



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

October 25, 1999

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

**RE: OCTOBER 1999
MONTHLY REPORT**

Dear Sir or Madam:

Enclosed please find the October 1999 Report covering the reporting period of September 1, 1999 through September 30, 1999 for Amalgamated Transit Union - COPE.

Trusting this meets with your satisfaction, I am

Sincerely,

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

/npc
Enclosure

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(SUMMARY PAGE)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

1999 OCT 25 P 4: 11

1. NAME OF COMMITTEE (in full) <p style="text-align: center;">AMALGAMATED TRANSIT UNION - COPE</p>	2. FEC IDENTIFICATION NUMBER <p style="text-align: center;">CD0032985</p>
ADDRESS (number and street) Check if different than previously reported <p style="text-align: center;">5025 WISCONSIN AVENUE, NW</p>	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE <p style="text-align: center;">WASHINGTON, DC 20018</p>	

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:

- 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>9/1/99</u> through <u>9/30/99</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>		\$ <u>93,005.14</u>
(b) Cash on Hand at Beginning of Reporting Period	\$ <u>187,832.32</u>	
(c) Total Receipts (from Line 19)	\$ <u>39,111.74</u>	\$ <u>338,300.58</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <u>206,944.06</u>	\$ <u>431,305.70</u>
7. Total Disbursements (from Line 30)	\$ <u>19,025.00</u>	\$ <u>243,386.64</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <u>187,919.06</u>	\$ <u>187,919.06</u>
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 699 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 <p style="text-align: center;">OLIVER W. GREEN</p>		Date <p style="text-align: center;">10/20/99</p>
Signature of Treasurer 		

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	
	FROM: 9/1/99	TO: 9/30/99
	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)	1,155.41	4,405.19
ii. Unitemized	37,154.76	328,274.21
iii. Total	38,310.17	332,679.40
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions	38,310.17	332,679.40
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.)	801.57	5,621.16
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts	39,111.74	338,300.56
20. Total Federal Receipts	39,111.74	338,300.56
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share	0.00	9,362.67
b. Other Federal Operating Expenditures	0.00	9,362.67
c. Total Operating Expenditures	10,000.00	40,548.97
22. Transfers to Affiliated/Other Party Committees	6,500.00	179,950.00
23. Contributions to Federal Candidates/Committees and Other Political Committees		
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	0.00	0.00
29. Other Disbursements	2,525.00	13,525.00
30. Total Disbursements	19,025.00	243,366.64
31. Total Federal Disbursements	19,025.00	243,366.64
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	38,310.17	332,679.40
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	38,310.17	332,679.40
35. Total Federal Operating Expenditures	0.00	9,362.67
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00
37. Net Operating Expenditures	0.00	9,362.67

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 CHARLES L PETTUS 8737 KINCHELOE AVENUE BALTIMORE, MD 21207-4343	Name of Employer AMALGAMATED TRANSIT UNION	Day (month, day, year) 09/30/99	Amount of Each Disbursement This Period 42.00
	Occupation INTL. V.P. Aggregate Year-to Date > \$ 336.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):			

B. Full Name, Mailing Address and ZIP Code WILLIAM G MC LEAN 594 LOCHBURY COURT SAN JOSE, CA 95123-1324	Name of Employer SANTA CLARA COUNTY TRANS. DIS.	Day (month, day, year) 09/24/99	Amount of Each Disbursement This Period 29.37
	Occupation TRANSIT WORKER Aggregate Year-to Date > \$ 262.61		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):			

C. Full Name, Mailing Address and ZIP Code LORETTA A. SPRINGER 1600 DECKER AVENUE SAN MARTIN, CA 95048-9633	Name of Employer SANTA CLARA COUNTY TRANS. DIS.	Day (month, day, year) 09/24/99	Amount of Each Disbursement This Period 28.04
	Occupation TRANSIT WORKER Aggregate Year-to Date > \$ 250.72		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):			

