

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	10/30/2006
	e. Phone Number
	(202) 434-1323

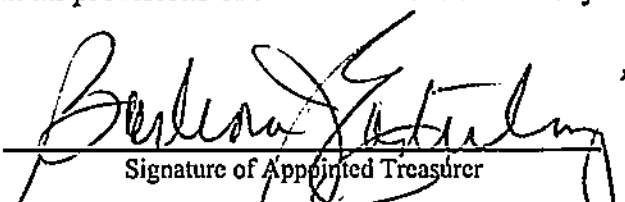
2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	5. Total Amount Given to NC Committees
2006	07/01/2006	10/21/2006	\$ 1,500.00

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

10. Account Information		10. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
SunTrust Bank		n/a	
b. Purpose	c. Code	b. Purpose	c. Code
To make contributions			
d. Period Begin Balance	e. Period End Balance	d. Period Begin Balance	e. Period End Balance
\$ 2,490,019.41	\$ 1,932,249.83	\$	\$

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  10/30/2006
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY		
Date Received:	NOV 01 2006	Employee: <u>PW</u>
Date Postmarked:	NO PM	Employee: <u>PW</u>
Date Scanned:		Employee: _____
Delivery Method <input checked="" type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed		