



# Amalgamated Transit Union

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

Office of the International Secretary-Treasurer

August 11, 1998

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

Dear Sir or Madam:

Enclosed please find the August 1998 Report covering the period of July 1, 1998 through July 31, 1998 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)

FILED  
COLLECTION  
1444 5005

Aug 12 10 04 AM '98

<b>1. NAME OF COMMITTEE (in full)</b>  AMALGAMATED TRANSIT UNION - COPE	<b>2. FEC IDENTIFICATION NUMBER</b> C00032995
<b>ADDRESS (number and street)</b> Check if different than previously reported  5025 WISCONSIN AVENUE, NW	<b>3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)</b>
<b>CITY, STATE and ZIP CODE</b>  WASHINGTON, DC 20016	

**4. TYPE OF REPORT**

(a)  April 15 Quarterly Report       February 20     June 20       October 20

July 15 Quarterly Report                     March 20       July 20       November 20

October 15 Quarterly Report                 April 20       August 20     December 20

January 31 Year End Report                  May 20       September 20     January 31

July 31 Mid Year Report (Non-election Year Only)

Termination Report

(b) Is this Report an Amendment?  YES     NO

Monthly Report Due On:

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
<b>5. Covering Period</b> <u>7/1/98</u> through <u>7/31/98</u>		
<b>6. (a) Cash on Hand January 1, 19 <u>98</u></b> .....		\$ 145,195.58
<b>(b) Cash on Hand at Beginning of Reporting Period</b> .....	\$ 138,498.50	
<b>(c) Total Receipts (from Line 19)</b> .....	\$ 35,273.45	\$ 258,476.24
<b>(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)</b> .....	\$ 173,771.95	\$ 401,671.82
<b>7. Total Disbursements (from Line 30)</b> .....	\$ 33,535.00	\$ 281,434.87
<b>8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))</b> .....	\$ 140,236.95	\$ 140,236.95
<b>9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)</b> .....	\$ NONE	For further information contact: Federal Election Commission 960 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
<b>10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)</b> .....	\$ 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: **8/11/98**

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: 7/1/98 TO: 7/31/98	
	COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A) .....	80.00	1,395.00
ii. Unitemized .....	34,108.45	250,164.31
iii. Total .....(add i and ii) >	34,188.45	251,559.31
b. Political Party Committees .....		
c. Other Political Committees (such as PACs) .....		
d. Total Contributions .....(add a ii, b and c) >	34,188.45	251,559.31
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.) .....	1,085.00	4,916.93
18. Transfers from Nonfederal Account for Joint Activity .....		
19. Total Receipts .....(add 11d, 12, 13, 14, 15, 16, 17, and 18) >	35,273.45	256,476.24
20. Total Federal Receipts .....(subtract line 18 from line 19) >	35,273.45	256,476.24
<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 .....	0.00	0.00
c. Total Operating Expenditures ..... (add a i, a ii, and b) >	0.00	0.00
22. Transfers to Affiliated/Other Party Committees .....	22,435.00	71,411.87
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	10,000.00	179,075.00
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. 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 .....(add a, b and c) >	0.00	(2.00)
29. Other Disbursements .....	1,100.00	10,950.00
30. Total Disbursements ..... (add 21c, 22, 23, 24, 25, 26, 27, 28d and 29) >	33,535.00	261,434.87
31. Total Federal Disbursements ..... (subtract line 21 a ii from line 30) >	33,535.00	261,434.87
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans)(from line 11d) .....	34,188.45	251,559.31
33. Total Contribution Refunds (from line 28d) .....	0.00	(2.00)
34. Net Contributions (other than loans)(subtract line 33 from 32) .....	34,188.45	251,561.31
35. Total Federal Operating Expenditures .....(add 21 a i and 21 b) >	0.00	0.00
36. Offsets to Operating Expenditures (from line 15) .....	0.00	0.00
37. Net Operating Expenditures .....(subtract line 36 from 35) >	0.00	0.00

**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
Craig D. Whitehead 6346 Montgomery Road, #14 Cincinnati, OH 45213	SW Ohio Regional Transit Authority	7/27/98	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Transit Worker	Aggregate Year-to Date > \$ 225.00	
Deborah L. Sellars 1268 Patriot Lane Bowie, MD 20716	Washington Metro Area Transit Authority	7/22/98	50.00
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	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Day (month, day, year)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Day (month, day, year)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Day (month, day, year)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Day (month, day, year)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Day (month, day, year)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" 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> .....	<b>80.00</b>

**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
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)	7/6/98	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)	7/7/98	12,435.00
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)	7/13/98	2,500.00
Mercantile Bank Missouri COPE Fund P.O. Box 524 St. Louis, MO 63168-0524	Transfer to Non-Federal Account Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	7/22/98	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)	7/30/98	2,500.00
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).....

**22,435.00**

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
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
Friends of Jim Oberstar P.O. Box 465 Duluth, MN 55802	Campaign Contribution	7/8/98	500.00
	Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) 1998		
Friends of Jim Oberstar P.O. Box 465 Duluth, MN 55802	Campaign Contribution	7/8/98	2,500.00
	Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) 1998		
Friends of Jim Oberstar P.O. Box 465 Duluth, MN 55802	Campaign Contribution	7/8/98	2,500.00
	Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) 1998		
William Coyne Campaign Committee 307 Halket Street Pittsburgh, PA 15213	Campaign Contribution	7/16/98	2,000.00
	Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) 1998		
Palone for Congress P.O. Box 3176 Long Branch, NJ 07740	Campaign Contribution	7/16/98	500.00
	Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) 1998		
Napolitano for Congress 422 C Street, NE, Lower Level Washington, DC 20002	Campaign Contribution	7/17/98	2,000.00
	Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) 1998		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Day (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Day (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Day (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)		

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

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

10,000.00

**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
Thomas Petrone Committee P.O. Box 8541 Pittsburgh, PA 15220	Campaign Contribution	7/9/98	100.00
	Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) PA		
Don Siegelman for Governor P.O. Box 5049 Montgomery, AL 36103-5049	Campaign Contribution	7/15/98	1,000.00
	Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) AL		
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Day (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Day (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Day (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Day (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Day (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Day (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Day (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)		

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

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

1,100.00

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.

Hand Delivered Date of Receipt  
8-12-98

First Class Mail POSTMARKED

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No Postmark

Postmark Illegible

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Other ( Specify): Postmarked

Electronic Filing and/or Date of Receipt

*SLH*  
PREPARER

8-12-98  
DATE PREPARED