

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

COMMUNICATIONS WORKERS OF AMERICA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

ADDRESS (number and street) 501 3rd St NW

Check if different than previously reported. (ACC) Washington DC 20001

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00488486

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|---|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input checked="" type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on [MM] / [DD] / [YYYY] in the State of []

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] 04 / 01 / 2016 through [MM] / [DD] / [YYYY] 04 / 30 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Sara Steffens

Signature of Treasurer Sara Steffens [Electronically Filed] Date 05 / 20 / 2016

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

Office Use Only

FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

COMMUNICATIONS WORKERS OF AMERICA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		<input type="text" value="73338.12"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="322075.89"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="0.00"/>	<input type="text" value="595999.46"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="322075.89"/>	<input type="text" value="669337.58"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="35136.40"/>	<input type="text" value="382398.09"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="286939.49"/>	<input type="text" value="286939.49"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="130.25"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

COMMUNICATIONS WORKERS OF AMERICA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Report Covering the Period: From: 04 / 01 / 2016 To: 04 / 30 / 2016

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	595999.46
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	595999.46
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0.00	595999.46
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	0.00	595999.46
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	0.00	595999.46

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	15102.22
24. Independent Expenditures (use Schedule E)	13283.76	143820.82
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	21852.64	223475.05
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	35136.40	382398.09
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35136.40	382398.09

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	595999.46
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	595999.46
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

COMMUNICATIONS WORKERS OF AMERICA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial)

A. CWA Local 6201

Mailing Address 421 South Adams

City Fort Worth State TX Zip Code 76104-1072

Purpose of Disbursement
Reimb. for Membership Mobilization Work

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

Transaction ID : D31410

Amount of Each Disbursement this Period

Memo Item
VOID CK 48 Orig. 3/16

Full Name (Last, First, Middle Initial)

B. WORKING FAMILIES PARTY

Mailing Address One Metrotech Center North 11th Fl

City Brooklyn State NY Zip Code 11201

Purpose of Disbursement
Non-Federal Committee Contribution

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: NY District:

Date of Disbursement

/ /

Transaction ID : D31709

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 7 OF 11
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
COMMUNICATIONS WORKERS OF AMERICA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Communications Workers of America	Nature of Debt (Purpose): Shipping of Buttons, Bumper Stickers, Yard Signs
Mailing Address 501 Third Street, NW	
City State Zip Code Washington DC 20001	

Outstanding Balance Beginning This Period 0.00	Transaction ID : D31712	
Amount Incurred This Period 130.25	Payment This Period 0.00	Outstanding Balance at Close of This Period 130.25

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶	130.25
2) TOTALS This Period (last page this line number only)..... ▶	130.25
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	130.25

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) COMMUNICATIONS WORKERS OF AMERICA-COPE POLITICAL CONTRIBUTIONS COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00488486
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y		

Full Name of Payee <input type="checkbox"/> Memo Item Communications Workers of America		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 04 / 2016	
Mailing Address 501 Third Street, NW		Amount 12440.00	
City Washington	State DC	Zip Code 20001	Transaction ID : D31269
Purpose of Expenditure Reimb. for Production of Bernie T-Shirts	Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 05 / 2016	
Name of Federal Candidate Bernard Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
123951.07			

Full Name of Payee <input type="checkbox"/> Memo Item Communications Workers of America		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 04 / 2016	
Mailing Address 501 Third Street, NW		Amount 254.96	
City Washington	State DC	Zip Code 20001	Transaction ID : D31270
Purpose of Expenditure Shipping of Bernie T-Shirts	Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 05 / 2016	
Name of Federal Candidate Bernard Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
123951.07			

