



# 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

December 2, 1994

Public Records Office  
Federal Election Commission  
999 E Street, N.W.  
Washington, D. C. 20463

Dear Sir:

Enclosed please find a copy of the Post-General Election report covering the period of October 20, 1994, through November 28, 1994 for Amalgamated Transit Union-COPE.

Trusting this meets with your satisfaction, I am

Sincerely,

Oliver W. Green  
International Secretary-  
Treasurer/COPE Director

/fsg  
Enclosure

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

Dec 2 12 05 PM '94

USE FEC MAILING LABEL OR TYPE OR PRINT

<b>1. NAME OF COMMITTEE (in full)</b> Amalgamated Transit Union - COPE	
<b>ADDRESS (number and street)</b> <input type="checkbox"/> Check if different than previously reported 5025 Wisconsin Avenue, NW	<b>2. FEC IDENTIFICATION NUMBER</b> C 00032995
<b>CITY, STATE and ZIP CODE</b> Washington, DC 20016	<b>3. <input checked="" type="checkbox"/> This committee has qualified as a multi-candidate committee. (see FEC FORM 1M)</b>

## 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:
- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20      | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20    | <input type="checkbox"/> July 20      | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20    | <input type="checkbox"/> August 20    | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20      | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31  |
- Twelfth day report preceding \_\_\_\_\_ (Type of Election)  
 election on \_\_\_\_\_ in the State of \_\_\_\_\_
- Thirtieth day report following the General Election on  
11/8/94 in the State of All

(b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>10/20/94</u> through <u>11/28/94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ 114,416.33
(b) Cash on Hand at Beginning of Reporting Period	\$ 61,280.56	
(c) Total Receipts (from Line 10)	\$ 40,034.24	\$ 329,818.47
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 101,314.80	\$ 444,234.80
7. Total Disbursements (from Line 30)	\$ 39,590.00	\$ 382,510.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 61,724.80	\$ 61,724.80
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 202-218-3420
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 	Date 12/2/94

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5497g.

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**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS  
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE Amalgamated Transit Union - COPE		REPORT COVERING PERIOD FROM 10/20/94 TO 11/28/94	
		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		913.40	4,738.69
i. Itemized (use Schedule A)			
ii. Unitemized		38,770.10	322,021.26
iii. Total (add i and ii) >		39,683.50	326,759.95
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions (add a ii, b and c) >		39,683.50	326,759.95
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.)		350.74	3,058.52
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		40,034.24	329,818.47
20. Total Federal Receipts (subtract line 18 from line 19) >		40,034.24	329,818.47
<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		240.00	960.00
c. Total Operating Expenditures (add a i, a ii, and b) >		240.00	960.00
22. Transfers to Affiliated/Other Party Committees		17,000.00	32,000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees		19,250.00	273,450.00
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			
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contribution Refunds (add a, b and c) >			
29. Other Disbursements		3,100.00	76,100.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		39,590.00	382,510.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		39,590.00	382,510.00
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)		39,683.50	326,759.95
33. Total Contribution Refunds (from line 28d)		---	---
34. Net Contributions (other than loans)(subtract line 33 from 32)		39,683.50	326,759.95
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		240.00	960.00
36. Offsets to Operating Expenditures (from line 15)		---	---
37. Net Operating Expenditures (subtract line 36 from 35) >		240.00	960.00

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SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)

