

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
CWA-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** C00002089  
**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 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 04 01 2002 through 04 30 2002

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 Barbara Easterling

Signature of Treasurer Electronically Filed by Barbara Easterling Date 07 27 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	2

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	2

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>2</td></tr></table>	Y	Y	Y	Y	2	0	0	2		1023841.51
Y	Y	Y	Y							
2	0	0	2							
(b) Cash on Hand at Beginning of Reporting Period .....	2317747.48									
(c) Total Receipts (from Line 19) .....	150955.26	1961470.62								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	2468702.74	2985312.13								
7. Total Disbursements (from Line 31) .....	850392.67	1367002.06								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1618310.07	1618310.07								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	2

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	2

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	12420.91	31784.16
(i) Itemized (use Schedule A) .....	137713.46	1345354.34
(ii) Unitemized .....	150134.37	1377138.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	150134.37	1377138.50
12. Transfers From Affiliated/Other Party Committees .....	0.00	574087.40
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	6825.50
17. Other Federal Receipts (Dividends, Interest, etc.) .....	820.89	3419.22
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 Transfer (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)) .....	150955.26	1961470.62
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	150955.26	1961470.62

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared 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.....	2516.25	34251.22
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2516.25	34251.22
22. Transfers to Affiliated/Other Party Committees.....	0.00	4552.11
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	84955.00	427555.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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	2207.40
(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	2207.40
29. Other Disbursements.....	762921.42	898436.33
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	850392.67	1367002.06
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	850392.67	1367002.06

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	150134.37	1377138.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	2207.40
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	150134.37	1374931.10
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2516.25	34251.22
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2516.25	34251.22

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. JOHN BRONSKI</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 2	
Mailing Address 54 PARK AVE		Transaction ID: C779703	
City NEEDHAM	State MA	Zip Code 02494-1627	Amount of Each Receipt this Period 2.50
FEC ID number of contributing federal political committee. C			
Name of Employer VERIZON-YELLOW PAGES	Occupation AD ACCT REPRESENTATI		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00		
* Payroll Deduction:			

Full Name (Last, First, Middle Initial) <b>B. STEVEN P ABBOTT</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 2	
Mailing Address 705 MAYNARD		Transaction ID: C814630	
City WATERLOO	State IA	Zip Code 50701-2121	Amount of Each Receipt this Period 120.00
FEC ID number of contributing federal political committee. C			
Name of Employer QWEST COMMUNICATIONS	Occupation NETWORK TECHNICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C. DIANE L. BAILEY</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 2	
Mailing Address 3914 WINTERCREST CT		Transaction ID: C801416	
City COLUMBUS	State OH	Zip Code 43207-4631	Amount of Each Receipt this Period 140.00
FEC ID number of contributing federal political committee. C			
Name of Employer AMERITECH	Occupation Technical Associate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	262.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
P. F. BAKER

Mailing Address 502 CAPRICE DR

City MIDDLEBURY State IN Zip Code 46540-9020

FEC ID number of contributing federal political committee. **C**

Name of Employer VERIZON NORTH (NORTH CENTRAL)  
Occupation INSTALLER/REPAIR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 2 5 / 2 0 0 2

**Transaction ID: C801793**

Amount of Each Receipt this Period  
 180.00

**B.** Full Name (Last, First, Middle Initial)  
RHONDA BANKS

Mailing Address 1282 TERRA AVE

City SAN LEANDRO State CA Zip Code 94578-3414

FEC ID number of contributing federal political committee. **C**

Name of Employer PACIFIC T & T CO  
Occupation SERVICE REPRESENTATI

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 2 9 / 2 0 0 2

**Transaction ID: C821157**

Amount of Each Receipt this Period  
 80.00

**C.** Full Name (Last, First, Middle Initial)  
JACQUELYN A BARR

Mailing Address PO BOX 122

City MANCHESTER State CA Zip Code 95459-0122

FEC ID number of contributing federal political committee. **C**

Name of Employer AT&T COMMUNICATIONS  
Occupation CSSA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 2 9 / 2 0 0 2

