Leport #2

FAX

from the desk of

LAURA ARCHER Supervisor

. Communications Workers of America

Phone: 202/434-1354
Fax: 202/434-1375
e-mail: larcher@cwa-union.org

April 26, 2010

TO: Federal Election Commission

Fax Number: 202-219-0174

Number of pages (including cover): 5

Message:

Attached are the following:

FEC Form 9 - No Judges

Carlo Carlo Service

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1.	Person Making the Disbursements/Obligations	
	(a) Name	
	CWA Non-Federal Seperate Segregated Fund	
	(b) Address (number and street)	2. FEC Identification Number
	(c) City, State and ZIP Code Washington, DC 20001	C .
	(d) Name of Employer or Principal Place of Business (e) Occupat	ion
	N/A1	I/A
3.	Is This Statement or 4. Covering Period Amended	18 2010 through 2010
5.	(a) Date of Public Distribution(s) 04 18 2010 (b) Communication	Title No Judges
6.	The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified	
	(a) Corporation, Labor Organization or Qualified Nonprofit Corporation making comm	nunications under 11 CFR 114.15
	(e) X Other, specify: Non-Federal Section 527 Organizati	on
7.	If the filer is an individual, unincorporated organization or qualified nonprofi were the disbursements made exclusively from donations to a segregated b	
8.	Custodian of Records	••
	(a) Name Krystal Dehaba	
	(b) Address (number and street) 501 Third Street, NW	
	(c) City, State and ZIP Code	
	Washington, DC 20001	
	(d) Name of Employer or Principal Place of Business (e) Occupat	ion
	Communications Workers of America COPE	Specialist
9.	Total Donations This Statement	,
10. 	. Total Disbursements/Obligations This Statement , 1	7 ,3 3 9.7 4
	Under penalty of penjury, I certify that this statement is true, correct and complete.	
	TYPE OR PRINT NAME OF PERSON COMPLETING FORM Laura L. Archer	
	SIGNATURE LOUVE LOUGH DATE 4	-26-10

NOTE: Submission of false, emoncous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

FEC FORM 9 (REV. 12/2007)

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List of Person(s) Sharing/Exercising Control (use additional pages as necessary)

PAGE 2 OF 4

A.	(a) Name			
	Annie Hill			
	(b) Address (number and street) 501 Third Street, NW			
	(c) City, State and ZIP Code			
	Washington, DC 20001 (d) Name of Employer or Principal Place of Business	(e) Occupation		
	(a) Name of Employer or Finalper Flace of Business	(a) aceppanor		
_	Communications Workers of America	Exec. Vice President		
В.	Jeffrey Rechembach	··		
	(b) Address (number and street) 501 Third Street, NW			
	(c) City. State and ZIP Code Washington, DC 20001			
	(d) Name of Employer or Principal Place of Business	(e) Occupation		
	Communications Workers of America	Secretary-Treasurer		
C.	(a) Name Larry Cohen			
	(b) Address (number and street)			
	501 Third Street, NW			
	(c) City. State and ZIP Code			
	Washington, DC 20001 (d) Name of Employer or Principal Place of Business	(e) Occupation		
	Communications Workers of America	•		
D.	(a) Name			
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	(c) City, State and ZIP Code			
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SCHEDULE 9-E	3	
Disbursement(s)	Made or	Obligation(s)

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PAGE 4 OF 4

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A.	Full Name (Last, First, Middle	Initial) of Payee	••		{	Date of Disbursement or Obligation
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_			President			
B.	Full Name (Last. First, Middle	: Initial) of Payee			}	Date of Disbursement or Obligation
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Federal Election Commission ENVELOPE REPLACEMENT PAGE

FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.			
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