D. Full Name, Mailing Address and ZIP Code DALE E ANDERSON 1227 EAST AVENUE LACROSSE, WI 54601-5767	Name of Employer MUNICIPAL TRANSIT UTILITY	Day (month, day, year) 09/15/99	Amount of Each Disbursement This Period 120.00
	Occupation TRANSIT WORKER Aggregate Year-to Date > \$ 270.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):			

E. Full Name, Mailing Address and ZIP Code RAMONA V DAVIS 612 SHATTUCK AVENUE S APT # 1, RENTON, WA 98055-2472	Name of Employer MUNICIPALITY OF METRO SEATTLE	Day (month, day, year) 09/17/99	Amount of Each Disbursement This Period 30.00
	Occupation TRANSIT WORKER Aggregate Year-to Date > \$ 210.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):			

F. Full Name, Mailing Address and ZIP Code CRAIG D WHITEHEAD 6348 MONTGOMERY ROAD CINCINNATI, OH 45213-1425	Name of Employer SE OHIO REGIONAL TRANSIT AUTH	Day (month, day, year) 09/17/99	Amount of Each Disbursement This Period 30.00
	Occupation TRANSIT WORKER Aggregate Year-to Date > \$ 255.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):			

G. Full Name, Mailing Address and ZIP Code DONALD HOWE 43 ELKHART STREET STATE ISLAND, NY 10308-1821	Name of Employer NEW YORK CITY TRANSITY AUTH	Day (month, day, year) 09/29/99	Amount of Each Disbursement This Period 28.00
	Occupation TRANSIT WORKER Aggregate Year-to Date > \$ 224.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)	307.41
TOTAL This Period (last page this line number only)	

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 JAMES G MAGNUSKI 63 ASHMALL AVENUE SPOTSWOOD, NJ 08884-2148 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer NEW YORK CITY TRANSIT AUTHORITY	Day (month, day, year) 09/28/99	Amount of Each Disbursement This Period 28.00
	Occupation TRANSIT WORKER Aggregate Year-to Date > \$ 224.00		
B. Full Name, Mailing Address and ZIP Code VICTOR SUAREZ 332 BARD AVENUE STATEN ISLAND, NY 10 0-1662 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer NEW YORK CITY TRANSIT AUTHORITY	Day (month, day, year) 09/29/99	Amount of Each Disbursement This Period 40.00
	Occupation TRANSIT WORKER Aggregate Year-to Date > \$ 320.00		
C. Full Name, Mailing Address and ZIP Code RONALD MARTINO 488 STANFORD ROAD FAIRLESS HILL, PA 19030-4010 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer NEW YORK CITY TRANSIT AUTHORITY	Day (month, day, year) 09/28/99	Amount of Each Disbursement This Period 28.00
	Occupation TRANSIT WORKER Aggregate Year-to Date > \$ 224.00		
D. Full Name, Mailing Address and ZIP Code MICHAEL F GARGUILLO 3 HITCHCOCH AVENUE STATEN ISLAND, NY 10308-2121 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer NEW YORK CITY TRANSIT AUTHORITY	Day (month, day, year) 09/29/99	Amount of Each Disbursement This Period 28.00
	Occupation TRANSIT WORKER Aggregate Year-to Date > \$ 224.00		
E. Full Name, Mailing Address and ZIP Code DAVID S RANSOM 13 DRIFTWOOD DRIVE HOWELL, NJ 10304-4518 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer NEW YORK CITY TRANSIT AUTHORITY	Day (month, day, year) 09/29/99	Amount of Each Disbursement This Period 32.00
	Occupation TRANSIT WORKER Aggregate Year-to Date > \$ 256.00		
F. Full Name, Mailing Address and ZIP Code ROBERT BALLARD 869 TARGEE STREET STATEN ISLAND, NY 10304-4518 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer NEW YORK CITY TRANSIT AUTHORITY	Day (month, day, year) 09/29/99	Amount of Each Disbursement This Period 80.00
	Occupation TRANSIT WORKER Aggregate Year-to Date > \$ 550.00		
G. Full Name, Mailing Address and ZIP Code STEWART RANSOM 51 LYNN COURT STATEN ISLAND, NY 10314-7420 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer NEW YORK CITY TRANSIT AUTHORITY	Day (month, day, year) 09/28/99	Amount of Each Disbursement This Period 8.00
	Occupation TRANSIT WORKER Aggregate Year-to Date > \$ 244.00		

SUBTOTAL of Receipts This Page (optional)..... 244.00

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 3 OF 5
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)
AMALGAMATED TRANSIT UNION - COPE

<p>A. Full Name, Mailing Address and ZIP Code JOSEPH J O'CALLAGHAN 5 TWOMBLY AVENUE STATEN ISLAND, NY 10306-3805</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):</p>	<p>Name of Employer NEW YORK CITY TRANSIT AUTHORITY</p> <p>Occupation TRANSIT WORKER</p> <p>Aggregate Year-to Date > \$ 320.00</p>	<p>Day (month, day, year) 09/29/99</p>	<p>Amount of Each Disbursement This Period 40.00</p>
<p>B. Full Name, Mailing Address and ZIP Code ROBERT S MONACO 156 OAKVILLE STREET STATEN ISLAND, NY 10314-5053</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):</p>	<p>Name of Employer NEW YORK CITY TRANSIT AUTHORITY</p> <p>Occupation TRANSIT WORKER</p> <p>Aggregate Year-to Date > \$ 252.00</p>	<p>Day (month, day, year) 09/29/99</p>	<p>Amount of Each Disbursement This Period 38.00</p>
<p>C. Full Name, Mailing Address and ZIP Code ROBERT SWEENEY 243 COLES AVENUE SCOTCH PLAINS, NJ 07076-1435</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):</p>	<p>Name of Employer NEW YORK CITY TRANSIT AUTHORITY</p> <p>Occupation TRANSIT WORKER</p> <p>Aggregate Year-to Date > \$ 206.00</p>	<p>Day (month, day, year) 09/29/99</p>	<p>Amount of Each Disbursement This Period 8.00</p>
<p>D. Full Name, Mailing Address and ZIP Code ROBERT J DUNNE 160 BRAISTED AVENUE STATEN ISLAND NY 10314-6143</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):</p>	<p>Name of Employer NEW YORK CITY TRANSIT AUTHORITY</p> <p>Occupation TRANSIT WORKER</p> <p>Aggregate Year-to Date > \$ 224.00</p>	<p>Day (month, day, year) 09/29/99</p>	<p>Amount of Each Disbursement This Period 28.00</p>
<p>E. Full Name, Mailing Address and ZIP Code BRIA DAWSON 15 OAKDALE STREET STATEN ISLAND, NY 10308-2642</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):</p>	<p>Name of Employer NEW YORK CITY TRANSIT AUTHORITY</p> <p>Occupation TRANSIT WORKER</p> <p>Aggregate Year-to Date > \$ 224.00</p>	<p>Day (month, day, year) 09/29/99</p>	<p>Amount of Each Disbursement This Period 28.00</p>
<p>F. Full Name, Mailing Address and ZIP Code VINCENT MECCA 98 DELAFIELD PLACE STATEN ISLAND, NY 10310-1656</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):</p>	<p>Name of Employer NEW YORK CITY TRANSIT AUTHORITY</p> <p>Occupation TRANSIT WORKER</p> <p>Aggregate Year-to Date > \$ 240.00</p>	<p>Day (month, day, year) 09/29/99</p>	<p>Amount of Each Disbursement This Period 30.00</p>
<p>G. Full Name, Mailing Address and ZIP Code JOSEPH PALAZZOLO 111 WALLACE AVENUE STATEN ISLAND, NY 10305-4525</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):</p>	<p>Name of Employer NEW YORK CITY TRANSIT AUTHORITY</p> <p>Occupation TRANSIT WORKER</p> <p>Aggregate Year-to Date > \$ 208.00</p>	<p>Day (month, day, year) 09/29/99</p>	<p>Amount of Each Disbursement This Period 26.00</p>