**Transaction ID: C821564**

Amount of Each Receipt this Period  
 90.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>350.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. WALTER BATES</b>		Date of Receipt MM / DD / YYYY 04 / 29 / 2002
Mailing Address 27613 PERIDOT WAY		<b>Transaction ID: C814723</b>
City CASTAIC	State CA	Zip Code 91384-3112
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 120.00	
Name of Employer PACIFIC BELL TEL CO	Occupation SPLICING TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) <b>B. BROCK BAUGHMAN</b>		Date of Receipt MM / DD / YYYY 04 / 29 / 2002
Mailing Address 2293 CONGRESS LAKE RD		<b>Transaction ID: C799743</b>
City MOGADORE	State OH	Zip Code 44260-9369
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 140.00	
Name of Employer AMERITECH	Occupation Customer Services Sp	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>C. STEVEN, BEAVERS</b>		Date of Receipt MM / DD / YYYY 04 / 29 / 2002
Mailing Address 580 MARSHALL AVE		<b>Transaction ID: C823572</b>
City SAINT PAUL	State MN	Zip Code 55102-1723
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 90.00	
Name of Employer AT&T COMMUNICATIONS	Occupation CREDIT REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>350.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
JAMES R BENTSEN

Mailing Address 320 CHESTNUT HILL RD

City State Zip Code  
MILLVILLE MA 01529-1503

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NYNEX INFOR RESORCE AD ACCT REPRESENTATI

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 344.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 19 / 2002

Transaction ID: C779872

Amount of Each Receipt this Period  
2.00

**B.** Full Name (Last, First, Middle Initial)  
P BERGER

Mailing Address 9682 BERLIN HEIGHTS DR

City State Zip Code  
DEERFIELD OH 44411-9754

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AMERITECH Telecommunications S

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 29 / 2002

Transaction ID: C801408

Amount of Each Receipt this Period  
140.00

**C.** Full Name (Last, First, Middle Initial)  
WILLIAM A BERRY

Mailing Address 3214 PENROSE

City State Zip Code  
TOLEDO OH 43614-5338

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AMERITECH Customer Services Sp

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 29 / 2002

Transaction ID: C800044

Amount of Each Receipt this Period  
140.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	282.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. DAVID BLACKBURN</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 2	
Mailing Address 6340 N 8TH AVE		<b>Transaction ID: C820834</b>	
City PHOENIX	State AZ	Amount of Each Receipt this Period 80.00	
Zip Code 85013-1322			
FEC ID number of contributing federal political committee. C			
Name of Employer AT&T COMMUNICATIONS	Occupation COMM. TECH.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) <b>B. SHELIA M. BORDEAUX</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 2	
Mailing Address 5047 BAKMAN AVE APT 310		<b>Transaction ID: C820643</b>	
City NORTH HOLLYWOOD	State CA	Amount of Each Receipt this Period 180.00	
Zip Code 91601-5013			
FEC ID number of contributing federal political committee. C			
Name of Employer PACIFIC BELL TEL CO	Occupation MAINTENANCE ADMINIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00		

Full Name (Last, First, Middle Initial) <b>C. NANCY L BRADY</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 2	
Mailing Address PO BOX 2824		<b>Transaction ID: C795253</b>	
City LEESBURG	State VA	Amount of Each Receipt this Period 48.00	
Zip Code 20177-7894			
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested	Occupation 2419		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 218.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	308.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
CHRISTOPHER M. BRINKLEY

Mailing Address 46 HAWK AVE

City AKRON State OH Zip Code 44312-1437

FEC ID number of contributing federal political committee. **C**

Name of Employer AMERITECH Occupation Customer Services Sp

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 2 9 / 2 0 0 2

Transaction ID: C792099

Amount of Each Receipt this Period  
 175.00

**B.** Full Name (Last, First, Middle Initial)  
D BROWN

Mailing Address 7500 WALNUT HILL LN

City FALLS CHURCH State VA Zip Code 22042-3500

FEC ID number of contributing federal political committee. **C**

Name of Employer VERIZON-BELL ATLANTIC SOUTH VA Occupation CONSULTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 1 9 / 2 0 0 2

Transaction ID: C812734

Amount of Each Receipt this Period  
 100.00

**C.** Full Name (Last, First, Middle Initial)  
MICHAEL J BULGER

Mailing Address 12705 FAIR CREST CT APT 101

City FAIRFAX State VA Zip Code 22033-3859

FEC ID number of contributing federal political committee. **C**

Name of Employer AT&T COMMUNICATIONS Occupation COMM. TECH.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 2 9 / 2 0 0 2

