

**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**05 26 2010  
through  
06 01 20105. (a) Date of Public Distribution(s) 05 26 2010 (b) Communication Title Feed Family6. 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 Organization7. 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**158300.00

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 6/9/10

NOTE: Submission of false, erroneous 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)

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

PAGE OF

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

<b>A. (a) Name</b> Annie Hill	
<b>(b) Address (number and street)</b> 501 Third Street, NW	
<b>(c) City, State and ZIP Code</b> Washington, DC 20001	
<b>(d) Name of Employer or Principal Place of Business</b> Communications Workers of America	<b>(e) Occupation</b> Exec. Vice President
<b>B. (a) Name</b> Jeffrey Rechenbach	
<b>(b) Address (number and street)</b> 501 Third Street, NW	
<b>(c) City, State and ZIP Code</b> Washington, DC 20001	
<b>(d) Name of Employer or Principal Place of Business</b> Communications Workers of America	<b>(e) Occupation</b> Secretary-Treasurer
<b>C. (a) Name</b> Larry Cohen	
<b>(b) Address (number and street)</b> 501 Third Street, NW	
<b>(c) City, State and ZIP Code</b> Washington, DC 20001	
<b>(d) Name of Employer or Principal Place of Business</b> Communications Workers of America	<b>(e) Occupation</b> President
<b>D. (a) Name</b>  	
<b>(b) Address (number and street)</b>  	
<b>(c) City, State and ZIP Code</b>  	
<b>(d) Name of Employer or Principal Place of Business</b>  	<b>(e) Occupation</b>  
<b>E. (a) Name</b>  	
<b>(b) Address (number and street)</b>  	
<b>(c) City, State and ZIP Code</b>  	
<b>(d) Name of Employer or Principal Place of Business</b>  	<b>(e) Occupation</b>  

10030344253



**SCHEDULE 9-B**

PAGE OF

**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> 04 / 02 / 2010	
<b>Mailing Address of Payee</b> 1322 G Street, SE				<b>Amount</b> 158300.00	
<b>City</b> Washington	<b>State</b> DC	<b>Zip Code</b> 20003		<b>Communication Date</b> 05 / 26 / 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>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>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>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>Mailing Address of Payee</b>				<b>Date of Disbursement or Obligation</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Amount</b>	
<b>Name of Employer</b>				<b>Communication Date</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>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>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>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>				158300.00	
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line 10)				158300.00	

10030344255

**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

(5/2004)

10030344256