

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 07/11/2006
	e. Phone Number (202) 434-1323

2. Report Year 2006	3. Period Start Date (mm/dd/yyyy) 04/16/2006	4. Period End Date (mm/dd/yyyy) 06/30/2006	5. Total Amount Given to NC Committees \$ 0.00
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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]) Barbara Easterling										
<table border="0"> <tr> <td><input type="checkbox"/> Quarterly</td> <td><input type="checkbox"/> Semi-annual</td> </tr> <tr> <td><input type="checkbox"/> First Plus</td> <td><input type="checkbox"/> Mid Year</td> </tr> <tr> <td><input checked="" type="checkbox"/> Second</td> <td><input type="checkbox"/> Year End</td> </tr> <tr> <td><input type="checkbox"/> Third Plus</td> <td><input type="checkbox"/> Special</td> </tr> <tr> <td><input type="checkbox"/> Fourth</td> <td></td> </tr> </table>	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> First Plus	<input type="checkbox"/> Mid Year	<input checked="" type="checkbox"/> Second	<input type="checkbox"/> Year End	<input type="checkbox"/> Third Plus	<input type="checkbox"/> Special	<input type="checkbox"/> Fourth		9. Assistant Treasurer Full Name (list the assistant that is a NC resident, if it is not the treasurer) Wallace Weaver
<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-annual										
<input type="checkbox"/> First Plus	<input type="checkbox"/> Mid Year										
<input checked="" type="checkbox"/> Second	<input type="checkbox"/> Year End										
<input type="checkbox"/> Third Plus	<input type="checkbox"/> Special										
<input type="checkbox"/> Fourth											
7. Special Report Name (if applicable)											

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 \$ 2,351,169.51	e. Period End Balance \$ 2,490,019.41	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
 Printed Name of Signer

Barbara J. Easterling
 Signature of Appointed Treasurer

07/11/2006
 Date

FOR OFFICE USE ONLY			
Date Received:	JUL 28 2006 10 PM	Employee:	<i>gc</i>
Date Postmarked:	N.C. BOARD OF ELECTIONS CAMPAIGN FINANCE DIVISION	Employee:	<i>gc</i>
Date Scanned:	08-01-06	Employee:	<i>sc</i>
		Delivery Method	
		<input checked="" type="checkbox"/> Normal Mail	
		<input type="checkbox"/> Registered Mail	
		<input type="checkbox"/> Hand Delivered	
		<input type="checkbox"/> Electronically Filed	