

Federal Political Committee 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 Communications Workers of America - COPE PCC	c. NC SBOE ID Number
b. Mailing Address (include City, State and Zip Code) 501 3 rd Street, NW Washington, DC 20001	d. Date Filed 7/31/09
	e. Phone Number 202-434-1491

2. Report Year 2009	3. Period Start Date (mm/dd/yyyy) 01/01/2009	4. Period End Date (mm/dd/yyyy) 06/30/2009	5. Total Amount Given to NC Committees \$ 0.00
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6. Type of Report <i>(check one)</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 Special <input type="checkbox"/>	8. Treasurer Full Name <i>(this should appear as listed on the Statement of Organization (CRO-4000))</i> Jeff Rechenbach
	9. Assistant Treasurer Full Name <i>(list the assistants that is a NC resident, if it is not the treasurer)</i> Velvet Hawthorne
7. Special Report Name <i>(if applicable)</i>	

10. Account Information		10. Account Information	
a. Financial Institution Full Name SunTrust Bank		a. Financial Institution Full Name	
b. Purpose To make contributions	c. Account Code COPE	b. Purpose	c. Account Code
d. Period Begin Balance \$ 2,634,600.21	e. Period End Balance \$ 3,726,700.03	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 N.C.G.S. 163.278.9(k)

Velvet Hawthorne
Printed Name of Signer

Velvet Hawthorne
Signature of Appointed Treasurer

1-26-10
Date

FOR OFFICE USE ONLY

Date Received: JAN 28 2010 Employee: *[Signature]*

Date Postmarked: 1/27/10 Employee: _____

Date Scanned: 1/29/10 Employee: *TCB*

Date Data Entered: _____ Employee: _____

Delivery Method

Normal Mail

Registered Mail

Hand Delivered

Electronically Filed

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.