Transaction ID: C779390

Amount of Each Receipt this Period  
 112.50

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	387.50
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. JOANNE CARTER</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 2
Mailing Address 1112 FESS AVE		<b>Transaction ID: C800114</b>
City AKRON	State OH	Zip Code 44307-1026
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 140.00
Name of Employer AMERITECH	Occupation Telecommunications S	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>B. MONA LISA CASTANEDA</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 2
Mailing Address PO BOX 1904		<b>Transaction ID: C820908</b>
City VISTA	State CA	Zip Code 92085-1904
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer PACIFIC T & T CO	Occupation MAINTENANCE ADMINIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. CASEY CASTER</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 2
Mailing Address 10010 S STELLING RD		<b>Transaction ID: C821122</b>
City CUPERTINO	State CA	Zip Code 95014-4271
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 60.00
Name of Employer SBC INTERNET SERVICES	Occupation COLLECTION REPRESENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	280.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. RANDY CORRAL</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 2	
Mailing Address 14525 SADDLEPEAK DR		<b>Transaction ID: C821591</b>	
City FONTANA	State CA	Amount of Each Receipt this Period 80.00	
Zip Code 92336-0166			
FEC ID number of contributing federal political committee. C			
Name of Employer ASI - DISTRICT 9	Occupation SYSTEMS TECHNICIAN (		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		

Full Name (Last, First, Middle Initial) <b>B. KAREN COSTA</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 2	
Mailing Address 12726 VIA LINDA CT		<b>Transaction ID: C798980</b>	
City YUCAIPA	State CA	Amount of Each Receipt this Period 60.00	
Zip Code 92399-2568			
FEC ID number of contributing federal political committee. C			
Name of Employer PACIFIC BELL TEL CO	Occupation SERVICE REPRESENTATI		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) <b>C. CHAD M, CRARY</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 2	
Mailing Address 2339 W MONTE		<b>Transaction ID: C782154</b>	
City MESA	State AZ	Amount of Each Receipt this Period 90.00	
Zip Code 85202			
FEC ID number of contributing federal political committee. C			
Name of Employer AT&T COMMUNICATIONS	Occupation Information Requested		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	230.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 71		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. EVELYN M DENNIS</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 2	
Mailing Address 2803 RAVENWIND RD		<b>Transaction ID: C809738</b>	
City HOUSTON	State TX	Zip Code 77067-2723	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AT&T COMMUNICATIONS	Occupation SERV ASST/TRAFFIC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) <b>B. MARK R. DERRIG</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 2	
Mailing Address 2191 CANTERBURY CIR		<b>Transaction ID: C800450</b>	
City AKRON	State OH	Zip Code 44319-5500	Amount of Each Receipt this Period 178.50
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AMERITECH	Occupation Customer Services Sp		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.50		

Full Name (Last, First, Middle Initial) <b>C. JOANNE J DISANGRO</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 2	
Mailing Address 5 PEACEDALE RD		<b>Transaction ID: C779529</b>	
City NEEDHAM	State MA	Zip Code 02492-4714	Amount of Each Receipt this Period 4.60
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer VERIZON-YELLOW PAGES	Occupation AD ACCT REPRESENTATI		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 268.40		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	283.10
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 71
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. MARK A DRAVES</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 2	
Mailing Address 708 W INGRAM		<b>Transaction ID: C821465</b>	
City State Zip Code MESA AZ 85201-2122	Amount of Each Receipt this Period 90.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AT&T COMMUNICATIONS	Occupation Account Rep.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) <b>B. CYNTHIA J DRISKILL</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 2	
Mailing Address 7842 SHADY ARBOR LN		<b>Transaction ID: C809406</b>	
City State Zip Code HOUSTON TX 77040-4413	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SBC - SOUTH WESTERN BELL	Occupation SENIOR GENERAL CLERK		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>C. R G DYE</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 2	
Mailing Address 145 BLAKE		<b>Transaction ID: C816144</b>	
City State Zip Code MIDWEST CITY OK 73130-3303	Amount of Each Receipt this Period 120.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SBC - SOUTH WESTERN BELL	Occupation COMMUNICATIONS CONSU		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	360.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 71
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. SCOTT EDWARDS</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 2
Mailing Address 511 E LLOYD ST APT 3		<b>Transaction ID: C791585</b>
City <b>EBENSBURG</b>	State <b>PA</b>	Zip Code <b>15931-2055</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>82.35</b>
Name of Employer <b>AT&amp;T COMMUNICATIONS</b>	Occupation <b>Construction Tech.</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>201.30</b>	

