



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

September 20, 2000

RECEIVED
FEC MAIL ROOM
2000 SEP 22 P 1:44

CERTIFIED MAIL 110-443

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

Dear Sir or Madam:

Enclosed please find copies of amended reports for the months of April, May, June, July and August 2000 for Amalgamated Transit Union-COPE (ATU-COPE).

These amended reports were prompted by the discovery of a computer "glitch," resulting in the inaccurate reporting on Schedule A, Line 11a(i) for Edward William Oliver's aggregate year-to-date total. We have amended the April 2000 report showing the corrected total for Mr. Oliver. All subsequent reports have been amended to reflect unitemized monies contributed to the ATU-COPE program, by Mr. Oliver, as itemized. Also amended is the Detailed Summary Page, Columns A and B Line 11a(i) and Line 11a(ii) to reflect the corrections for all corresponding periods.

Additionally, enclosed is a copy of the September 2000 Report covering the period of August 1, 2000, through August 31, 2000, which includes two items which should be brought to your attention.

First, on Schedule B, Page 2, Line 23; we have, on August 31, 2000, redesignated our May 23, 2000, contribution from the 2000 Primary Election to the 2000 General Election for the Sabo for Congress Committee. Second, on Schedule B, Line 28(a) we have reported a refund of a prohibited contribution. This contribution was reported on the August 2000 report as an unitemized receipt. Upon review of the documentation received with the \$375 check (which allocated \$75 for five people)

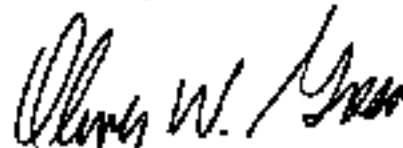


Public Records Office
September 20, 2000
Page 2

it was determined that this amount was intended for purposes other than an ATU-COPE contribution and was refunded.

Trusting this meets with your satisfaction, I remain

Sincerely,



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

amw
Enclosures

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(SUMMARY PAGE)

RECEIVED
FEC MAIL ROOM

2000 SEP 22 P 1:44

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

4. TYPE OF REPORT

Monthly Report Due On:

- (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

- 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 This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>08/01/00</u> through <u>08/31/00</u>		
6. (a) Cash on Hand January 1, 2000		\$ 197,639.96
(b) Cash on Hand at Beginning of Reporting Period	\$ 107,807.03	
(c) Total Receipts (from Line 19)	\$ 32,568.29	\$ 240,810.37
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 140,375.32	\$ 438,450.33
7. Total Disbursements (from Line 30)	\$ 20,959.85	\$ 319,034.88
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 119,415.47	\$ 119,415.47

9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D) \$ NONE For further information contact:
 10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D) \$ NONE Federal Election Commission
 609 E Street, NW
 Washington, DC 20483
 Toll Free 800-424-9530
 Local 202-219-3420

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: **09/19/00**

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	
	08/01/00	08/31/00
	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)	169.00	3,488.00
ii. Unitemized	31,821.94	231,232.88
iii. Total(add i and ii) >	31,990.94	234,721.88
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions(add a iii, b and c) >	31,990.94	234,721.88
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.)	577.35	6,088.49
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts(add 11d, 12, 13, 14, 15, 16, 17, and 18) >	32,568.29	240,810.37
20. Total Federal Receipts(subtract line 18 from line 19) >	32,568.29	240,810.37
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	3,534.85	6,474.86
c. Total Operating Expenditures(add a i, a ii, and b) >	3,534.85	6,474.86
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	16,500.00	300,750.00
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	375.00	375.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds(add a, b and c) >	375.00	375.00
29. Other Disbursements	550.00	11,435.00
30. Total Disbursements(add 21c, 22, 23, 24, 25, 26, 27, 28d and 29) >	20,958.85	319,034.86
31. Total Federal Disbursements(subtract line 21 a ii from line 30) >	20,958.85	319,034.86
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	31,990.94	234,721.88
33. Total Contribution Refunds (from line 28d)	375.00	375.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	32,365.94	234,346.88
35. Total Federal Operating Expenditures(add 21 a i and 21 b) >	3,534.85	6,474.86
36. Offsets to Operating Expenditures (from line 15)	---	---
37. Net Operating Expenditures(subtract line 36 from 35) >	3,534.85	6,474.86

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 Charles L. Pettus 6737 Kinchloe Avenue Baltimore, MD 21207 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer Amalgamated Transit Union Occupation International Vice Pres. Aggregate Year-to Date > \$ 336.00	Day (month, day, year) 08/03/00 08/04/00	Amount of Each Disbursement This Period 42.00 42.00
B. Full Name, Mailing Address and ZIP Code Ramona V. Davis 612 Shattuck Avenue, South Apartment #1 Seattle, WA 98055-2472 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer Jefferson Transit Authority Occupation Transit Worker Aggregate Year-to Date > \$ 250.00	Day (month, day, year) 08/08/00	Amount of Each Disbursement This Period 55.00
C. Full Name, Mailing Address and ZIP Code Craig D. Whitehead 6346 Montgomery Road, #14 Cincinnati, OH 45213-1425 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer SW Ohio Regional Transit Authority Occupation Transit Worker Aggregate Year-to Date > \$ 225.00	Day (month, day, year) 08/04/00 08/18/00	Amount of Each Disbursement This Period 15.00 15.00
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to Date > \$	Day (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to Date > \$	Day (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to Date > \$	Day (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to Date > \$	Day (month, day, year)	Amount of Each Disbursement This Period

