

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office 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 (number and street)

5025 WISCONSIN AVE. N.W.

(Check if address is changed)

WASHINGTON

DC

20016

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

ann@atu.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

None

COMMITTEE'S FAX NUMBER

2022447824

2. DATE

01 / 02 / 2007

3. FEC IDENTIFICATION NUMBER

C 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

01 / 19 / 2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

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 Party Affiliation Office Sought: House Senate President State 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 Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

AMALGAMATED TRANSIT UNION-COPE

- 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 ▲

STATE ▲

ZIP CODE ▲