Amalgamated Transit Union - COPE

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Earle W. Putnam 9116 Coronado Terrace Fairfax, VA 22031	Amalgamated Transit Union		-0-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation General Counsel		
	Aggregate Year-to-Date > \$ 250.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George Warren 18800 Lindenhouse Road Gaithersburg, MD 20879	Amalgamated Transit Union		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Int'l Exec. V.P.	11/28/94	21.00
	Aggregate Year-to-Date > \$ 231.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Oliver W. Green 4001 Loch Raven Blvd. Baltimore, MD 21218	Amalgamated Transit Union		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Int'l Sec. Treasurer	11/28/94	21.00
	Aggregate Year-to-Date > \$ 231.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael J. Siano 129 Whitman Street Carteret, NJ 07008	Amalgamated Transit Union		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Int'l Vice Pres./GEB	11/28/94	21.00
	Aggregate Year-to-Date > \$ 231.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tommy N. Mullins P.O. Box 4192 Roanoke, VA 24015	Amalgamated Transit Union		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Int'l Vice Pres./GEB	11/28/94	21.00
	Aggregate Year-to-Date > \$ 231.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Melvin W. Schoopert 5304 SE 104th Avenue Portland, OR 97266	Amalgamated Transit Union		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Int'l Vice Pres./GEB	11/28/94	21.00
	Aggregate Year-to-Date > \$ 231.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wilford Spears 8931 South Harper Avenue Chicago, IL 60619	Amalgamated Transit Union		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Int'l Vice Pres./GEB	11/28/94	21.00
	Aggregate Year-to-Date > \$ 231.00		

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

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)

Amalgamated Transit Union - COPE

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard C. Branson 66 Collincotte Street Stoneham, MA 02180	Amalgamated Transit Union		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Int'l Vice Pres./CEB	11/28/94	21.00
Aggregate Year-to-Date > \$ 231.00			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Luther E. Hall 610 Fox Chase Cove North Collierville, TN 38017	Amalgamated Transit Union		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Int'l Vice Pres./CEB	11/28/94	21.00
Aggregate Year-to-Date > \$ 231.00			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Oscar Owens 11250 Glen Manor Place Oakland, CA 94605	Amalgamated Transit Union		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Int'l Vice Pres./CEB	11/28/94	21.00
Aggregate Year-to-Date > \$ 231.00			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jackie Breckenridge P.O. Box 2925 Country Club Hills, IL 60478	Amalgamated Transit Union		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Int'l Vice Pres./CEB	11/28/94	21.00
Aggregate Year-to-Date > \$ 231.00			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Hayas P.O. Box 9 Louisville, CO 80027	Amalgamated Transit Union		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Int'l Vice Pres./CEB	11/28/94	21.00
Aggregate Year-to-Date > \$ 231.00			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James LaSala 15602 Cliff Swallow Way Rockville, MD 20853	Amalgamated Transit Union		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Int'l President	11/28/94	21.00
Aggregate Year-to-Date > \$ 231.00			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph Welch 4552 Cedarvale Road #4 Syracuse, NY 13215	Amalgamated Transit Union		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Int'l Vice Pres.	11/28/94	21.00
Aggregate Year-to-Date > \$ 231.00			

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rodney Richmond 5573 Stillwater Drive New Orleans, LA 70128 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Amalgamated Transit Union Occupation Int'l vice Pres. Aggregate Year-to-Date > \$ 231.00	11/28/94	21.00
B. Full Name, Mailing Address and ZIP Code Donald T. Hansen 12616 Bronson Street SE Tenino, WA 98589 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Amalgamated Transit Union Occupation Int'l Vice Pres. Aggregate Year-to-Date > \$ 231.00	11/28/94	21.00
C. Full Name, Mailing Address and ZIP Code Karen S. Moore 12901 Nines Drive Crebe Coeur, MO 63141 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Amalgamated Transit Union Occupation Int'l Vice Pres. Aggregate Year-to-Date > \$ 231.00	11/28/94	21.00
D. Full Name, Mailing Address and ZIP Code Charles Cook P.O. Box 174 San Geronimo, CA 94963 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Amalgamated Transit Union Occupation Int'l Representative Aggregate Year-to-Date > \$ 231.00	11/28/94	21.00
E. Full Name, Mailing Address and ZIP Code Gary Maurer 383 Georgia Avenue SE Atlanta, GA 30312 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Amalgamated Transit Union Occupation Int'l Representative Aggregate Year-to-Date > \$ 231.00	11/28/94	21.00
F. Full Name, Mailing Address and ZIP Code Robert H. Baker 803 Heatherstone Drive Cincinnati, OH 45240 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Amalgamated Transit Union Occupation Int'l Vice Pres. Aggregate Year-to-Date > \$ 231.00	11/28/94	21.00
G. Full Name, Mailing Address and ZIP Code Kent R. Bishaw 7920 South Street Detroit, MI 48209 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	City of Detroit Dept. of Trans. Occupation Operator Aggregate Year-to-Date > \$ 210.00	11/4/94	25.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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PAGE 4 OF 7  
FOR LINE NUMBER 11 (a) (i)

