



Amalgamated Transit Union

5025 Wisconsin Ave., N.W., Washington, D.C. 20016-4139
202-537-1645 Fax 202-244-7824

Office of the International Secretary-Treasurer

November 22, 1999

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

**RE: AMENDED NOVEMBER 1999
MONTHLY REPORT**

Dear Sir or Madam:

Enclosed please find the amended November 1999 Report covering the reporting period of October 1, 1999 through October 31, 1999 for Amalgamated Transit Union - COPE.

Schedule A & B pages were inadvertently excluded from the original November 1999 report. Enclosed please find the above referenced pages.

Please note line 11(a), was changed to show corrected distribution of itemized receipts.

Trusting this meets with your satisfaction, I am

Sincerely,

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

/npc
Enclosure

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(SUMMARY PAGE)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

1999 NOV 23 P 4:45

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>10/1/99</u> through <u>10/31/99</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>		\$ 93,005.14
(b) Cash on Hand at Beginning of Reporting Period	\$ 187,919.06	
(c) Total Receipts (from Line 19)	\$ 42,390.59	\$ 380,691.15
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 230,309.65	\$ 473,696.29
7. Total Disbursements (from Line 30)	\$ 13,655.00	\$ 257,041.64
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 216,654.65	\$ 216,654.65
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
OLIVER W. GREEN

Signature of Treasurer *Oliver W. Green* Date **11/22/99**

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: 10/1/99 TO: 10/31/99	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		1,794.41	6,199.60
ii. Unitemized		39,673.17	367,947.38
iii. Total	.....(add i and ii) >	41,467.58	374,146.98
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions	.....(add a ii, b and c) >	41,467.58	374,146.98
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.)		889.01	6,510.17
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts	.....(add 11d, 12, 13, 14, 15, 16, 17, and 18) >	42,356.59	380,657.15
20. Total Federal Receipts	.....(subtract line 18 from line 19) >	42,356.59	380,657.15
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			
ii. Non-Federal Share			9,362.67
b. Other Federal Operating Expenditures		0.00	9,362.67
c. Total Operating Expenditures	.....(add a i, a ii, and b) >	12,180.00	192,130.00
22. Transfers to Affiliated/Other Party Committees		0.00	0.00
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) >	0.00	0.00
29. Other Disbursements		1,475.00	15,000.00
30. Total Disbursements	.....(add 21c, 22, 23, 24, 25, 26, 27, 28d and 29) >	13,655.00	218,492.67
31. Total Federal Disbursements	.....(subtract line 21 a ii from line 30) >	13,655.00	218,492.67
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		41,467.58	374,146.98
33. Total Contribution Refunds (from line 28d)		0.00	0.00
34. Net Contributions (other than loans)(subtract line 33 from 32)		41,467.58	374,146.98
35. Total Federal Operating Expenditures	.....(add 21 a i and 21 b) >	0.00	9,362.67
36. Offsets to Operating Expenditures (from line 15)		0.00	0.00
37. Net Operating Expenditures	.....(subtract line 36 from 35) >	0.00	9,362.67

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE
FOR LI
11

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NAME OF COMMITTEE (In Full)

