)	Day (month, day, year)	Amount of Each Disbursement This Period

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

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 8-12-97
<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
JEL PREPARER	8-12-97 DATE PREPARED