SUBTOTAL of Receipts This Page (optional)..... 196.00

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

SCHEDULE A ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
AMALGAMATED TRANSIT UNION - COPE

A. Full Name, Mailing Address and ZIP Code HERBERT S DILL 5215 ADKINWS ST LOUIS, MO 63116-2320 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer BI-STATE DEVELOPMENT AGENCY Occupation TRANSIT WORKER	Day (month, day, year) 09/23/99	Amount of Each Disbursement This Period 40.00
	Aggregate Year-to Date > \$ 270.00		
B. Full Name, Mailing Address and ZIP Code CHARLES WARNER 9329 LUCIA ST LOUIS, MO 63123-4407 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer BI-STATE DEVELOPMENT AGENCY Occupation TRANSIT WORKER	Day (month, day, year) 09/23/99	Amount of Each Disbursement This Period 40.00
	Aggregate Year-to Date > \$ 240.00		
C. Full Name, Mailing Address and ZIP Code LLOYD PERKINS SR 6225 NORTH SPENCER PLACE MILWAUKEE, W 48272 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer MILWAUKEE TRANSPORT SER, INC Occupation TRANSIT WORKER	Day (month, day, year) 09/30/99	Amount of Each Disbursement This Period 26.00
	Aggregate Year-to Date > \$ 208.00		
D. Full Name, Mailing Address and ZIP Code JERRY KLEIBOEKER 5015 COMANCHE # L LA MESA, CA 91941-3521 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer SAN DIEGO TRANSIT CORPORATION Occupation TRANSIT WORKER	Day (month, day, year) 09/27/99	Amount of Each Disbursement This Period 88.00
	Aggregate Year-to Date > \$ 428.00		
E. Full Name, Mailing Address and ZIP Code DONALD E STEWART 5476 FORBES AVENUE SAN DIEGO, CA 92120-1802 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer SAN DIEGO TRANSIT CORPORATION Occupation TRANSIT WORKER	Day (month, day, year) 09/27/99	Amount of Each Disbursement This Period 44.00
	Aggregate Year-to Date > \$ 214.50		
F. Full Name, Mailing Address and ZIP Code PAUL E COTE 4243 RUEDA DRIVE SAN DIEGO, CA 92124-2111 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer SAN DIEGO TRANSIT CORPORATION Occupation TRANSIT WORKER	Day (month, day, year) 09/27/99	Amount of Each Disbursement This Period 40.00
	Aggregate Year-to Date > \$ 210.00		
G. Full Name, Mailing Address and ZIP Code DENNIS L MC KAY 3221 BANCROFT #33 SPRING VALLEY, CA 94599-9405 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer SAN DIEGO TRANSIT CORPORATION Occupation TRANSIT WORKER	Day (month, day, year) 09/27/99	Amount of Each Disbursement This Period 80.00
	Aggregate Year-to Date > \$ 328.00		

SUBTOTAL of Receipts This Page (optional)	358.00
TOTAL This Period (last page this line number only)	

SCHEDULE A ITEMIZED RECEIPTS

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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
PAUL R ANDERSON 1879 HERITAGE WAY YOUNTVILLE, CA	GOLDEN GATE BRIDGE HIGHWAY TRANSIT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation TRANSIT WORKER	09/13/99	25.00
B. Full Name, Mailing Address and ZIP Code	Aggregate Year-to Date > \$	225.00	
JERROLD W BAKER 1325 MAR VISTA TIBURON, CA 94920	Name of Employer GOLDEN GATE BRIDGE HIGHWAY TRANSIT	Day (month, day, year)	Amount of Each Disbursement This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation TRANSIT WORKER	09/13/99	25.00
C. Full Name, Mailing Address and ZIP Code	Aggregate Year-to Date > \$	225.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer	Day (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Occupation	Aggregate Year-to Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer	Day (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Occupation	Aggregate Year-to Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer	Day (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Occupation	Aggregate Year-to Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer	Day (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Occupation	Aggregate Year-to Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer	Day (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Receipts This Page (optional)	50.00
TOTAL This Period (last page this line number only)	1,155.41

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
MISSOURI ATU-COPE 1811 SOUTH BROADWAY ST. LOUIS, MO 63104	TRANSFER TO NON-FEDERAL ACCOUNT Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/20/99	10,000.00
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)	Day (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)	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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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).....