AMALGAMATED TRANSIT UNION - COPE

A. Full Name, Mailing Address and ZIP Code KENNETH W BENSON 2658 LONGVIEW DRIVE RICHMOND, CA 94808-5243	Name of Employer ALAMEDA-CONT COSTA TRANS DIST	Day (month, day, year) 10/25/99	Amount of Each Disbursement This Period 25.00
	Occupation TRANSIT WORKER Aggregate Year-to Date > \$ 225.00	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	
B. Full Name, Mailing Address and ZIP Code DAVE NELSON JR 5329 SHATTUCK AVENUE OAKLAND, CA 94609-1238	Name of Employer ALAMEDA-CONT COSTA TRANS DIST	Day (month, day, year) 10/25/99	Amount of Each Disbursement This Period 20.00
	Occupation TRANSIT WORKER Aggregate Year-to Date > \$ 220.00	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	
C. Full Name, Mailing Address and ZIP Code JOSEPH ROVITO 1525 34TH STREET SACRAMENTO, CA 95816-6525	Name of Employer SACRAMENTO REG'L. TRANS DIST	Day (month, day, year) 10/15/99	Amount of Each Disbursement This Period 25.00
	Occupation TRANSIT WORKER Aggregate Year-to Date > \$ 225.00	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	
D. Full Name, Mailing Address and ZIP Code RONALD J COMPTON 1975 STAFFORD STREET SANTA CLARA, CA 95050-4537	Name of Employer SANTA CLARA COUNTY TRAN DIST	Day (month, day, year) 10/15/99	Amount of Each Disbursement This Period 25.00
	Occupation TRANSIT WORKER Aggregate Year-to Date > \$ 225.00	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	
E. Full Name, Mailing Address and ZIP Code WILLIAM G MC LEAN 594 LOCKBURY COURT SAN JOSE, CA 95123-1324	Name of Employer SANTA CLARA COUNTY TRAN DIST	Day (month, day, year) 10/15/99	Amount of Each Disbursement This Period 29.37
	Occupation TRANSIT WORKER Aggregate Year-to Date > \$ 291.98	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	
F. Full Name, Mailing Address and ZIP Code LORETTA A SPRINGER 1600 DECKER AVENUE SAN MARTIN, CA 95046-9633	Name of Employer SANTA CLARA COUNTY TRAN DIST	Day (month, day, year) 10/15/99	Amount of Each Disbursement This Period 28.04
	Occupation TRANSIT WORKER Aggregate Year-to Date > \$ 278.76	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	
G. Full Name, Mailing Address and ZIP Code RAMONA V DAVIS 612 SHATTUCK AVENUE S APT # 1 RENTON, WA 98055-2472	Name of Employer MUNICIPALITY OF METRO SEATTLE	Day (month, day, year) 10/08/99	Amount of Each Disbursement This Period 30.00
	Occupation TRANSIT WORKER Aggregate Year-to Date > \$ 240.00	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	

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

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

182.41

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
CRAIG D WHITEHEAD 6346 MONTGOMERY ROAD APT 14 CINCINNATI, OH 45213-1425	SW OHIO REGIONAL TRANSIT AUTH	10/01/99	45.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation TRANSIT WORKER	Aggregate Year-to Date > \$ 300.00	
DONALD HEAP 123 ELTINGVILLE BLVD STATEN ISLAND, NY 10312-3859	NEW YORK CITY TRANSIT AUTH	10/26/99	24.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation TRANSIT WORKER	Aggregate Year-to Date > \$ 216.00	
DONALD HOWE 43 ELKHART STREET STATEN ISLAND, NY 10308-1821	NEW YORK CITY TRANSIT AUTH	10/26/99	28.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation TRANSIT WORKER	Aggregate Year-to Date > \$ 252.00	
JOSEPH LOSPENUSO 44 LEGGETT PLACE STATEN ISLAND, NY 10314-3321	NEW YORK CITY TRANSIT AUTH	10/26/99	24.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation TRANSIT WORKER	Aggregate Year-to Date > \$ 216.00	
JAMES G MAGNUSKI 63 ASHMALL AVENUE SPOTSWOOD, NJ 08884-2148	NEW YORK CITY TRANSIT AUTH	10/26/99	28.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation TRANSIT WORKER	Aggregate Year-to Date > \$ 252.00	
ROBERT MANOOKIAN 4221/2 14TH AVENUE BELMAR, NJ 07719-0000	NEW YORK CITY TRANSIT AUTH	10/26/99	24.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation TRANSIT WORKER	Aggregate Year-to Date > \$ 216.00	
RICHARD SPAGNOLA 216 NEAL DOW AVENUE STATEN ISLAND, NY 10314-2280	NEW YORK CITY TRANSIT AUTH	10/26/99	24.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation TRANSIT WORKER	Aggregate Year-to Date > \$ 216.00	

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	197.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 10
FOR LINE NUMBER 11(a)(i)