Full Name (Last, First, Middle Initial) <b>B. MICHELLE E ELMORE</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 2
Mailing Address 622 FILMORE ST APT 136B		<b>Transaction ID: C808168</b>
City <b>ORANGE PARK</b>	State <b>FL</b>	Zip Code <b>32065-8511</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>100.00</b>
Name of Employer <b>AT&amp;T COMMUNICATIONS</b>	Occupation <b>OPERATOR</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>220.00</b>	

Full Name (Last, First, Middle Initial) <b>C. EUGENE A. ERICKSON</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 2
Mailing Address 8 S SHORE DR		<b>Transaction ID: C814767</b>
City <b>ADDISON</b>	State <b>MI</b>	Zip Code <b>49220-9739</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>108.56</b>
Name of Employer <b>AVAYA</b>	Occupation <b>Customer Svc Engineer</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>271.40</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>290.91</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. JONATHAN FROST</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 2
Mailing Address 35 PORTER RD		<b>Transaction ID: C780234</b>
City State Zip Code CAMBRIDGE MA 02140-2109	Amount of Each Receipt this Period 5.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer VERIZON-YELLOW PAGES	Occupation AD ACCT REPRESENTATI	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>B. SANTOS GARCIA</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 2
Mailing Address 8795 LA RIVIERA DR APT 69		<b>Transaction ID: C820090</b>
City State Zip Code SACRAMENTO CA 95826-0000	Amount of Each Receipt this Period 110.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer PACIFIC T & T CO	Occupation SALES & SERVICE REP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) <b>C. EDWARD T. GAREAU</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 2
Mailing Address 6463 STANBURY RD		<b>Transaction ID: C801333</b>
City State Zip Code PARMA OH 44129-5015	Amount of Each Receipt this Period 140.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AMERITECH	Occupation Customer Services Sp	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	255.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	PAGE 18 / 71
	(check only one)	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
LUIS R GARZA

Mailing Address 4821 FRENCH DR

City State Zip Code  
CORPUS CHRSTI TX 78411-2837

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SBC - SOUTH WESTERN BELL OPERATOR [D1-CWA06]

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 29 / 2002

Transaction ID: C810209

Amount of Each Receipt this Period  
90.00

**B.** Full Name (Last, First, Middle Initial)  
ELLA M, GIBBONS

Mailing Address PO BOX 311590

City State Zip Code  
ATLANTA GA 31131-1590

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AT&T COMMUNICATIONS SR DATA PROC CLERK

