

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 CWA COPE PCC	c. NC ID Number
b. Mailing Address (include City, State and Zip Code) 501 Third Street, NW Washington, DC 20001	d. Date Filed 04/24/2006
	e. Phone Number (202) 434-1323

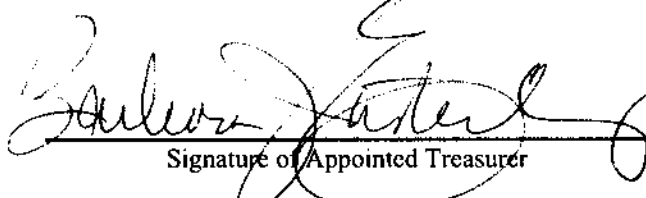
2. Report Year 2006	3. Period Start Date (mm/dd/yyyy) 01/01/2006	4. Period End Date (mm/dd/yyyy) 04/15/2006	5. Total Amount Given to NC Committees \$ 500.00
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6. Type of Report (check one)	8. Treasurer Full Name (this should appear as listed on the Statement of Organization [CRO-4000])										
<table border="0"> <tr> <td>Quarterly</td> <td>Semi-annual</td> </tr> <tr> <td><input checked="" type="checkbox"/> First Plus</td> <td><input type="checkbox"/> Mid Year</td> </tr> <tr> <td><input type="checkbox"/> Second</td> <td><input 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 checked="" type="checkbox"/> First Plus	<input type="checkbox"/> Mid Year	<input type="checkbox"/> Second	<input type="checkbox"/> Year End	<input type="checkbox"/> Third Plus		<input type="checkbox"/> Fourth	<input type="checkbox"/> Special	Barbara Easterling
Quarterly	Semi-annual										
<input checked="" type="checkbox"/> First Plus	<input type="checkbox"/> Mid Year										
<input type="checkbox"/> Second	<input 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 SunTrust Bank	a. Financial Institution Full Name n/a	b. Purpose To make contributions	c. Code
d. Period Begin Balance \$ 2,267,337.37	e. Period End Balance \$ 2,351,169.51	d. Period Begin Balance \$	e. Period End Balance \$

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  04/24/2006
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: _____ Employee: gc

Date Postmarked: _____ Employee: gc

Date Scanned: _____ Employee: _____

RECEIVED
APR 27 2006
4-25-06

Delivery Method
 Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed