

**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](mailto:larcher@cwa-union.org)

April 26, 2010

*Report #2*

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**

10030314035

**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) ☐ check if different than previously reported

501 Third Street, NW

(c) City, State and ZIP Code

Washington, DC 20001

(d) Name of Employer or Principal Place of Business

N/A

(e) Occupation

N/A

**2. FEC Identification Number**

C

**3. Is This Statement**☒ New

or

☐ Amended**4. Covering Period**

04 / 18 / 2010

through

04 / 21 / 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 Nonprofit Corporation (11 CFR 114.10)(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☒ Other, specify: Non-Federal Section 527 Organization**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**

Yes

No

**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

Communications Workers of America

(e) Occupation

COPE Specialist

**9. Total Donations This Statement**

.00

**10. Total Disbursements/Obligations This Statement**

, 1 7 3 3 9.7 4

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Laura L. Archer

SIGNATURE

Laura L. ArcherDATE 4-26-10

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 5437g.

FEC FORM 9 (REV. 12/2007)

10030314036

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

PAGE 2 OF 4

## 11. Person(s) Sharing/Exercising Control

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 Communications Workers of America	(e) Occupation Exec. Vice President
B. (a) Name Jeffrey Rechenbach	
(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 Communications Workers of America	(e) Occupation 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 Communications Workers of America	(e) Occupation President
D. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
E. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

10030314037

**SCHEDULE 9-A**  
**Donation(s) Received**

PAGE 3 OF 4

<b>A. Full Name of Donor</b>  <b>Mailing Address of Donor</b>  <b>City</b> <b>State</b> <b>Zip</b>	<b>Date of Receipt</b> M M / D D / Y Y Y Y  <b>Amount</b> \$ . . . . .
<b>B. Full Name of Donor</b>  <b>Mailing Address of Donor</b>  <b>City</b> <b>State</b> <b>Zip</b>	<b>Date of Receipt</b> M M / D D / Y Y Y Y  <b>Amount</b> \$ . . . . .
<b>C. Full Name of Donor</b>  <b>Mailing Address of Donor</b>  <b>City</b> <b>State</b> <b>Zip</b>	<b>Date of Receipt</b> M M / D D / Y Y Y Y  <b>Amount</b> \$ . . . . .
<b>D. Full Name of Donor</b>  <b>Mailing Address of Donor</b>  <b>City</b> <b>State</b> <b>Zip</b>	<b>Date of Receipt</b> M M / D D / Y Y Y Y  <b>Amount</b> \$ . . . . .
<b>E. Full Name of Donor</b>  <b>Mailing Address of Donor</b>  <b>City</b> <b>State</b> <b>Zip</b>	<b>Date of Receipt</b> M M / D D / Y Y Y Y  <b>Amount</b> \$ . . . . .
<b>SUBTOTAL of Donations This Page (optional)</b> ▶	
<b>TOTAL This Period (last page this line number only)</b> ▶ (carry total from last page to Line 9)	

10030314058

## SCHEDULE 9-B

PAGE 4 OF 4

## Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee <b>Mundy Katowitz Media, Inc.</b>				Date of Disbursement or Obligation <b>04 02 2010</b>	
Mailing Address of Payee <b>1322 G Street SE</b>				Amount <b>1 7 3 3 9.7 4</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20003</b>		Communication Date <b>04 18 2010</b>	
Name of Employer <b>N/A</b>		Occupation <b>N/A</b>			
Purpose of Disbursement (Including title(s) of communication(s)) <b>Radio Advertisement / No Judges</b>					
Name of Federal Candidate <b>Blanche Lincoln</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>AR</b>	District: _____	Disbursement/Obligation For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
B. Full Name (Last, First, Middle Initial) of Payee				Date of Disbursement or Obligation	
Mailing Address of Payee				Amount	
City	State	Zip Code		Communication Date	
Name of Employer		Occupation			
Purpose of Disbursement (Including title(s) of communication(s))					
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
SUBTOTAL of Disbursements/Obligations This Page (optional)					
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				<b>1 7 3 3 9.7 4</b>	

10030314039

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.

N/A  
 PREPARER

N/A  
 DATE PREPARED