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 215.60

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 29 / 2002

Transaction ID: C797869

Amount of Each Receipt this Period  
88.20

**C.** Full Name (Last, First, Middle Initial)  
MICHAEL G GILARDI

Mailing Address 54 VOSE HILL RD

City State Zip Code  
WESTFORD MA 01886-4535

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
VERIZON-YELLOW PAGES AD ACCT REPRESENTATI

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 19 / 2002

Transaction ID: C779312

Amount of Each Receipt this Period  
2.50

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	180.70
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 71
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. SEAN GIVENS</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 2	
Mailing Address 294 SPOSITO CIR		<b>Transaction ID: C820718</b>	
City State Zip Code SAN JOSE CA 95136-2139	Amount of Each Receipt this Period 80.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer PACIFIC BELL TEL CO	Occupation SPLICING TECHNICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>B. RONALD GRAY</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 2	
Mailing Address 623 5TH AVE N		<b>Transaction ID: C809465</b>	
City State Zip Code TEXAS CITY TX 77590-7636	Amount of Each Receipt this Period 120.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SOUTH WESTERN BELL	Occupation CUSTOMER SERVICES TE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>C. THOMAS J. GREENZALIS</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 2	
Mailing Address 4708 KESWICK CT UNIT C		<b>Transaction ID: C799351</b>	
City State Zip Code COLUMBUS OH 43220-3546	Amount of Each Receipt this Period 140.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AMERITECH	Occupation Operator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	340.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. MARCELENE A. GREGORY</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 2	
Mailing Address 2617 EVERGREEN RD		<b>Transaction ID: C813982</b>	
City TOLEDO	State OH	Amount of Each Receipt this Period 140.00	
Zip Code 43606-2714			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AMERITECH	Occupation Telecommunications S		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) <b>B. NICOLE L GRIMM</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 2	
Mailing Address 955 BICKEL CHURCH RD NE		<b>Transaction ID: C820793</b>	
City BALTIMORE	State OH	Amount of Each Receipt this Period 140.00	
Zip Code 43105-9483			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AMERITECH	Occupation ACS Service Rep - Sa		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) <b>C. ARLINGTON B GUY</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 2	
Mailing Address 499 S HIGHLAND AVE		<b>Transaction ID: C818210</b>	
City COLUMBUS	State OH	Amount of Each Receipt this Period 140.00	
Zip Code 43223-1641			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AMERITECH	Occupation ACS Service Rep - Sa		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	420.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 71		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. KIMBERLY L HAGELSTEIN</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 2	
Mailing Address 1365 MANCHESTER AVE		<b>Transaction ID: C799810</b>	
City State Zip Code COLUMBUS OH 43211-1454	Amount of Each Receipt this Period 140.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AMERITECH	Occupation ACS Service Rep - Sa		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) <b>B. DARAL R. HALL</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 2	
Mailing Address 1509 SANDALWOOD PL		<b>Transaction ID: C799364</b>	
City State Zip Code COLUMBUS OH 43229-4446	Amount of Each Receipt this Period 140.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AMERITECH	Occupation Operator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) <b>C. N M HALL</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 2	
Mailing Address 1431 GARDENSIDE DR		<b>Transaction ID: C812485</b>	
City State Zip Code DALLAS TX 75217-3325	Amount of Each Receipt this Period 240.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SBC - SOUTH WESTERN BELL	Occupation COMMUNICATIONS CONSU		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	520.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 71		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
MICHAEL T. HAND

Mailing Address 1664 WOODHURST CT

City State Zip Code  
COLUMBUS OH 43223-3533

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AMERITECH ACS Service Rep - Sa

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 0 2

Transaction ID: C799661

Amount of Each Receipt this Period  
140.00

**B.** Full Name (Last, First, Middle Initial)  
EVELYN M HENDERSON

Mailing Address 3207 ELMREEB DR

City State Zip Code  
COLUMBUS OH 43219-3217

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AMERITECH ACS Service Rep - Sa

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 0 2

Transaction ID: C800666

Amount of Each Receipt this Period  
140.00

**C.** Full Name (Last, First, Middle Initial)  
MARGARET E HENDERSON

Mailing Address 5171A BRAMBURY CIR

City State Zip Code  
COLUMBUS OH 43228-0000

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AMERITECH Service Assistant

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 0 2

Transaction ID: C799564

Amount of Each Receipt this Period  
140.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	420.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	PAGE 23 / 71
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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
NANCY A HERMANN

Mailing Address 8505 WADE

City State Zip Code  
SAN DIEGO CA 92114-5041

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PACIFIC T & T CO SERVICE REPRESENTATI

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 0 2

Transaction ID: C798899

Amount of Each Receipt this Period  
90.00

**B.** Full Name (Last, First, Middle Initial)  
MARCIA R HILL

Mailing Address 719 B N EUCLYPTUS  
APT 1

City State Zip Code  
INGLEWOOD CA 90302-0000

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PACIFIC BELL TEL CO SERVICE REPRESENTATI

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 0 2

Transaction ID: C791910

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
D M HODO

Mailing Address 241 N 22ND ST

City State Zip Code  
COLUMBUS OH 43203-1554

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AMERITECH Service Assistant

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 0 2

Transaction ID: C800657

Amount of Each Receipt this Period  
140.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	260.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
JAMES W. HOLBROOK

Mailing Address 6554 KINGSBURY

City State Zip Code  
DALLAS TX 75231-8158

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SBC - SOUTHWESTERN BELL RETIRED MEMBER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 03 / 2002