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Amalgamated Transit Union - COPE

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Claudia D. Hudson 5409 Morrow Drive, #f San Pablo, CA 94806	Alameda-Contra Costa Trans. District		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Operator	11/21/94	20.00
	Aggregate Year-to-Date > \$ 220.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald J. Compton 2068 Monroe Street Santa Clara, CA 95050	Santa Clara County Transit District		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Operator	11/7/94	25.00
	Aggregate Year-to-Date > \$ 275.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William G. McLean 594 Lochburry Court San Jose, CA 95123	Santa Clara County Transit District		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Operator	11/7/94	25.63
	Aggregate Year-to-Date > \$ 281.93		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lorenzo L. Jones 1015 June Court Los Banos, CA 93635	Santa Clara County Transit District		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Operator	11/7/94	21.27
	Aggregate Year-to-Date > \$ 233.97		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John W. Campbell 791 Farm Drive, #2 San Jose, CA 95136	Santa Clara County Transit District		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Operator	11/7/94	55.00
	Aggregate Year-to-Date > \$ 330.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gregory P. Johnson 1007 South 20th Street LaCrosse, WI 54601	Municipal Transit Utility		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Operator		-0-
	Aggregate Year-to-Date > \$ 380.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dale E. Anderson 2865 Richard Drive LaCrosse, WI 54601	Municipal Transit Utility		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Operator		-0-
	Aggregate Year-to-Date > \$ 545.00		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lawrence J. Hanley 40 Yukon Avenue Staten Island, NY 10314	New York City Transit Authority		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Operator		-0-
	Aggregate Year-to-Date > \$ 420.00		
B. Full Name, Mailing Address and ZIP Code Herbert S. Dill 3216 Patterson Place, #101 St. Louis, MO 63129	Bi-State Development Agency		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Operator	11/28/94	20.00
	Aggregate Year-to-Date > \$ 240.00		
C. Full Name, Mailing Address and ZIP Code Olen W. Hagebusch 12 Sherly Drive Fairview Heights, IL 62208	Bi-State Development Agency		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Operator		-0-
	Aggregate Year-to-Date > \$ 250.00		
D. Full Name, Mailing Address and ZIP Code Charles Warner 9329 Lucia St. Louis, MO 63123	Bi-State Development Agency		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Operator	11/28/94	20.00
	Aggregate Year-to-Date > \$ 240.00		
E. Full Name, Mailing Address and ZIP Code Michael W. Breihan P.O. Box 244 Arnold, MO 63010	Bi-State Development Agency		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Operator	11/28/94	15.00
	Aggregate Year-to-Date > \$ 235.00		
F. Full Name, Mailing Address and ZIP Code Elizabeth A. Watkins 1716 Cass Avenue St. Louis, MO 63106	Bi-State Development Agency		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Operator	11/28/94	20.00
	Aggregate Year-to-Date > \$ 230.00		
G. Full Name, Mailing Address and ZIP Code John C. Goldstein 3058 North Stowell Avenue Milwaukee, WI 53211	Milwaukee Transport Service, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Operator	11/22/94	30.00
	Aggregate Year-to-Date > \$ 275.00		

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

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

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SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Amalgamated Transit Union - COPE

