

Federal Political Committee NC Disclosure Report Cover

Amendment
 Yes No

Use this form as a cover page to report NC Federal Political Committee contributions to NC political committees
 Do not use this form to update information

1. Committee Information	
a. Full Name International Brotherhood of Electrical Workers COPE	c. NC ID Number Unknown
b. Mailing Address (include City, State and Zip Code) 900 Seventh St., N.W. Washington, DC 20001	d. Date Filed 1/16/08
	e. Phone Number 202-728-6046

2. Report Year 2007	3. Period Start Date (mm/dd/yyyy) 7/1/07	4. Period End Date (mm/dd/yyyy) 12/31/07	5. Total Amount Given to NC Committees \$ 0.00
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6. Type of Report (check one) Quarterly <input type="checkbox"/> First Plus <input type="checkbox"/> Second <input type="checkbox"/> Third Plus <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input checked="" type="checkbox"/> Year End <input type="checkbox"/> Special	8. Treasurer Full Name Jon F. Walters <small>(This should appear as listed on the Statement of Organization (CRO-4000))</small>
	9. Assistant Treasurer Full Name Robert F. Krebs - NC Resident Sara Duncan - IBEW Compliance Spec. <small>(List the assistant that is a NC resident if it is not the treasurer)</small>
7. Special Report Name (if applicable)	

10. Account Information		10. Account Information	
a. Financial Institution Full Name Amalgamated Bank	b. Purpose Bank Account	a. Financial Institution Full Name	b. Purpose
c. Account Code		c. Account Code	
d. Period Begin Balance \$ 17,849.62	e. Period End Balance \$ 23,777.60	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 and that I have been trained by the NC State Board of Elections according to Article 163.278.9(k)

Jon F. Walters

 Printed Name of Signer

Jon F. Walters

 Signature of Appointed Treasurer

1/16/08

 Date

FOR OFFICE USE ONLY

Date Received:		Employee: <u> <i>JS</i> </u>	Delivery Method
Date Postmarked:		Employee: _____	<input type="checkbox"/> Normal Mail
Date Scanned:		Employee: <u> <i>sc</i> </u>	<input checked="" type="checkbox"/> Registered Mail
Date Data Entered:		Employee: _____	<input type="checkbox"/> Hand Delivered
			<input type="checkbox"/> Electronically Filed
			<input type="checkbox"/> Signer has not received mandatory training

Please Note: 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 committee changes.

Federal Political Committee Report of Contributions to NC Political Committees

Pg 2 of 3

Amendment
 Yes No

Use this form to report (within 10 days) all contributions from a Federal Committee to a NC political committee

This form must be accompanied by form CRO-4100

1. Committee Full Name			NC ID Number
IBEW-COPE			
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	
None		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		c. Level Registered (Specify)	
		<input type="checkbox"/> State <input type="checkbox"/> County: <input type="checkbox"/> Municipality:	
		d. Office/District	f. Election Sum to Date
			\$
g. Form of Payment	h. Non-Monetary Gift Description	i. Date (mm/dd/yyyy)	j. Amount
			\$
			\$
			\$
			\$
			\$
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. Level Registered (Specify)	
		<input type="checkbox"/> State <input type="checkbox"/> County: <input type="checkbox"/> Municipality:	
		d. Office/District	f. Election Sum to Date
			\$
g. Form of Payment	h. Non-Monetary Gift Description	i. Date (mm/dd/yyyy)	j. Amount
			\$
			\$
			\$
			\$
			\$
4. Total only this Page			\$ 0.00
5. Total of ALL CRO-4200 Pages			\$ 0.00
<i>(This line goes in line 5 of Federal Political Committee NC Disclosure Report Cover Page CRO-4100)</i>			

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
IBEW-COPE						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Ernest H. Massey 201 W Houston St. Monroe, NC 28112			Retired			
			c. Employer's Name/Specific Field			
			IBEW		e. Election Sum to Date	
					\$ 300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		Payroll		7/1/07	\$ 75.00	
<input type="checkbox"/>			thru		\$	
<input type="checkbox"/>		Payroll		12/31/07	\$ 75.00	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
IBEW Local Unions in N.Carolina			n/a			
			c. Employer's Name/Specific Field			
			IBEW		e. Election Sum to Date	
					\$ 12,434.96	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		Checks		7/1/07	\$	
<input type="checkbox"/>			thru		\$	
<input type="checkbox"/>		Checks		12/31/07	\$ 5,778.14	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 5,928.14	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 5,928.14	