Transaction ID: C809626

Amount of Each Receipt this Period  
360.00

**B.** Full Name (Last, First, Middle Initial)  
GRADY C HOLLAND

Mailing Address 2624 AUSTIN DR

City State Zip Code  
MESQUITE TX 75181-1580

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SBC SERVICES INC. - DISTRICT 6 ADVANCED COMPUTER AT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 29 / 2002

Transaction ID: C810936

Amount of Each Receipt this Period  
80.00

**C.** Full Name (Last, First, Middle Initial)  
SIDNEY F HORN

Mailing Address 205 E 1ST ST

City State Zip Code  
WATERLOO IL 62298-1516

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AT&T COMMUNICATIONS Communications Tech.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 29 / 2002

Transaction ID: C803600

Amount of Each Receipt this Period  
90.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>530.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
A S HUNTE

Mailing Address 2003 TURF CLB DR

City ARLINGTON State TX Zip Code 76017-4437

FEC ID number of contributing federal political committee. **C**

Name of Employer SBC - SOUTH WESTERN BELL Occupation CUSTOMER SERVICES TE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 9 / 2 0 0 2

Transaction ID: C787159

Amount of Each Receipt this Period  
120.00

**B.** Full Name (Last, First, Middle Initial)  
RUBY JANE JENSEN

Mailing Address 2639 MONTICELLO DR

City HOUSTON State TX Zip Code 77045-3709

FEC ID number of contributing federal political committee. **C**

Name of Employer SBC - SOUTH WESTERN BELL Occupation COMMUNICATIONS TECHN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 9 / 2 0 0 2

Transaction ID: C809916

Amount of Each Receipt this Period  
240.00

**C.** Full Name (Last, First, Middle Initial)  
MARGARET JOHNSON

Mailing Address 128 COUNTY ROAD 7726

City NATALIA State TX Zip Code 78059-2048

FEC ID number of contributing federal political committee. **C**

Name of Employer SBC - SWB OPERATIONS, INC. Occupation SERVICE REPRESENTATI

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 9 / 2 0 0 2

Transaction ID: C820966

Amount of Each Receipt this Period  
80.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	440.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
MARY CATHY JONES

Mailing Address 14832 DUBLIN AVE

City State Zip Code  
GARDENA CA 90249-3735

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PACIFIC BELL TEL CO SERVICE REPRESENTATI

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 280.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 9 / 2 0 0 2

Transaction ID: C821983

Amount of Each Receipt this Period  
80.00

**B.** Full Name (Last, First, Middle Initial)  
JAYNE R KOCH

Mailing Address PO BOX 6876

City State Zip Code  
CHANDLER AZ 85246-6876

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
QWEST COMMUNICATIONS CREDIT CONSULTANT

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 9 / 2 0 0 2

Transaction ID: C781956

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
MARY KOELLING

Mailing Address 7329 RASMUSSEN WAY

City State Zip Code  
ROHNERT PARK CA 94928-2954

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PACIFIC BELL TEL CO CUSTOMER REPRESENTAT

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 9 / 2 0 0 2

Transaction ID: C820002

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	230.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
ELLYN M. KRESSIN

Mailing Address 2933 W COLDSRING RD

City GREENFIELD State WI Zip Code 53221-1815

FEC ID number of contributing federal political committee. **C**

Name of Employer AMERITECH Occupation Customer Advocate -

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
04 / 29 / 2002

Transaction ID: C805503

Amount of Each Receipt this Period  
120.00

**B.** Full Name (Last, First, Middle Initial)  
DAVID V. LAYMAN

Mailing Address 16341 LEE HIGHWAY

City BUCHANAN State VA Zip Code 24066

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 303.00

Date of Receipt  
04 / 16 / 2002

Transaction ID: C794168

Amount of Each Receipt this Period  
303.00

**C.** Full Name (Last, First, Middle Initial)  
VUE LEE

Mailing Address 1730 E 21ST ST

City MERCED State CA Zip Code 95340-4255

FEC ID number of contributing federal political committee. **C**

Name of Employer PACIFIC T & T CO Occupation SPLICING TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
04 / 29 / 2002