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	12694.96
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Sara Steffens [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
COMMUNICATIONS WORKERS OF AMERICA-COPE POLITICAL CONTRIBUTIONS COMMITTEE
FEC IDENTIFICATION NUMBER
C C00488486
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Communications Workers of America
Mailing Address: 501 Third Street, NW
City: Washington, State: DC, Zip Code: 20001
Purpose of Expenditure: Shipping of Bernie T-Shirts
Category/Type: 004
Date of Public Distribution/Dissemination: 04/05/2016
Amount: 47.80
Transaction ID: D31273
Date of Disbursement or Obligation: 04/06/2016
Name of Federal Candidate: Bernard Sanders
Support: [X]
Office Sought: [X] President
Disbursement For: [X] Primary

Full Name of Payee: Communications Workers of America
Mailing Address: 501 Third Street, NW
City: Washington, State: DC, Zip Code: 20001
Purpose of Expenditure: Shipping of Buttons, Bumper Stickers, Yard Signs
Category/Type: 004
Date of Public Distribution/Dissemination: 04/05/2016
Amount: 130.25
Transaction ID: D31274
Date of Disbursement or Obligation: 04/06/2016
Name of Federal Candidate: Bernard Sanders
Support: [X]
Office Sought: [X] President
Disbursement For: [X] Primary

(a) SUBTOTAL of Itemized Independent Expenditures..... 47.80
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Signature: Sara Steffens
[Electronically Filed]
Date: 05/20/2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
COMMUNICATIONS WORKERS OF AMERICA-COPE POLITICAL CONTRIBUTIONS COMMITTEE
FEC IDENTIFICATION NUMBER
C C00488486

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Communications Workers of America
Mailing Address: 501 Third Street, NW
City: Washington, State: DC, Zip Code: 20001
Purpose of Expenditure: Shipping of Buttons, Bumper Stickers, Yard Signs
Category/Type: 004
Date of Public Distribution/Dissemination: 04/06/2016
Amount: 87.73
Transaction ID: D31279
Date of Disbursement or Obligation: 04/07/2016
Name of Federal Candidate: Bernard Sanders
Support: [X]
Office Sought: [X] President
Disbursement For: [X] Primary

Full Name of Payee: Communications Workers of America
Mailing Address: 501 Third Street, NW
City: Washington, State: DC, Zip Code: 20001
Purpose of Expenditure: Shipping of Buttons, Bumper Stickers, Yard Signs
Category/Type: 004
Date of Public Distribution/Dissemination: 04/26/2016
Amount: 309.82
Transaction ID: D31411
Date of Disbursement or Obligation: 04/27/2016
Name of Federal Candidate: Bernard Sanders
Support: [X]
Office Sought: [X] President
Disbursement For: [X] Primary

(a) SUBTOTAL of Itemized Independent Expenditures: 397.55
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Sara Steffens
[Electronically Filed]
Date: 05/20/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
COMMUNICATIONS WORKERS OF AMERICA-COPE POLITICAL CONTRIBUTIONS COMMITTEE
FEC IDENTIFICATION NUMBER
C C00488486

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Communications Workers of America
Mailing Address: 501 Third Street, NW
City: Washington State: DC Zip Code: 20001
Purpose of Expenditure: Shipping of Buttons, Bumper Stickers, Yard Signs
Category/Type: 004
Date of Public Distribution/Dissemination: 04/27/2016
Amount: 143.45
Transaction ID: D31420
Date of Disbursement or Obligation: 04/28/2016
Name of Federal Candidate: Bernard Sanders
Support: [X] Oppose: []
Office Sought: [X] President [] Senate
District: 00 State: VT
Calendar Year-To-Date Per Election for Office Sought: 123951.07
Disbursement For: [X] Primary [] General 2016

Full Name of Payee
Mailing Address
City State Zip Code
Purpose of Expenditure
Category/Type
Name of Federal Candidate
Support Oppose
Office Sought: House Senate
District State
Calendar Year-To-Date Per Election for Office Sought
Disbursement For: Primary General
Other (specify)

Table with 2 columns: Description and Amount.
(a) SUBTOTAL of Itemized Independent Expenditures 143.45
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures 13283.76

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Sara Steffens [Electronically Filed] Date 05/20/2016
Signature