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

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

169.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21(b)

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	Purpose of Disbursement	Day (month, day, year)	Amount of Each Disbursement This Period
The United States Treasury Internal Revenue Service Philadelphia, PA 19255	Tax payment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Tax Payment	08/09/00	24.85
B. Full Name, Mailing Address and ZIP Code Citibank, F.S.B. 5001 Wisconsin Avenue, NW Washington, DC 20016	Tax Transfer Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Tax Transfer Fee	08/21/00	3,510.00
C. 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
D. 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
E. 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
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)..... 3,534.85

TOTAL This Period (last page this line number only)..... 3,534.85

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Day (month, day, year)	Amount of Each Disbursement This Period
Democratic Congressional Campaign Committee 430 South Capitol Street, SE Washington, DC 20003	Democratic Congressional Campaign Committee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	08/02/00	5,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Day (month, day, year)	Amount of Each Disbursement This Period
Matheson for Congress 795 North Terrace Hills Drive Salt Lake City, UT 84103	Jim Matheson, House Candidate, UT, 2nd Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) 2000 General	08/02/00	2,500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Day (month, day, year)	Amount of Each Disbursement This Period
Ben Nelson for Senate P.O. Box 241585 Omaha, NE 68124	Ben Nelson, Senate Candidate, NE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) 2000 General	08/04/00	3,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Day (month, day, year)	Amount of Each Disbursement This Period
Bob Kent for Congress P.O. Box 1110 David, CA 95617-1110	Bob Kent, House Candidate, CA, 3rd Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) 2000 General	08/07/00	1,500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Day (month, day, year)	Amount of Each Disbursement This Period
Friends of Major Owens P.O. Box 2265 Brooklyn, NY 11202	Major Owens, House Candidate, NY, 11th Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) 2000 Primary	08/10/00	1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Day (month, day, year)	Amount of Each Disbursement This Period
Mike Thompson for Congress 3003 Buckingham Road Kelseyville, CA 95451	Mike Thompson, House Candidate, CA, 1st Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) 2000 General	08/10/00	200.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Day (month, day, year)	Amount of Each Disbursement This Period
Susan Bass Levin for Congress P.O. Box 3311 Cherry Hill, NJ 08034	Susan Bass Levin, House Candidate, NJ, 3rd Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) 2000 General	08/10/00	600.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Day (month, day, year)	Amount of Each Disbursement This Period
Jody Wagner for Congress P.O. Box 1158 Virginia Beach, VA 23451	Jody Wagner, House Candidate, VA, 2nd Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) 2000 General	08/10/00	1,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Day (month, day, year)	Amount of Each Disbursement This Period
LoBlondo for Congress P.O. Box 550 Vineland, NJ 08362-0550	Frank LoBlondo, House Candidate, NJ, 2nd Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) 2000 General	08/21/00	500.00

SUBTOTAL of Disbursements This Page (optional)	15,300.00
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

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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
Luther for Congress Volunteer Committee 1399 Geneva Avenue, North, Suite 202 Oakdale, MN 55128	Bill Luther, House Candidate, MN, 6th Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2000	08/21/00	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Day (month, day, year)	Amount of Each Disbursement This Period
Jim Langevin for Congress 9 Jefferson Street Warwick, RI 02888	James Langevin, House Candidate, RI, 2nd Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2000	08/22/00	200.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Day (month, day, year)	Amount of Each Disbursement This Period
Sabo for Congress Volunteer Cmte. P.O. Box 14791 Minneapolis, MN 55414 Redesignation of 5/23/00 check to 2000 General	Martin Sabo, House Candidate, MN, 5th Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 General	05/23/00 08/31/00	1000.00 memo 1000.00 memo (disclosed on June 2000 rpt.)
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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	1,200.00
TOTAL This Period (last page this line number only)	16,500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 28(a)

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 PACE 550 West Agonquin Road Arlington Heights, IL 60005	Purpose of Disbursement Refund of prohibited contribution	Day (month, day, year) 08/10/00	Amount of Each Disbursement This Period 375.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)		
B. 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 <input type="checkbox"/> Other (specify)		
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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> Other (specify)		
SUBTOTAL of Disbursements This Page (optional)			375.00
TOTAL This Period (last page this line number only)			375.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Day (month, day, year)	Amount of Each Disbursement This Period
The Thomas Petrone Committee P.O. Box 8541 Pittsburgh, PA 15220	Non-Federal Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	08/04/00	100.00
B. Full Name, Mailing Address and ZIP Code Frinds of Bob O'Connor 5670 Phillips Avenue Pittsburgh, PA 15217	Non-Federal Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	08/07/00	50.00
C. Full Name, Mailing Address and ZIP Code Leydansky for Legislature 5118 Dorris Drive Elizabeth, PA 15037	Non-Federal Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	08/10/00	300.00
D. Full Name, Mailing Address and ZIP Code Committee to Elect Bodack 4825 Butler Street Pittsburgh, PA 15201	Non-Federal Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	08/21/00	100.00
E. 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
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)..... 550.00

TOTAL This Period (last page this line number only)..... 550.00

