

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
2007	01/01/2007	06/30/2007	\$ 0.00

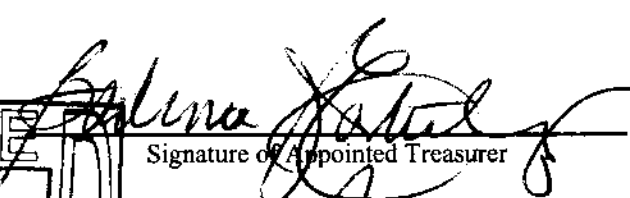
6. Type of Report (check one)		8. Treasurer Full Name <i>(this should appear as listed on the Statement of Organization [CRO-4000])</i>	
Quarterly <input type="checkbox"/> First Plus <input type="checkbox"/> Second <input type="checkbox"/> Third Plus <input type="checkbox"/> Fourth	Semi-annual <input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

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
\$ 1,492,226.68	\$ 2,257,357.05	\$	\$



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


 Signature of Appointed Treasurer

07/27/07
 Date

FOR OFFICE USE ONLY		Employee:		Delivery Method	
Date Received:	JUL 27 2007	Employee: 		<input type="checkbox"/> Normal Mail	
Date Postmarked:	CAMPAIGN REPORTING	Employee: _____		<input checked="" type="checkbox"/> Registered Mail	
Date Scanned:	08-10-07	Employee: 		<input checked="" type="checkbox"/> Hand Delivered	
				<input type="checkbox"/> Electronically Filed	