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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
VICTOR SUAREZ 332 BARD AVENUE APT A STATEN ISLAND, NY 10310-1662	NEW YORK CITY TRANSIT AUTH	10/26/99	40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation TRANSIT WORKER	Aggregate Year-to Date > \$ 380.00	
ROBERT TERASKIEWICZ 199 RIDGEWOOD AVENUE STATEN ISLAND, NY 10312-2452	NEW YORK CITY TRANSIT AUTH	10/26/99	24.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation TRANSIT WORKER	Aggregate Year-to Date > \$ 215.00	
VINCENT TOMASELLI 261 REGIS DRIVE STATEN ISLAND, NY 10314-1428	NEW YORK CITY TRANSIT AUTH	10/26/99	24.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation TRANSIT WORKER	Aggregate Year-to Date > \$ 215.00	
RONALD MARTINO 468 STANFORD ROAD FAIRLESS HILL, PA 19030-4010	NEW YORK CITY TRANSIT AUTH	10/26/99	28.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation TRANSIT WORKER	Aggregate Year-to Date > \$ 252.00	
MICHAEL F GARGUILLO 3 HITCHCOCH AVENUE STATEN ISLAND, NY 10306-2121	NEW YORK CITY TRANSIT AUTH	10/26/99	28.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation TRANSIT WORKER	Aggregate Year-to Date > \$ 252.00	
DAVID S RANSOM 13 DRIFTWOOD DRIVE HOWELL, NJ 07731-2923	NEW YORK CITY TRANSIT AUTH	10/26/99	32.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation TRANSIT WORKER	Aggregate Year-to Date > \$ 288.00	
FRANCIS SAVOY 10 GOLD AVENUE STATEN ISLAND, NY 10312-1411	NEW YORK CITY TRANSIT AUTH	10/26/99	24.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation TRANSIT WORKER	Aggregate Year-to Date > \$ 210.00	

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

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

200.00

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 VINCENT SERAPIGLIA 260 ROLLING HILL GREEN STATEN ISLAND NY 10312-1804	Name of Employer NEW YORK CITY TRANSIT AUTH	Day (month, day, year) 10/26/99	Amount of Each Disbursement This Period 24.00
	Occupation TRANSIT WORKER	Aggregate Year-to Date > \$ 218.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):			

B. Full Name, Mailing Address and ZIP Code JOSEPH TURCHIO 146 ARTHUR AVENUE STATEN ISLAND, NY 10305-4518	Name of Employer NEW YORK CITY TRANSIT AUTH	Day (month, day, year) 10/26/99	Amount of Each Disbursement This Period 24.00
	Occupation TRANSIT WORKER	Aggregate Year-to Date > \$ 218.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):			

C. Full Name, Mailing Address and ZIP Code ROBERT BALLARD 869 TARGEE STREET STATEN ISLAND, NY 10304-4518	Name of Employer NEW YORK CITY TRANSIT AUTH	Day (month, day, year) 10/26/99	Amount of Each Disbursement This Period 80.00
	Occupation TRANSIT WORKER	Aggregate Year-to Date > \$ 830.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):			

D. Full Name, Mailing Address and ZIP Code ANGELO BUCELLATO 59 PROVIDENCE AVENUE STATEN ISLAND, NY 10304-4306	Name of Employer NEW YORK CITY TRANSIT AUTH	Day (month, day, year) 10/26/99	Amount of Each Disbursement This Period 24.00
	Occupation TRANSIT WORKER	Aggregate Year-to Date > \$ 218.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):			

E. Full Name, Mailing Address and ZIP Code LAWRENCE DENTE 25 RENWICK AVENUE STATEN ISLAND, NY 10301-4215	Name of Employer NEW YORK CITY TRANSIT AUTH	Day (month, day, year) 10/26/99	Amount of Each Disbursement This Period 24.00
	Occupation TRANSIT WORKER	Aggregate Year-to Date > \$ 218.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):			

F. Full Name, Mailing Address and ZIP Code MICHAEL PERROTTI 51 O'GORMAN AVENUE STATEN ISLAND, NY 10306-3830	Name of Employer NEW YORK CITY TRANSIT AUTH	Day (month, day, year) 10/26/99	Amount of Each Disbursement This Period 23.00
	Occupation TRANSIT WORKER	Aggregate Year-to Date > \$ 207.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):			