Transaction ID: C805004

Amount of Each Receipt this Period  
150.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	573.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 / 71
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. PENNY LEYTEM</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 2	
Mailing Address 9304 JESSICA DR		<b>Transaction ID: C821328</b>	
City State Zip Code WINDSOR CA 95492-8855	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer PACIFIC BELL TEL CO	Occupation CUSTOMER REPRESENTAT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) <b>B. MARY MAZZEO</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 2	
Mailing Address 8 HUNTINGTON LANE		<b>Transaction ID: C784351</b>	
City State Zip Code CAMILLUS NY 13031-9742	Amount of Each Receipt this Period 90.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AT&T COMMUNICATIONS	Occupation Customer Sales & Services Specialist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) <b>C. SANDRA U. MCCLINTOCK</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 2	
Mailing Address 19 S CHOLLA		<b>Transaction ID: C813331</b>	
City State Zip Code GILBERT AZ 85233	Amount of Each Receipt this Period 90.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AT&T COMMUNICATIONS	Occupation Information Requested		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	230.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 29 / 71</span> (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) C D MCGRUDER</p> <p>Mailing Address 22330 S VERMONT AVE UNIT4</p> <p>City State Zip Code TORRANCE CA 90502-2442</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation PACIFIC BELL TEL CO COMMUNICATIONS TECHN</p> <p>Receipt For: Aggregate Year-to-Date ▼  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">280.00</span></p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>2</td></tr> </table> </p> <p><b>Transaction ID:</b> C821446</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">60.00</span></p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	0	2
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	9		2	0	0	2												

<p><b>B.</b> Full Name (Last, First, Middle Initial) KAREN J MITCHELL</p> <p>Mailing Address 1304 SO 43RD ST</p> <p>City State Zip Code LOUISVILLE KY 40211-2413</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation BELLSOUTH TELECOMMS SERVICE REP</p> <p>Receipt For: Aggregate Year-to-Date ▼  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>2</td></tr> </table> </p> <p><b>Transaction ID:</b> C802059</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">200.00</span></p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	0	2
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	9		2	0	0	2												

<p><b>C.</b> Full Name (Last, First, Middle Initial) MICHAEL L MITCHELL</p> <p>Mailing Address 1962 MERRYHILL</p> <p>City State Zip Code COLUMBUS OH 43219</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation AMERITECH Operator</p> <p>Receipt For: Aggregate Year-to-Date ▼  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">220.00</span></p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>2</td></tr> </table> </p> <p><b>Transaction ID:</b> C799129</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">140.00</span></p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	0	2
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	9		2	0	0	2												

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">400.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
RICHARD MITCHELL JR

Mailing Address 300 W WINTERGREEN RD  
APT 327

City State Zip Code  
DESOTO TX 75115-2376

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AT&T COMMUNICATIONS OSPS OPERATOR

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 0 2

Transaction ID: C809336

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
VINCENT MONTES

Mailing Address 5537 PIONEER BLVD

City State Zip Code  
WHITTIER CA 90601-2156

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PACIFIC BELL TEL CO OPERATOR [CWA09]

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 0 2

Transaction ID: C821558

Amount of Each Receipt this Period  
80.00

**C.** Full Name (Last, First, Middle Initial)  
CORAL MOORE

Mailing Address 706 TWIN OAKS DR APT 3

City State Zip Code  
DECATUR GA 30030-4056

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AT&T COMMUNICATIONS SPEC OPERATOR CLERK

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 0 2

Transaction ID: C811756

Amount of Each Receipt this Period  
80.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	260.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. A. MORALES</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 2
Mailing Address 27818 SANDSTONE COURT		<b>Transaction ID: C812968</b>
City VALENCIA	State CA	Zip Code 91354-0000
FEC ID number of contributing federal political committee.	C	
Name of Employer PACIFIC BELL TEL CO	Occupation SYSTEMS TECHNICIAN (	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
		Amount of Each Receipt this Period 120.00

Full Name (Last, First, Middle Initial) <b>B. GEORGE ,D MORRISON</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 2
Mailing Address P O BOX 123		<b>Transaction ID: C816005</b>
City LABADIE	State MO	Zip Code 63055-0123
FEC ID number of contributing federal political committee.	C	
Name of Employer AT&T COMMUNICATIONS	Occupation CHIEF STEWARD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
		Amount of Each Receipt this Period 90.00

