

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	04/28/2008
	e. Phone Number
	(202) 434-1491

2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	5. Total Amount Given to NC Committees
2008	01/01/2008	04/19/2008	\$ 3,000.00

6. Type of Report (check one)	8. Treasurer Full Name <i>(this should appear as listed on the Statement of Organization [CRO-4000])</i>										
<table border="0"> <tr> <td>Quarterly</td> <td>Semi-annual</td> </tr> <tr> <td><input checked="" type="checkbox"/> First Plus</td> <td><input type="checkbox"/> Mid Year</td> </tr> <tr> <td><input 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>	Quarterly	Semi-annual	<input checked="" type="checkbox"/> First Plus	<input type="checkbox"/> Mid Year	<input type="checkbox"/> Second	<input type="checkbox"/> Year End	<input type="checkbox"/> Third Plus	<input type="checkbox"/> Special	<input type="checkbox"/> Fourth		Barbara Easterling
Quarterly	Semi-annual										
<input checked="" type="checkbox"/> First Plus	<input type="checkbox"/> Mid Year										
<input 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)	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	b. Purpose	a. Financial Institution Full Name	b. Purpose
SunTrust Bank	To make contributions		
c. Code		c. Code	
d. Period Begin Balance	e. Period End Balance	d. Period Begin Balance	e. Period End Balance
\$ 2,685,939.88	\$ 3,129,365.74	\$	\$

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.

Wallace Weaver
 Printed Name of Signer

Wallace Weaver
 Signature of Appointed Treasurer

4-22-08
 Date

FOR OFFICE USE ONLY

Date Received: _____ Employee: Delivery Method

Date Postmarked: 4/24/08 Employee: *JT* Normal Mail

Date Scanned: 5/6/08 Employee: *JT* Registered Mail

Hand Delivered

Electronically Filed

Federal Political Committee Report of Contributions to NC Political Committees

Pg ____ of ____

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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		2. NC ID Number	
CWA COPE PCC			
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	
Beverly Perdue Committee PO BOX 12086 Raleigh, NC 27602		<input checked="" 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	
		\$ 1,000.00	
g. Form of Payment	h. Non-Monetary Gift Description	i. Date (mm/dd/yyyy)	j. Amount
Check		03/07/08	\$ \$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	
Dellinger Committee PO BOX 27374 Raleigh, NC 27611		<input checked="" 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	
		\$ 2000.00	
g. Form of Payment	h. Non-Monetary Gift Description	i. Date (mm/dd/yyyy)	j. Amount
Check			\$ 2000.00
			\$
			\$
			\$
			\$
4. Total only this Page			\$ 3,000.00
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>			\$ 3,000.00