G. Full Name, Mailing Address and ZIP Code PETER KLEE 92 BODINE STREET STATEN ISLAND, NY 10310-1212	Name of Employer NEW YORK CITY TRANSIT AUTH	Day (month, day, year) 10/26/99	Amount of Each Disbursement This Period 24.00
	Occupation TRANSIT WORKER	Aggregate Year-to Date > \$ 218.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional).....	
TOTAL This Period (last page this line number only).....	223.00

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 JOSEPH J O'CALLAHAN 5 TWOMBLY AVENUE STATEN ISLAND, NY 103060-3805	Name of Employer NEW YORK CITY TRANSIT AUTH	Day (month, day, year) 10/26/99	Amount of Each Disbursement This Period 40.00
	Occupation TRANSIT WORKER	Aggregate Year-to Date > \$ 360.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):			

B. Full Name, Mailing Address and ZIP Code JAMES PRESTON 8 STUBEN COURT FORKED RIVER, NJ 08731-1643	Name of Employer NEW YORK CITY TRANSIT AUTH	Day (month, day, year) 10/26/99	Amount of Each Disbursement This Period 24.00
	Occupation TRANSIT WORKER	Aggregate Year-to Date > \$ 216.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):			

C. Full Name, Mailing Address and ZIP Code ROY P ALBERTI 161 CANNON AVENUE STATEN ISLAND, NY 10314-4607	Name of Employer NEW YORK CITY TRANSIT AUTH	Day (month, day, year) 10/26/99	Amount of Each Disbursement This Period 24.00
	Occupation TRANSIT WORKER	Aggregate Year-to Date > \$ 216.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):			

D. Full Name, Mailing Address and ZIP Code GLENN LAURIA 84 SIMONSON AVENUE STATEN ISLAND, NY 10303-2507	Name of Employer NEW YORK CITY TRANSIT AUTH	Day (month, day, year) 10/26/99	Amount of Each Disbursement This Period 24.00
	Occupation TRANSIT WORKER	Aggregate Year-to Date > \$ 216.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):			

E. Full Name, Mailing Address and ZIP Code ANTHONY VOMERO 32 FLOYD STREET STATEN ISLAND, NY 10310-2219	Name of Employer NEW YORK CITY TRANSIT AUTH	Day (month, day, year) 10/26/99	Amount of Each Disbursement This Period 24.00
	Occupation TRANSIT WORKER	Aggregate Year-to Date > \$ 216.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):			

F. Full Name, Mailing Address and ZIP Code ROBERT VON BEVERN 217 GREELEY AVENUE STATEN ISLAND, NY 10306-3214	Name of Employer NEW YORK CITY TRANSIT AUTH	Day (month, day, year) 10/26/99	Amount of Each Disbursement This Period 24.00
	Occupation TRANSIT WORKER	Aggregate Year-to Date > \$ 216.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):			

G. Full Name, Mailing Address and ZIP Code MICHAEL RIPO 427 DARLINGTON AVENUE STATEN ISLAND, NY 10309-2403	Name of Employer NEW YORK CITY TRANSIT AUTH	Day (month, day, year) 10/26/99	Amount of Each Disbursement This Period 25.00
	Occupation TRANSIT WORKER	Aggregate Year-to Date > \$ 225.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional).....	
TOTAL This Period (last page this line number only).....	185.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 6 OF 10
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
AMALGAMATED TRANSIT UNION - COPE

A. Full Name, Mailing Address and ZIP Code WILLIAM JOHNSON 7389 AMBOY ROAD STATEN ISLAND, NY 10307-1427	Name of Employer NEW YORK CITY TRANSIT AUTH	Day (month, day, year) 10/26/99	Amount of Each Disbursement This Period 24.00
	Occupation TRANSIT WORKER	Aggregate Year-to Date > \$ 216.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):			

B. Full Name, Mailing Address and ZIP Code ALLAN LOVE 1000 CLOVE ROAD, APT 5H STATEN ISLAND, NY 10301-3640	Name of Employer NEW YORK CITY TRANSIT AUTH	Day (month, day, year) 10/26/99	Amount of Each Disbursement This Period 24.00
	Occupation TRANSIT WORKER	Aggregate Year-to Date > \$ 216.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):			