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert E. Eckert 1617 Stardust Drive Waukesha, WI 53186	Milwaukee Transport Service, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Operator	11/22/94	22.00
	Aggregate Year-to-Date > \$ 232.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard T. Zaib 83-87 118th Street Kew Gardens, NY 11415	New York City Transit Authority		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Operator		-0-
	Aggregate Year-to-Date > \$ 300.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steve Alcove, Jr. 3985 Normal, #1 San Diego, CA 92103	San Diego Transit Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Operator	11/21/94	25.00
	Aggregate Year-to-Date > \$ 246.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alejandro P. Arellano 126 Jacqua Street Chula Vista, CA 91911	San Diego Transit Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Operator		-0-
	Aggregate Year-to-Date > \$ 252.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gregory L. Attaway 275 Minot Street Chula Vista, CA 91910	San Diego Transit Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Operator	11/21/94	30.00
	Aggregate Year-to-Date > \$ 240.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Anthony J. Brady 9974 Hawley Road El Cajon, CA 92021	San Diego Transit Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Operator	11/21/94	20.00
	Aggregate Year-to-Date > \$ 240.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John E. Hayward 6360 Jeff Street San Diego, CA 92115	San Diego Transit Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Operator	11/21/94	19.50
	Aggregate Year-to-Date > \$ 258.50		

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 7 OF 7  
FOR LINE NUMBER 11 (a) (i)

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NAME OF COMMITTEE (in Full)

Amalgamated Transit Union - COPE

9  
4  
0  
3  
9  
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5  
0  
6  
7  
9

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jerry L. Kleiboeker 5015 Comanche, #L LaMesa, CA 91941	San Diego Transit Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Operator	11/21/94	36.00
Aggregate Year-to-Date > \$ 423.00			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald R. Randall 442 F Street, #C11 Chula Vista, CA 91910	San Diego Transit Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Operator	11/21/94	20.00
Aggregate Year-to-Date > \$ 240.00			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John B. Riskosky 354 Donax Avenue Imperial Beach, CA 91932	San Diego Transit Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Operator	11/21/94	20.00
Aggregate Year-to-Date > \$ 213.00			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald E. Stewart 5476 Forbes Avenue San Diego, CA 92120	San Diego Transit Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Operator	11/21/94	25.00
Aggregate Year-to-Date > \$ 240.00			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul E. Cote 4185 Mt. Alifan Place, #d San Diego, CA 92111	San Diego Transit Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Operator	11/21/94	20.00
Aggregate Year-to-Date > \$ 245.00			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt 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	Date (month, day, year)	Amount of Each Receipt 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)	913.40

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

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NAME OF COMMITTEE (in Full)

Amalgamated Transit Union - COPE

94039450680

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
NationsBank 1501 Pennsylvania Avenue, NW Washington, DC 20013	Trans. to Non-Fed Account Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	10/31/94	17,000.00
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)	Date (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)	Date (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)	Date (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)	Date (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)	Date (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)	Date (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)	Date (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)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....	
TOTAL This Period (last page 11's line number only) .....	17,000.00

**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	Date (month, day, year)	Amount of Each Disbursement This Period
McCarthy for Congress 507 Capital Court, Suite 100 Washington, DC 20002 MO	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20/94	500.00
B. Full Name, Mailing Address and ZIP Code Louise Slaughter Re-Election Committee P.O. Box 14117 Rochester, NY 14614 NY	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20/94	1,000.00
C. Full Name, Mailing Address and ZIP Code John Comerford 175-B US Highway 1 Tequesta, FL 33469 FL	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/25/94	500.00
D. Full Name, Mailing Address and ZIP Code Friends of Neal Smith Room 320 Insurance Exchange Building Des Moines, IA 50309 IA	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/25/94	1,000.00
E. Full Name, Mailing Address and ZIP Code Cynthia Ruccia for Congress 1036 Grandon Avenue Columbus, OH 43209 OH	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/25/94	500.00
F. Full Name, Mailing Address and ZIP Code Phil Schiliro for Congress Committee 393 Sunrise Highway Lynbrook, NY 11563 NY	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/25/94	500.00
G. Full Name, Mailing Address and ZIP Code Wynn for Congress '94 P.O. Box 5323 Capitol Heights, MD 20791-5323 MD	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/25/94	1,000.00
H. Full Name, Mailing Address and ZIP Code Nagle US Congress P.O. Box 792 Waterloo, IA 50704 IA	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/25/94	500.00
I. Full Name, Mailing Address and ZIP Code Citizens for Maldowney Committee P.O. Box 2599 Hagerstown, MD 21741 MD	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/25/94	500.00

