

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See instructions)

Ofc. Use Only

1. NAME OF COMMITTEE (In full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

AMALGAMATED TRANSIT UNION-COPE

ADDRESS (Home or street) 5025 WISCONSIN AVE. N.W.

(Check if address is changed) WASHINGTON DC 20016

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 12 / 06 / 2002

3. FEC IDENTIFICATION NUMBER C00032995

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

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

Type or Print Name of Treasurer Mr. Oscar Owens

Signature of Treasurer Electronically Filed by Mr. Oscar Owens Date 12 / 06 / 2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

5. TYPE OF COMMITTEE (Check One)

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

Name of Candidate _____

Candidate	Office				State
Party Affiliation	Sought:	House	Senate	President	District

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

Name of Candidate _____

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

- (e) This committee is a separate segregated fund

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

6. Name of Any Connected Organization or Affiliated Committee

AMALGAMATED TRANSIT UNION-COPE _____

Mailing Address _____ 5025 WISCONSIN AVE. N.W. _____

_____ WASHINGTON _____ DC _____ 20016 _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____ Common control _____

Type of Connected Organization:

- | | | |
|-------------------------|-------------------------------|--|
| Corporation | Corporation w/o Capital Stock | <input checked="" type="checkbox"/> Labor Organization |
| Membership Organization | Trade Association | Cooperative |

Write or Type Committee Name

AMALGAMATED TRANSIT UNION-GOPE

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

Full Name Mr. Oscar Owens

Mailing Address 5025 Wisconsin Avenue, NW

Washington DC 20016 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number 202 - 537 - 1645

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Mr. Oscar Owens

Mailing Address 5025 Wisconsin Avenue, NW

Washington DC 20016 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number 202 - 537 - 1645

Full Name of Designated Agent Mr. Oscar Owens

Mailing Address 5025 Wisconsin Avenue, NW

Washington DC 20016 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number 202 - 537 - 1645

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Citibank, F.S.B.

Mailing Address

5001 Wisconsin Avenue, N.W.

Washington

DC

20016 -

CITY Δ

STATE Δ

ZIP CODE Δ