C. Full Name, Mailing Address and ZIP Code JAMES DRISCOLL 270 DELAFIELD AVENUE STATEN ISLAND, NY 10310-2116	Name of Employer NEW YORK CITY TRANSIT AUTH	Day (month, day, year) 10/26/99	Amount of Each Disbursement This Period 24.00
	Occupation TRANSIT WORKER	Aggregate Year-to Date > \$ 216.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):			

D. Full Name, Mailing Address and ZIP Code JAMIE P ERRI 15 ROCK NE STREET STATEN ISLAND, NY 10314-0000	Name of Employer NEW YORK CITY TRANSIT AUTH	Day (month, day, year) 10/26/99	Amount of Each Disbursement This Period 24.00
	Occupation TRANSIT WORKER	Aggregate Year-to Date > \$ 216.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):			

E. Full Name, Mailing Address and ZIP Code PATRICK O'BRIEN 56 SINCLAIR AVENUE STATEN ISLAND, NY 10312-3041	Name of Employer NEW YORK CITY TRANSIT AUTH	Day (month, day, year) 10/26/99	Amount of Each Disbursement This Period 24.00
	Occupation TRANSIT WORKER	Aggregate Year-to Date > \$ 216.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):			

F. Full Name, Mailing Address and ZIP Code STEPHEN FRANKLIN 15 VAN PELT AVENUE STATEN ISLAND NY 10303-2406	Name of Employer NEW YORK CITY TRANSIT AUTH	Day (month, day, year) 10/26/99	Amount of Each Disbursement This Period 24.00
	Occupation TRANSIT WORKER	Aggregate Year-to Date > \$ 216.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):			

G. Full Name, Mailing Address and ZIP Code ROBERT J DUNNE 160 BRAISTED AVENUE STATEN ISLAND, NY 10314-6143	Name of Employer NEW YORK CITY TRANSIT AUTH	Day (month, day, year) 10/26/99	Amount of Each Disbursement This Period 28.00
	Occupation TRANSIT WORKER	Aggregate Year-to Date > \$ 252.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):			

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

TOTAL This Period (last page this line number only)..... 172.00

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
CARL S KENTZEL JR 925 6TH STREET UNION BEACH, NJ 07735-2868	NEW YORK CITY TRANSIT AUTH	10/26/99	24.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation TRANSIT WORKER	Aggregate Year-to Date > \$ 216.00	
B. Full Name, Mailing Address and ZIP Code LARRY SCOTTO 36 PRINCES LANE STATEN ISLAND, NY 10314-000	NEW YORK CITY TRANSIT AUTH	10/26/99	24.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation TRANSIT WORKER	Aggregate Year-to Date > \$ 216.00	
C. Full Name, Mailing Address and ZIP Code BRIAN DAWSON 15 OAKDALE STREET STATEN ISLAND, NY 10308-2842	NEW YORK CITY TRANSIT AUTH	10/26/99	28.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation TRANSIT WORKER	Aggregate Year-to Date > \$ 252.00	
D. Full Name, Mailing Address and ZIP Code RUTH HANEY P O BOX 20611 STATEN ISLAND, NY 10302-0811	NEW YORK CITY TRANSIT AUTH	10/26/98	24.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation TRANSIT WORKER	Aggregate Year-to Date > \$ 216.00	
E. Full Name, Mailing Address and ZIP Code GREGORY MOSCHELLO 75 ARMSTRONG AVENUE STATEN ISLAND, NY 10308-3304	NEW YORK CITY TRANSIT AUTH	10/26/99	24.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation TRANSIT WORKER	Aggregate Year-to Date > \$ 216.00	
F. Full Name, Mailing Address and ZIP Code ZIYAD SHAKOOR 40 SMITH TERRACE STATEN ISLAND, NY 10304-2104	NEW YORK CITY TRANSIT AUTH	10/28/99	24.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation TRANSIT WORKER	Aggregate Year-to Date > \$ 216.00	
G. Full Name, Mailing Address and ZIP Code GEORGE ERICSON 73 THORNYCOURT AVENUE STATEN ISLAND, NY 10312-8541	NEW YORK CITY TRANSIT AUTH	10/26/99	24.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation TRANSIT WORKER	Aggregate Year-to Date > \$ 216.00	