10,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 23

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
DON PAYNE FOR CONGRESS P O BOX 2408 NEWARK, NJ 07112 NJ	DON M. PAYNE, HOUSE CANDIDATE, 10TH, NJ Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) 2000	9/29/99	1,000.00
FRIENDS OF PATRICK J, KENNEDY P O BOX 77047 WASHINGTON, DC 22 RI	PATRICK J. KENNEDY, HOUSE CANDIDATE, 1ST, RI Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) 2000	9/17/99	1,000.00
BONIOR FOR CONGRESS P O BOX 75214 WASHINGTON, DC 20013-5214 MI	DAVID BONIOR, HOUSE CANDIDATE, 10TH, MI Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) 2000	9/17/99	2,500.00
SHERMAN FOR CONGRESS 20929 VENTURA BOULEVARD BOX 615 WOODLAND HILLS, CA 91364 CA	BRAD SHERMAN, HOUSE CANDIDATE, 24TH, CA Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) 2000	9/7/99	500.00
BRIAN BAIRD FOR CONGRESS P O BOX 1516 VANCOUVER, WA 98660 WA	BRIAN BAIRD, HOUSE CANDIDATE 3RD, WA Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) 2000	9/7/99	1,000.00
BACA FOR CONGRESS 707 WEST 2ND STREET, SUITE G SAN BERNARDINO, CA 92410 CA	JOE BACA, HOUSE CANDIDATE, 42ND, CA Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) SPECIAL	9/7/99	500.00
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).....

6,500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 29

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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 MC CARTHY 601 E. 10TH AVENUE MUNHCELL, PA 15120 PA	THOMAS MC CARTHY JUDGES INTERNATIONAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/20/99	125.00
B. Full Name, Mailing Address and ZIP Code CROSSEY 2000 491 OLD FARM ROAD PITTSBURGH, PA 15228 PA	MIKE CROSSEY COUNTY COUNCIL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/17/99	300.00
C. Full Name, Mailing Address and ZIP Code FONTANA FOR 2000 1309 CREEDMORE AVENUE PITTSBURGH, PA 15226 PA	WAYNE FONTANA COUNTY COUNCIL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/13/99	100.00
D. Full Name, Mailing Address and ZIP Code COMMITTEE TO ELECT RANDY TODD P O BOX 11862 PITTSBURGH, PA 15228 PA	RANDY TODD, COURT OF COMMON PLACES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/9/99	100.00
E. Full Name, Mailing Address and ZIP Code FRIENDS OF RICK SCHWARTZ 773 PROVIDENCE DRIVE PITTSBURGH, PA 15239 PA	RICK SCHWARTZ COUNTY COUNCIL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/9/98	200.00
F. Full Name, Mailing Address and ZIP Code CYRIL WECHT COMMITTEE WEST PENN BUILDING PITTSBURGH, PA 15222 PA	CYRIL WECHT COUNTY EXECUTIVE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/7/99	1,000.00
G. Full Name, Mailing Address and ZIP Code COMMITTEE TO ELECT EILEEN WAGNER 357 ROCKFIELD ROAD PITTSBURGH, PA 15243 PA	EILEEN WAGNER COUNTY COUNCIL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/7/99	100.00
H. Full Name, Mailing Address and ZIP Code COMMITTEE FOR JEANNE BRIMMEIER 141 RENFER STREET PITTSBURGH, PA 15237 PA	JEANNE BRIMMEIER COUNTY COUNCIL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/7/99	100.00
I. Full Name, Mailing Address and ZIP Code BILL DE WEESE CAMPAIGN COMM P O BOX 513 HARRISBURG, PA 17108 PA	BILL DE WEESE STATE REPRESENTATIVE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/28/99	500.00

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

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

2,525.00

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.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>10-26-99</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<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	
<i>JM 13</i> PREPARER	<i>10-26-99</i> DATE PREPARED