

Federal PAC NC Disclosure Report Cover

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Please note that this cover sheet cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, or account information.
 You must amend the Federal PAC Statement of Organization (CRO-4000) to make those kinds of committee changes.
 Use the Addendum form (CRO-4110) if additional information needs to be provided.

1. Committee Information	
a. Full Name	c. NC ID Number
CWA COPE PCC	
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
501 Third Street, NW Washington, DC 20001	01/13/2006
	e. Phone Number
	(202) 434-1323

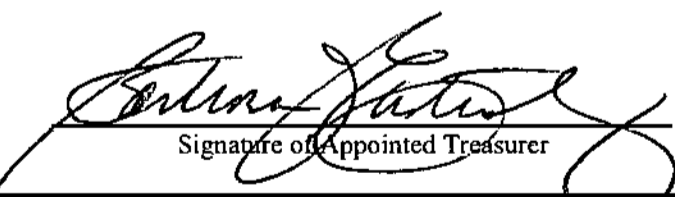
2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	5. Total Amount Given to NC Committees
2005	07/01/2005	12/31/2005	\$ 0.00

6. Type of Report (check one)	8. Treasurer Full Name	(this should appear as listed on the Statement of Organization [CRO-4000])										
<table border="0"> <tr> <td>Quarterly</td> <td>Semi-annual</td> </tr> <tr> <td><input type="checkbox"/> First Plus</td> <td><input type="checkbox"/> Mid Year</td> </tr> <tr> <td><input type="checkbox"/> Second</td> <td><input checked="" type="checkbox"/> Year End</td> </tr> <tr> <td><input type="checkbox"/> Third Plus</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Fourth</td> <td><input type="checkbox"/> Special</td> </tr> </table>	Quarterly	Semi-annual	<input type="checkbox"/> First Plus	<input type="checkbox"/> Mid Year	<input type="checkbox"/> Second	<input checked="" type="checkbox"/> Year End	<input type="checkbox"/> Third Plus		<input type="checkbox"/> Fourth	<input type="checkbox"/> Special	Barbara Easterling	
Quarterly	Semi-annual											
<input type="checkbox"/> First Plus	<input type="checkbox"/> Mid Year											
<input type="checkbox"/> Second	<input checked="" type="checkbox"/> Year End											
<input type="checkbox"/> Third Plus												
<input type="checkbox"/> Fourth	<input type="checkbox"/> Special											
7. Special Report Name (if applicable)	9. Assistant Treasurer Full Name	(list the assistant that is a NC resident, if it is not the treasurer)										
	Wallace Weaver											

10. Account Information		10. Account Information	
a. Financial Institution Full Name	b. Purpose	a. Financial Institution Full Name	b. Purpose
SunTrust Bank	To make contributions	n/a	
c. Code		c. Code	
d. Period Begin Balance	e. Period End Balance	d. Period Begin Balance	e. Period End Balance
\$ 2,037,714.15	\$ 2,267,337.37	\$	\$

CERTIFICATION

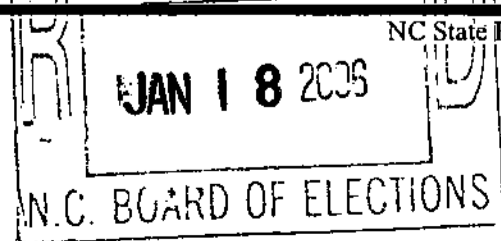
I certify that the Committee is in compliance with all provisions of Article 22A. I further say that this report is complete, true and correct.

Barbara J. Easterling  01/13/2006
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: _____	Employee: _____	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed
Date Postmarked: <u>1/13/06</u>	Employee: <u>UWS</u>	
Date Scanned: _____	Employee: _____	

CRO-4100 NC State Board of Elections January 2004



S 01-19-0602