<b>SUBTOTAL of Disbursements This Page (optional)</b> .....	
<b>TOTAL This Period (last page this line number only)</b> .....	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 4  
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	Date (month, day, year)	Amount of Each Disbursement This Period
Lofgren for Congress 1401 Parkmoor Avenue San Jose, CA 95126 CA	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/94	1,500.00
B. Full Name, Mailing Address and ZIP Code Mineta for Congress Committee 1245 Winchester Blvd., Suite 314 San Jose, CA 95128 CA	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/94	1,500.00
C. Full Name, Mailing Address and ZIP Code Friends of Tyrone Butler 498 St. Paul's Avenue Staten Island, NY 10304 NY	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/94	500.00
D. Full Name, Mailing Address and ZIP Code Lipinski for Congress P.O. Box 2884 Washington, DC 20013 IL	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/28/94	1,000.00
E. Full Name, Mailing Address and ZIP Code Oberly Senate Committee 3409 Lancaster Pike Wilmington, DE 19805 DE	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/28/94	1,500.00
F. Full Name, Mailing Address and ZIP Code Packus for US Senate P.O. Box 35 Winooski, VT 05404 VT	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/28/94	500.00
G. Full Name, Mailing Address and ZIP Code Pallone for Congress P.O. Box 3176 Long Branch, NJ 07740 NJ	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/28/94	500.00
H. Full Name, Mailing Address and ZIP Code Committee to Elect John Tierney 76 Laffette Street Salem, MA 01970 MA	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/94	250.00
I. Full Name, Mailing Address and ZIP Code Friends of Harvey Stowers P.O. Box 278 Amery, WI 54001 WI	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/2/94	500.00

SUBTOTAL of Disbursements This Page (optional)	
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 3 OF 4  
FOR LINE NUMBER 23

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**NAME OF COMMITTEE (In Full)**

Amalgamated Transit Union - COPE

9 4 5 3 2 4 5 0 6 8

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Connors for Congress 1037 South Florida Avenue, #106 Lakeland, FL 33803 FL	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/2/94	500.00
B. Full Name, Mailing Address and ZIP Code Dutremble for Congress P.O.Box 1133 Portland, ME 04104-1133 ME	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/2/94	500.00
C. Full Name, Mailing Address and ZIP Code Gary Ackerman for Congress 254-24 Northern Blvd. Little Neck, NY 11363 NY	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/2/94	500.00
D. Full Name, Mailing Address and ZIP Code Furse for Congress 6200 SW Virginia, #106 Portland, OR 97201 OR	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/2/94	500.00
E. Full Name, Mailing Address and ZIP Code Costello for Congress P.O. Box 8250 Belleville, IL 62222 IL	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/2/94	500.00
F. Full Name, Mailing Address and ZIP Code Stephens for Congress Committee 4232 Brandywine Drive Peoria, IL 61614 IL	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/2/94	500.00
G. Full Name, Mailing Address and ZIP Code Ward for Congress 318 Massachusetts Avenue, NE Washington, DC 20002 KY	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/3/94	500.00
H. Full Name, Mailing Address and ZIP Code Ron Sims for US Senate 233 6th Avenue, North, #10 Seattle, WA 98109 WA	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/3/94	1,000.00
I. Full Name, Mailing Address and ZIP Code Citizens for Brewster 118 West Pennsylvania Avenue Towson, MD 21204 MD	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/7/94	500.00

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

**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 4 OF 4  
FOR LINE NUMBER 23

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**NAME OF COMMITTEE (In Full)**

