

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	10/20/2008
	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	07/01/2008	10/18/2008	\$ 4,250.00

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 checked="" type="checkbox"/> Second <input type="checkbox"/> Third Plus <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Special	Jeffrey Rechenbach	
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)
	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
\$ 3,480,968.29	\$ 2,917,394.27	\$	\$

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

RECEIVED
 Signature of Appointed Treasurer

11-22-08
 Date

FOR OFFICE USE ONLY		Employee: <u>AS</u>		Delivery Method	
Date Received:		Employee: <u>A</u>	<input type="checkbox"/> Normal Mail	<input checked="" type="checkbox"/> Registered Mail	
Date Postmarked:		Employee: <u>A</u>	<input type="checkbox"/> Hand Delivered	<input type="checkbox"/> Electronically Filed	
Date Scanned:	10/28/08				

Federal Political Committee Report of Contributions to NC Political Committees

Pg ____ of ____

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

CWA COPE PCC			
a. Full Name, Mailing Address & Phone (include city, state, & zip) BEVERLY PERDUE COMMITTEE PO BOX 12086 Raleigh, NC 27602		b. Type of Committee <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 \$ 3500.00	
g. Form of Payment	h. Non-Monetary Gift Description	i. Date (mm/dd/yyyy)	j. Amount
Check		09/17/08	\$ 2500.00
			\$
			\$
			\$
			\$
a. Full Name, Mailing Address & Phone (include city, state, & zip) Bev O'Brien for NC House 2426 Millboro Road Franklinville, NC 27248		b. Type of Committee <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 \$250.00	
g. Form of Payment	h. Non-Monetary Gift Description	i. Date (mm/dd/yyyy)	j. Amount
Check		09/30/08	\$250.00
			\$
			\$
			\$
			\$
		\$ 2750.00	
		\$	

