

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

- (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
- (b) Is this Report an Amendment? YES NO

Monthly Report Due On:

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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>08/01/00</u> through <u>08/30/00</u>		
6. (a) Cash on Hand January 1, 2000		\$ 197,639.96
(b) Cash on Hand at Beginning of Reporting Period	\$ 89,390.24	
(c) Total Receipts (from Line 19)	\$ 32,521.71	\$ 178,597.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 131,911.95	\$ 378,236.96
7. Total Disbursements (from Line 30)	\$ 46,000.00	\$ 290,325.01
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 85,911.95	\$ 85,911.95
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 1100 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ NONE	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.		

Type or Print Name of Treasurer OLIVER W. GREEN	Date
Signature of Treasurer 	09/19/00

NOTE: Submission of false, erroneous, or incomplete information may subject the person filing this Report to the penalties of 2 USC § 437g.

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

PAGE 2, FEC FORM 3X

NAME OF COMMITTEE	REPORT COVERING PERIOD	
	06/01/00	06/30/00
Amalgamated Transit Union - COPE	COLUMN A	COLUMN B
	Total This Period	Calendar Year
I. Receipts		
11. Contributions (other than loans) Front:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	550.50	3,061.50
ii. Unitemized	31,401.74	170,568.79
iii. Total (add i and ii) >	31,952.24	173,630.29
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) >	31,952.24	173,630.29
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.)	569.47	4,986.71
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	32,521.71	178,597.00
20. Total Federal Receipts (subtract line 18 from line 19) >	32,521.71	178,597.00
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	0.00	2,940.01
c. Total Operating Expenditures (add a i, a ii, and b) >	0.00	2,940.01
22. Transfers to Affiliated/Other Party Committees	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees	46,000.00	262,250.00
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	0.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) >	0.00	0.00
29. Other Disbursements	0.00	5,135.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d and 29) >	46,000.00	290,325.01
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	46,000.00	290,325.01
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	31,952.24	173,630.29
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	31,952.24	173,630.29
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	0.00	2,940.01
36. Offsets to Operating Expenditures (from line 15)	---	---
37. Net Operating Expenditures (subtract line 36 from 35) >	0.00	2,940.01

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 Edward William Oliver 1825 Minuteman Causeway Unit 205 Cocoa Beach, FL 32931-2032 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer Retired Occupation	Day (month, day, year) 08/02/00 Aggregate Year-to Date > \$ \$551.00	Amount of Each Disbursement This Period 8.50
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer Occupation	Day (month, day, year) Aggregate Year-to Date > \$	Amount of Each Disbursement This Period
C. 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	Day (month, day, year) Aggregate Year-to Date > \$	Amount of Each Disbursement This Period
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	Day (month, day, year) Aggregate Year-to Date > \$	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	Day (month, day, year) Aggregate Year-to Date > \$	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	Day (month, day, year) Aggregate Year-to Date > \$	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	Day (month, day, year) Aggregate Year-to Date > \$	Amount of Each Disbursement This Period

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

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

8.50

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 9/20/00
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
CR	9/22/00
PREPARER	DATE PREPARED