

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

### 1. Person Making the Disbursements/Obligations

(a) Name CWA Non-Federal Separate 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

06 / 02 / 2010  
through  
06 / 08 / 2010

### 5. (a) Date of Public Distribution(s)

06 / 02 / 2010

(b) Communication Title Oil Money

### 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

COPE Specialist

(e) Occupation

### 9. Total Donations This Statement

00

### 10. Total Disbursements/Obligations This Statement

285788:00

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 \_\_\_\_\_

DATE 6/03/10

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 5457g.

FEC FORM 9 (REV. 12/2007)

10030423241

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

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

10030423242

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

10030423243

<p><b>A. Full Name of Donor</b></p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <hr/> <p>Amount</p> <hr/>	
<p><b>B. Full Name of Donor</b></p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <hr/> <p>Amount</p> <hr/>	
<p><b>C. Full Name of Donor</b></p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <hr/> <p>Amount</p> <hr/>	
<p><b>D. Full Name of Donor</b></p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <hr/> <p>Amount</p> <hr/>	
<p><b>E. Full Name of Donor</b></p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <hr/> <p>Amount</p> <hr/>	
<p><b>SUBTOTAL of Donations This Page (optional)</b> .....</p>		<hr/>
<p><b>TOTAL This Period (last page this line number only)</b> .....</p> <p>(carry total from last page to Line 6)</p>		<hr/>

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> Mundy Katowitz Media, Inc.		<b>Date of Disbursement or Obligation</b> 05 25 2010	
<b>Mailing Address of Payee</b> 1322 G Street, SE		<b>Amount</b> 285788.00	
<b>City</b> Washington	<b>State</b> DC	<b>Zip Code</b> 20003	<b>Communication Date</b> 06 02 2010
<b>Name of Employer</b> N/A		<b>Occupation</b> N/A	
<b>Purpose of Disbursement (including title(s) of communication(s))</b> Television Advertisement / Feed Family			
<b>Name of Federal Candidate</b> Blanche Lincoln	<b>Office Sought</b> <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> AR <b>District:</b>	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff
<b>Name of Federal Candidate</b>	<b>Office Sought</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> <b>District:</b>	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>Name of Federal Candidate</b>	<b>Office Sought</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> <b>District:</b>	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>B. Full Name (Last, First, Middle Initial) of Payee</b>		<b>Date of Disbursement or Obligation</b>	
<b>Mailing Address of Payee</b>		<b>Amount</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Communication Date</b>
<b>Name of Employer</b>		<b>Occupation</b>	
<b>Purpose of Disbursement (including title(s) of communication(s))</b>			
<b>Name of Federal Candidate</b>	<b>Office Sought</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> <b>District:</b>	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>Name of Federal Candidate</b>	<b>Office Sought</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> <b>District:</b>	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>Name of Federal Candidate</b>	<b>Office Sought</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> <b>District:</b>	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>		285788.00	
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line 10)		285788.00	

10030423244

**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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<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
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<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

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10030423245