SUBTOTAL of Receipts This Page (optional).....	
TOTAL This Period (last page this line number only).....	172.00

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
DANIEL MC SORLEY 49 HUDSON AVENUE NORTH MIDDLETOWN, NJ 10312-6	NEW YORK CITY TRANSIT AUTH Occupation TRANSIT WORKER	10/28/99	24.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Aggregate Year-to Date > \$ 216.00		
B. Full Name, Mailing Address and ZIP Code JAMES R FAIRLIE 420 A LISK AVENUE STATEN ISLAND, NY 10303-1722	NEW YORK CITY TRANSIT AUTH Occupation TRANSIT WORKER	10/26/99	24.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Aggregate Year-to Date > \$ 216.00		
C. Full Name, Mailing Address and ZIP Code PAUL BUCCI 206 QUENTIN ROAD BROOKLYN NY 112233-1445	NEW YORK CITY TRANSIT AUTH Occupation TRANSIT WORKER	10/28/99	24.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Aggregate Year-to Date > \$ 216.00		
D. Full Name, Mailing Address and ZIP Code JASON ROTHSTEIN 47 DORVAL PLACE STATEN ISLAND, NY	NEW YORK CITY TRANSIT AUTH Occupation TRANSIT WORKER	10/26/99	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Aggregate Year-to Date > \$ 202.00		
E. Full Name, Mailing Address and ZIP Code VINCENT MECCA 98 DELAFIELD PLACE STATEN ISLAND, NY 10310-1656120	NEW YORK CITY TRANSIT AUTH Occupation TRANSIT WORKER	10/26/99	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Aggregate Year-to Date > \$ 270.00		
F. Full Name, Mailing Address and ZIP Code JOSEPH PALAZZOLO 111 WALLACE AVENUE STATEN ISLAND, NY 10305-4525	NEW YORK CITY TRANSIT AUTH Occupation TRANSIT WORKER	10/26/99	26.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Aggregate Year-to Date > \$ 234.00		
G. Full Name, Mailing Address and ZIP Code JOAN A MARAZZO 112 HOME PLACE STATEN ISLAND, NY 10314-1720	NEW YORK CITY TRANSIT AUTH Occupation TRANSIT WORKER	10/26/99	24.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Aggregate Year-to Date > \$ 216.00		

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	177.00

SCHEDULE A ITEMIZED RECEIPTS

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

9	10
FOR LINE NUMBER 11(a)(1)	

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NAME OF COMMITTEE (In Full)
AMALGAMATED TRANSIT UNION - COPE

A. Full Name, Mailing Address and ZIP Code BYRON S WHITE 1017 HENDRIX ST BROOKLN, NY 11207-9103 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer NEW YORK CITY TRANSIT AUTH	Day (month, day, year) 10/26/99	Amount of Each Disbursement This Period 24.00
	Occupation TRANSIT WORKER	Aggregate Year-to Date > \$ 216.00	
	B. Full Name, Mailing Address and ZIP Code DANIEL CASSELLA 347 GOWER STREET STATEN ISLAND, NY 10314-5331 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):		
Name of Employer NEW YORK CITY TRANSIT AUTH		Day (month, day, year) 10/26/99	Amount of Each Disbursement This Period 24.00
Occupation TRANSIT WORKER		Aggregate Year-to Date > \$ 216.00	
C. Full Name, Mailing Address and ZIP Code HERBERT S DILL 5215 ADKINS ST LOUIS, MO 63116-2320 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):			Name of Employer BI-STATE DEVELOPMENT AGENCY
Occupation TRANSIT WORKER		Day (month, day, year) 10/25/99	Amount of Each Disbursement This Period 50.00
Aggregate Year-to Date > \$ 320.00			
D. Full Name, Mailing Address and ZIP Code CHARLES WARNER 9329 LUCIA ST LOUIS, MO 63123-4407 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):			Name of Employer BI-STATE DEVELOPMENT AGENCY
Occupation TRANSIT WORKER		Day (month, day, year) 10/25/99	Amount of Each Disbursement This Period 50.00
Aggregate Year-to Date > \$ 290.00			
E. Full Name, Mailing Address and ZIP Code ROBERT J MULLINS 5600 SO 43RD STREET GREENFIELD, WI Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):			Name of Employer MILWAUKEE TRANS SERVICE INC
Occupation TRANSIT WORKER		Day (month, day, year) 10/23/99	Amount of Each Disbursement This Period 21.00
Aggregate Year-to Date > \$ 210.00			
F. Full Name, Mailing Address and ZIP Code LLOYD PERKINS SR 6225 NORTH SPENCER PLACE MILWAUKEE, WI 53218-4946 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):			Name of Employer MILWAUKEE TRANS SERVICE INC
Occupation TRANSIT WORKER		Day (month, day, year) 10/26/99	Amount of Each Disbursement This Period 26.00
Aggregate Year-to Date > \$ 234.00			
G. Full Name, Mailing Address and ZIP Code MARY B OLSON 23305 EAST 2ND LIBERTY LANE, WA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):			Name of Employer WASHINGTON TRANSIT MANAGE INC
Occupation TRANSIT WORKER		Day (month, day, year) 10/25/99	Amount of Each Disbursement This Period 21.00
Aggregate Year-to Date > \$ 325.50			