Amalgamated Transit Union - COPE

9 4 0 3 9 4 5 0 6 8 4

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Giglio for Congress 501 Capitol Court, NE, Suite 200 Washington, DC 20002	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/17/94	500.00
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)	Date (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)	Date (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)	Date (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)	Date (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)	Date (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)	Date (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)	Date (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)	Date (month, day, year)	Amount of Each Disbursement This Period

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

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

19,250.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)				
Amalgamated Transit Union - COPE				
<b>A. Full Name, Mailing Address and ZIP Code</b> Elaine Napper for Senate Committee 197 Pinacrest Drive Pittsburgh, PA 15237 PA	<b>Purpose of Disbursement</b> Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/20/94	<b>Amount of Each Disbursement This Period</b> 500.00	
<b>B. Full Name, Mailing Address and ZIP Code</b> Committee to Elect Greg Fajt 451 South Meadowcroft Avenue Pittsburgh, PA 15228 PA	<b>Purpose of Disbursement</b> Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/20/94	<b>Amount of Each Disbursement This Period</b> 100.00	
<b>C. Full Name, Mailing Address and ZIP Code</b> Olasz for Legislator Campaign Committee 3918 Haldane Street West Mifflin, PA 15122 PA	<b>Purpose of Disbursement</b> Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/20/94	<b>Amount of Each Disbursement This Period</b> 100.00	
<b>D. Full Name, Mailing Address and ZIP Code</b> Committee to Elect Dave Mayarnik 949 Center Avenue Pittsburgh, PA 15229 PA	<b>Purpose of Disbursement</b> Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/20/94	<b>Amount of Each Disbursement This Period</b> 100.00	
<b>E. Full Name, Mailing Address and ZIP Code</b> Committee to Elect Mike Veon P.O. Box 327 Beaver Falls, PA 15010 PA	<b>Purpose of Disbursement</b> Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/20/94	<b>Amount of Each Disbursement This Period</b> 100.00	
<b>F. Full Name, Mailing Address and ZIP Code</b> Friends of Frank Gigliotti P.O. Box 96082 Pittsburgh, PA 15226 PA	<b>Purpose of Disbursement</b> Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/20/94	<b>Amount of Each Disbursement This Period</b> 100.00	
<b>G. Full Name, Mailing Address and ZIP Code</b> Walko for State Legislator 97 Watson Blvd Pittsburgh, PA 15214 PA	<b>Purpose of Disbursement</b> Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/20/94	<b>Amount of Each Disbursement This Period</b> 100.00	
<b>H. Full Name, Mailing Address and ZIP Code</b> Maryland Campaign 94 - Federal Account Citizens for Sarbanes 236 Massachusetts Avenue, NE, Suite 202 MD	<b>Purpose of Disbursement</b> Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/25/94	<b>Amount of Each Disbursement This Period</b> 1,000.00	
<b>I. Full Name, Mailing Address and ZIP Code</b> Doyle for Congress P.O. Box 17426 Pittsburgh, PA 15235 PA	<b>Purpose of Disbursement</b> Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10/27/94	<b>Amount of Each Disbursement This Period</b> 500.00	

<b>SUBTOTAL of Disbursements This Page (optional)</b> .....	
<b>TOTAL This Period (last page this line number only)</b> .....	



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 2  
FOR LINE NUMBER 29

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**NAME OF COMMITTEE (in Full)**

Amalgamated Transit Union - COPE

94037450686

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bill Leavers for Congress 80 E. State Street Sharon, PA 15146 PA	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/94	500.00
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)	Date (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)	Date (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)	Date (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)	Date (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)	Date (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)	Date (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)	Date (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)	Date (month, day, year)	Amount of Each Disbursement This Period

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

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

3,100.00

**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  
12-2-94

First Class Mail POSTMARKED

Registered/Certified Mail POSTMARKED

No Postmark

Postmark Legible

Received from the House Office of Records and Registration DATE OF RECEIPT

Received from the Senate Office of Public Records DATE OF RECEIPT

Other (Specify): POSTMARKED  
and/or DATE OF RECEIPT

*JMN* 12-2-94  
 PREPARER DATE PREPARED

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