

# Federal Political Committee 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 Political Committee 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.

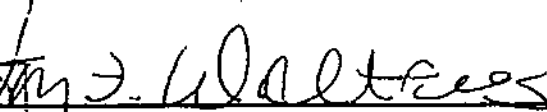
<b>1. Committee Information</b>			
a. Full Name		c. NC ID Number	
International Bro. Of Electrical Workers - Comm. on Political Ed.			
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
900 Seventh St., N.W. Washington, DC 20001		10/26/2006	
		e. Phone Number	
		202-728-6046	
2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	5. Total Amount Given to NC Committees
2006	7/1/06	10/21/2006	\$ 1,000.00
6. Type of Report (check one)		8. Treasurer Full Name (this should appear as listed on the Statement of Organization [CRO-4000])	
Quarterly <input type="checkbox"/> First Plus <input type="checkbox"/> Second <input checked="" type="checkbox"/> Third Plus <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Special		Jon F. Walters	
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)	
		Eugene S. Ruff	

<b>10. Account Information</b>		<b>10. Account Information</b>	
a. Financial Institution Full Name		a. Financial Institution Full Name	
Amalgamated Bank			
b. Purpose	c. Code	b. Purpose	c. Code
Bank Account			
d. Period Begin Balance	e. Period End Balance	d. Period Begin Balance	e. Period End Balance
\$ 7,668.56	\$ 9,656.37	\$	\$

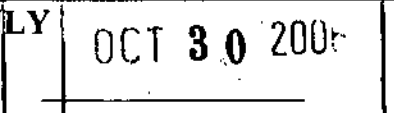
**CERTIFICATION**

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.

Jon F. Walters  
 Printed Name of Signer

  
 Signature of Appointed Treasurer

10/27/2006  
 Date

<b>FOR OFFICE USE ONLY</b>			
Date Received:		Employee:	PW
Date Postmarked:	N.C. BOARD OF ELECTIONS	Employee:	
Date Scanned:	11-15-06	Employee:	SR
		<b>Delivery Method</b> <input type="checkbox"/> Normal Mail <input checked="" type="checkbox"/> Registered Mail UPS <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed	

**Federal Political Committee Report of  
Contributions to NC Political Committees**

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

1. Committee Full Name <b>IBEW-COPE</b>			2. NC ID Number	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)  <b>Steve West P.O. Box 2697 Lillington, NC 27546</b>		b. Type of Committee <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		c. Comments
		c. Level Registered (Specify) <input type="checkbox"/> State <input checked="" type="checkbox"/> County: <input type="checkbox"/> Municipality:		
		d. Office/District <b>Sheriff</b>		
		f. Election Cycle Sum to Date		<b>\$ 1,500.00</b>
g. Form of Payment	h. Non-Monetary Gift Description	i. Date (mm/dd/yyyy)	j. Amount	
Check	Contribution	7/10/06	\$ 1,000.00	
			\$	
			\$	
			\$	
			\$	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		c. Comments
		c. Level Registered (Specify) <input type="checkbox"/> State <input type="checkbox"/> County: <input type="checkbox"/> Municipality:		
		d. Office/District		
		f. Election Cycle Sum to Date		\$
g. Form of Payment	h. Non-Monetary Gift Description	i. Date (mm/dd/yyyy)	j. Amount	
			\$	
			\$	
			\$	
			\$	
			\$	
4. Total only this Page			\$ 1,000.00	
5. Total of ALL CRO-4200 Pages <i>(This line goes in line 5 of Federal Political Committee NC Disclosure Report Cover Page CRO-4100)</i>			\$ 1,000.00	

# Contributions from Individuals

Pg \_\_\_\_\_ of \_\_\_\_\_

Amendment  
 Yes  No

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
<b>IBEW-COPE</b>							
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
<b>Stedly E. Ruff</b> <b>2593 Live Oak Dr., S.W.</b> <b>Supply, NC 28562</b>				<b>International Rep.</b>			
				<b>c. Employer's Name/Specific Field</b>			
				<b>IBEW</b>		<b>e. Election Cycle Sum to Date</b>	
						<b>\$ 450.00</b>	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>		<b>Payroll</b>		<b>7/21 - 9/29/06</b>		<b>\$ 150.00</b>	
<input type="checkbox"/>						<b>\$</b>	
<input type="checkbox"/>						<b>\$</b>	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
<b>Ernest H. Massey</b> <b>201 W. Houston St.</b> <b>Monroe, NC 28112</b>				<b>Retired</b>			
				<b>c. Employer's Name/Specific Field</b>			
				<b>IBEW</b>		<b>e. Election Cycle Sum to Date</b>	
						<b>\$ 225.00</b>	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>		<b>Payroll</b>		<b>7/21 - 9/29/06</b>		<b>\$ 75.00</b>	
<input type="checkbox"/>						<b>\$</b>	
<input type="checkbox"/>						<b>\$</b>	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
<b>Local Unions, IBEW within N. Carolina</b>				<b>n/a</b>			
				<b>c. Employer's Name/Specific Field</b>			
				<b>IBEW Local Unions</b>		<b>e. Election Cycle Sum to Date</b>	
						<b>\$ 10.656.37</b>	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>		<b>Checks</b>		<b>7/21 - 10/21/06</b>		<b>\$ 2,762.81</b>	
<input type="checkbox"/>						<b>\$</b>	
<input type="checkbox"/>						<b>\$</b>	
<b>4. Total only this Page</b>						<b>\$ 2,987.81</b>	
<b>5. Total of ALL CRO-1210 Pages</b>						<b>\$ 2,987.81</b>	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							



**STATE BOARD OF ELECTIONS**  
6400 Mail Service Center • Raleigh, North Carolina 27699-6400

**GARY O. BARTLETT**  
Executive Director

**MAILING ADDRESS:**  
P.O. BOX 27255  
RALEIGH, NC 27611-7255

**CERTIFICATION**

I certify that the Committee is in compliance with all provisions of Chapter 163 and that this report is true and correct to the best of my knowledge. N. C. Gen. Stat. 163-278.9 provides that all reports filed after October 1, 2006 must be filed by a treasurer or assistant treasurer who has completed mandatory treasurer training. The legislation also requires the State Board of Elections to provide training on the duties of a treasurer or assistant treasurer in person, through regional seminars, and through interactive electronic means. I have not completed this training, but am signing this report with the understanding that I will complete treasurer training no later than three months of receipt of notification that the State Board has interactive electronic means available for treasurer training.

I understand that I may complete training in person before interactive electronic means are available. Within thirty days of completion of the required training, by whatever means, I will review this report and make any necessary amendments to it.

I understand that if I make this certification knowing it to be untrue, I may be prosecuted for perjury under N. C. Gen. Stat. 14-209.

**International Brotherhood of Electrical Workers - Committee on Political Education**  
Name of Committee

**Jon F. Walters**

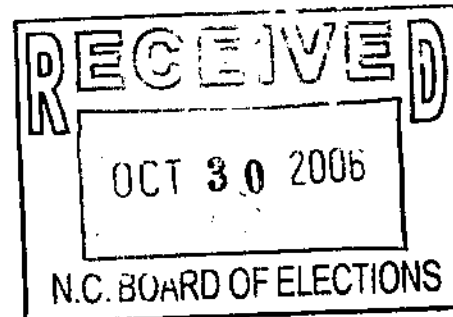
Printed name of appointed treasurer

*Jon F. Walters*

Signature of appointed treasurer

**10/27/2006**

Date



LOCATION: 506 NORTH HARRINGTON STREET • RALEIGH, NORTH CAROLINA 27603 • (919) 733-7173