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	216.00

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 JAYNE C FARIA 841 COUNTRY RUN DRIVE MARTINEZ, CA 94553-3478 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer BAY AREA RAPID TRANSIT DIST BART	Day (month, day, year) 10/13/99	Amount of Each Disbursement This Period 20.00
	Occupation TRANSIT WORKER Aggregate Year-to Date > \$ 220.00		
B. Full Name, Mailing Address and ZIP Code PAUL R ANDERSON 1879HERITAGE WAY YOUNTVILLE, CA 94599-9405 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer GOLDEN GATE BRIDGE HIGHWAY TRAN	Day (month, day, year) 10/12/99	Amount of Each Disbursement This Period 25.00
	Occupation TRANSIT WORKER Aggregate Year-to Date > \$ 250.00		
C. Full Name, Mailing Address and ZIP Code JERROLDW BAKER 1325 MAR VISTA TIBURON, CA 94920-0000 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer GOLDEN GATE BRIDGE HIGHWAY TRAN	Day (month, day, year) 10/12/99	Amount of Each Disbursement This Period 25.00
	Occupation TRANSIT WORKER Aggregate Year-to Date > \$ 250.00		
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer	Day (month, day, year)	Amount of Each Disbursement This Period
	Occupation Aggregate Year-to Date > \$		
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer	Day (month, day, year)	Amount of Each Disbursement This Period
	Occupation Aggregate Year-to Date > \$		
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer	Day (month, day, year)	Amount of Each Disbursement This Period
	Occupation Aggregate Year-to Date > \$		
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer	Day (month, day, year)	Amount of Each Disbursement This Period
	Occupation Aggregate Year-to Date > \$		

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	70.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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
WYNN FOR CONGRESS P O BOX 5323 CAPITOL HEIGHTS, MD 20791 MD	ALBERT WYNN, HOUSE CANDIDATE 4TH, MD. Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/27/99	1,000.00
CHARLIE GONZALEZ CONGRESSIONAL CAMPAIGN P O BOX 2884 WASHINGTON, DC 20013 TX	CHARLES GONZALEZ CANDIDATE, 20TH, TX Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/27/99	500.00
LOFGREN FOR CONGRESS 111 W ST JOHN ST SUITE 400 SAN JOSE, CA 95113 CA	ZOE LOFGREN, HOUSE CANDIDATE, 18TH, CA. Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/19/99	1,000.00
THE TED HOUSE FOR CONGRESS COMMITTEE P O BOX 457 ST CHARLES, MO 63302 MO	TED HOUSE, HOUSE CANDIDATE, 2ND, MO Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/18/99	180.00
DOYLE FOR CONGRESS 227 MASSACHUSETTS AVENUE, NE WASHINGTON, DC 20002 PA	MIKE DOYLE, HOUSE CANDIDATE, 18TH, PA Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/18/99	500.00
JIM DAVIS FOR CONGRESS P O BOX 2884 WASHINGTON, DC 20013 FL	JIM DAVIS, HOUSE CANDIDATE, 11TH, FL Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/18/99	500.00
BOSWELL FOR CONGRESS 422 C STREET, NE, LOWER LEVEL WASHINGTON, DC 20002 IA	LEONARD BOSWELL, HOUSE CANDIDATE, 3RD, IA Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/18/99	1,000.00
EVA CLAYTON FOR CONGRESS COMMITTEE 307 WEST FRANKLIN STREET WARRENTON, NC 27589 NC	EVA CLAYTON, HOUSE CANDIDATE, 1ST, NC Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/18/99	500.00
EDDIE BERNICE JOHNSON P O BOX 2884 WASHINGTON, DC 20013 TX	EDDIE BERNICE JOHNSON CANDIDATE, 30TH, TX Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/18/99	1,000.00

SUBTOTAL of Disbursements This Page (optional).....	6,180.00
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 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
BOB NEY FOR CONGRESS P O BOX 490 ST CLAIRSVILLE, OH 43950 OH	BOB NEY, HOUSE CANDIDATE, 18TH OH Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/18/99	1,000.00
CITIZENS FOR PAUL SARBANES 503 CAPTIOL COURT, NE SUITE 100 WASHINGTON, DC 20002 MD	PAUL SARBANES, CANDIDATE, SENATE MD Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/18/99	500.00
SUSAN DAVIS FOR CONGRESS P O BOX 84049 SAN DIEGO, CA 92138 CA	SUSAN DAVIS, HOUSE CANDIDATE, 49TH CA Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/18/99	500.00
A LOT OF PEOPLE FOR DAVE OBEY P O BOX 75214 WASHINGTON, DC 20013-5314 WI	DAVE OBEY HOUSE CANDIDATE, 7TH WI Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/18/98	1,000.00
REGINA MONTOYA COGGINS FOR CONGRESS SUITE 147, BOX 495 DALLAS, TX 75214 TX	REGINA MONTOYA COGGINS HOUSE CANDIDATE, 21ST TX Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/18/99	500.00
FRIENDS OF JERRY KLECZKA 4200 CHRISTINE PLACE ALEXANDRIA, VA WI	JERRY KLECZKA, HOUSE CANDIDATE, 4TH WI Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/18/99	500.00
JEFFORDS FOR VERMONT 507 CAPITOL COURT, NE #100 WASHINGTON, DC 20002 VT	JAMES JEFFORDS, SENATE CANDIDATE, VT Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/18/99	1,000.00
FRIENDS OF JIM OBERSTAR P O BOX 2884 WASHINGTON, DC MN	JIM OBERSTAR, HOUSE CANDIDATE, 8TH MN Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/18/99	1,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for <input checked="" 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).....

6,000.00

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

12,180.00

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	Day (month, day, year)	Amount of Each Disbursement This Period
COMMITTEE FOR STEPHEN ZAPPALA, JR 401 WOOD STREET PITTSBURGH, PA 15222-1824 PA	STEPHEN ZAPPALA, JR DISTRICT ATTORNEY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	10/18/99	250.00
B. Full Name, Mailing Address and ZIP Code COMMITTEE TO ELECT GIGI SULLIVAN 122 BUCKNELL DRIVE SPRINGDALE, PA 15144 PA	GIGI SULLIVAN DISTRICT JUSTICE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	10/18/99	125.00
C. Full Name, Mailing Address and ZIP Code FRIENDS OF DAVID WECHT 14 WOOD STREET PITTSBURGH, PA 15222 PA	DAVID WECHT REGISTER OF WILLS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	10/18/99	100.00
D. Full Name, Mailing Address and ZIP Code ITALIAN AMERICAN DEMOCRATIC LEADERSHIP COUNCIL 1275 K STREET, NW, SUITE 602 WASHINGTON, DC 20005 DC	ITALIAN AMERICAN DEM LEADERSHIP COUNCIL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	10/18/99	1,000.00
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).....	1,475.00

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 11-24-99
<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>SLI</i>		 11-24-99
PREPARER		DATE PREPARED