



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

May 11, 2000

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
2000 MAY 15 P 3 16

CERTIFIED MAIL 110-341

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

Dear Sir or Madam:

Enclosed please find a copy of the May 2000 Report covering the period of April 1, 2000, through April 30, 2000, for the Amalgamated Transit Union-COPE.

Trusting this meets with your satisfaction, I am

Sincerely,

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

amw
Enclosure



REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(SUMMARY PAGE)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 MAY 15 P 3 17

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, D.C. 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

Monthly Report Due On:

- February 20 June 20 October 20
- March 20 July 20 November 20
- April 20 August 20 December 20
- May 20 September 20 January 31
- Twelfth day report preceding _____
(Type of Election) _____
election on _____ in the state of _____
- Thirtieth day report following the General Election on _____
in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A	COLUMN B
5. Covering Period	04/01/00 through 04/30/00	This Period	Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2000			\$ 197,639.96
(b) Cash on Hand at Beginning of Reporting Period		\$ 137,021.83	
(c) Total Receipts (from Line 19)		\$ 23,367.70	\$ 118,159.57
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 160,389.53	\$ 313,799.53
7. Total Disbursements (from Line 30)		\$ 11,558.68	\$ 164,908.68
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 148,830.85	\$ 148,830.85
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 20483 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		Date
Signature of Treasurer	<i>Oliver W. Green</i>		05/11/00

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	
	04/01/00	04/30/00
	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)	334.00	2,484.00
ii. Unitemized	22,289.42	109,983.65
iii. Total(add i and ii) >	22,623.42	112,477.65
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions(add a iii, b and c) >	22,623.42	112,477.65
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.)	744.28	3,681.92
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts(add 11d, 12, 13, 14, 15, 16, 17, and 18) >	23,367.70	116,159.57
20. Total Federal Receipts(subtract line 18 from line 19) >	23,367.70	116,159.57
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures	2,308.68	2,308.68
c. Total Operating Expenditures(add a i, a ii, and b) >	2,308.68	2,308.68
22. Transfers to Affiliated/Other Party Committees	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees	9,000.00	180,000.00
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. Individuals/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	250.00	2,660.00
30. Total Disbursements(add 21c, 22, 23, 24, 25, 26, 27, 28d and 29) >	11,558.68	184,968.68
31. Total Federal Disbursements(subtract line 21 a ii from line 30) >	11,558.68	184,968.68
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	22,623.42	112,477.65
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	22,623.42	112,477.65
35. Total Federal Operating Expenditures(add 21 a i and 21 b) >	2,308.68	2,308.68
36. Offsets to Operating Expenditures (from line 15)	--	---
37. Net Operating Expenditures(subtract line 36 from 35) >	2,308.68	2,308.68

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11 a (i)

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
Charles L. Pettus 6737 Kincheloe Avenue Baltimore, MD 21207-4343	Amalgamated Transit Union	04/12/00	84.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation International Vice Pres.	210.00	
	Aggregate Year-to Date > \$		
B. Full Name, Mailing Address and ZIP Code Louis E. Sneyers 7 Richard Drive Waldwick, NJ 02889-1651	Name of Employer Transport of New Jersey	04/07/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Transit Operator	250.00	
	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 > \$	

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

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

334.00

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
Postmaster, Washington, DC Washington, DC	Mass mailing postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	04/03/00	2,308.68
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).....			2,308.68
TOTAL This Period (last page this line number only).....			2,308.68

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 to Elect Barney Frank P.O. Box 260 Newtonville, MA 02460	Barney Frank, House Candidate MA, 4th Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) 2000 Primary	04/05/00	1,000.00
B. Full Name, Mailing Address and ZIP Code Committee to Re-Elect Joe Moakley P.O. Box 1073 Boston, MA 02205-1073	Joe Moakley, House Candidate, MA 9th Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) 2000 Primary	04/05/00	1,000.00
C. Full Name, Mailing Address and ZIP Code Hoosiers for Tim Roemer 217 North Main South Bend, IN 46601	Tim Roemer, House Candidate, IN 3rd Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) 2000 Primary	04/10/00	500.00
D. Full Name, Mailing Address and ZIP Code Friends of Congressman Steve Rothman 25 Main Street Newark, NJ 07201	Steve Rothman, House Candidate, NJ 9th Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) 2000 Primary		1,000.00
E. Full Name, Mailing Address and ZIP Code Susan Bass Levin for Congress P.O. Box 3311 Cherry Hill, NJ 08034	Susan Bass Levin House Candidate, NJ 3rd Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) 2000 Primary	04/19/00	500.00
F. Full Name, Mailing Address and ZIP Code Florio for Senate 2014 Route 22, East, Suite 201 Scotch Plains, NJ 07076	Jim Florio, Senate Candidate, NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) 2000 Primary	04/19/00	1,000.00
G. Full Name, Mailing Address and ZIP Code Cummings for Congress 2300 North Calvert Street Baltimore, MD 21218	Elijah Cummings, House Candidate, MD, 7th Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) 2000 General	04/26/00	2,000.00
H. Full Name, Mailing Address and ZIP Code Mike Taylor for Congress 38 Ivy Street, SE Washington, DC 20003	Mike Taylor, House Candidate, NC, 8th Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) 2000 Primary	04/28/00	1,000.00
I. Full Name, Mailing Address and ZIP Code Mikulski for Senate 503 Capitol Court, NE, #100 Washington, DC 20002	Barbara Mikulski, Senate Candidate, MD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) 2004 Primary	04/28/00	1,000.00

SUBTOTAL of Disbursements This Page (optional)	9,000.00
TOTAL This Period (last page this line number only)	9,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 29

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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
Cincinnati AFL-CIO COPE 215 E. Ninth Street, #300 Cincinnati, OH 45202	Non federal contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	04/26/00	250.00
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).....

250.00

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 type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 5-11-00
<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 <u> </u> and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 <i>Se1</i>	5-15-00
PREPARER	DATE PREPARED