Full Name (Last, First, Middle Initial) <b>C. ANDREW J MOSSO</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 2
Mailing Address 1105 VZCR 2413		<b>Transaction ID: C791891</b>
City CANTON	State TX	Zip Code 75103
FEC ID number of contributing federal political committee.	C	
Name of Employer SBC - SOUTH WESTERN BELL	Occupation NETWORK CENTER TECHN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
		Amount of Each Receipt this Period 120.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	330.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 71		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
G. W. NILSSON

Mailing Address PO BOX 731

City PLAISTOW State NH Zip Code 03865-0731

FEC ID number of contributing federal political committee. **C**

Name of Employer A-PLUS, A SELECTRON COMPAN  
Y Occupation PROD. ASSOCIATE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 745.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 0 2

Transaction ID: C779275

Amount of Each Receipt this Period  
185.00

**B.** Full Name (Last, First, Middle Initial)  
GARY J. OGRIZEK

Mailing Address 18373 BENTWOOD DR

City DOYLESTOWN State OH Zip Code 44230-9710

FEC ID number of contributing federal political committee. **C**

Name of Employer AMERITECH Occupation Customer Services Sp

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 0 2

Transaction ID: C800428

Amount of Each Receipt this Period  
140.00

**C.** Full Name (Last, First, Middle Initial)  
S R OLVERA

Mailing Address 312 TRADEWINDS DR 2

City SAN JOSE State CA Zip Code 95123-6065

FEC ID number of contributing federal political committee. **C**

Name of Employer PACIFIC BELL TEL CO Occupation FACILITIES TECHNICIA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 0 2

Transaction ID: C821137

Amount of Each Receipt this Period  
80.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	405.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 71
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. GUY E. PHILLIPS</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 2	
Mailing Address 57 E 220 STREET		<b>Transaction ID: C799888</b>	
City State Zip Code EUCLID OH 44123	Amount of Each Receipt this Period 175.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AMERITECH	Occupation Customer Services Sp		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

Full Name (Last, First, Middle Initial) <b>B. STEVE PRESSLEY</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 2	
Mailing Address 26 PHILIP FARM RD		<b>Transaction ID: C791197</b>	
City State Zip Code CONCORD MA 01742-2712	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NYNEX INFOR RESORCE	Occupation AD ACCT REPRESENTATI		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00		

Full Name (Last, First, Middle Initial) <b>C. BRIAN PUPHAL</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 2	
Mailing Address 102 N HELM AVE		<b>Transaction ID: C823664</b>	
City State Zip Code CLOVIS CA 93612-0164	Amount of Each Receipt this Period 90.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer PACIFIC BELL TEL CO	Occupation SERVICES TECHNICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	295.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. LOIS T. PUTZIER</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 2	
Mailing Address 5033 E 23RD ST		<b>Transaction ID: C819122</b>	
City State Zip Code TUCSON AZ 85711		Amount of Each Receipt this Period 360.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation CWA LOCAL 7026 ORGANIZER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>B. DAVID A RAWSON</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 2	
Mailing Address RT 3 BOX 272		<b>Transaction ID: C811538</b>	
City State Zip Code SULPHUR SPRGS TX 75482-9740		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation SBC - SOUTH WESTERN BELL CABLE SPLICING TECHN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. JOE J REINECKE</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 2	
Mailing Address 518 KERRI LEIGH CT		<b>Transaction ID: C811973</b>	
City State Zip Code SPRING TX 77388-6123		Amount of Each Receipt this Period 80.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation SBC - SOUTH WESTERN BELL SYSTEMS TECHNICIAN [			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	540.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. MARY ROBERTS</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 29 / 2002	
Mailing Address 791-L THURBER DR E		<b>Transaction ID: C800031</b>	
City COLUMBUS	State OH	Zip Code 43215-1133	Amount of Each Receipt this Period 140.00
FEC ID number of contributing federal political committee. C			
Name of Employer AMERITECH	Occupation Operator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00		

Full Name (Last, First, Middle Initial) <b>B. PORTER E ROBINSON</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 29 / 2002	
Mailing Address 3612 WATT RD		<b>Transaction ID: C799585</b>	
City GAHANNA	State OH	Zip Code 43230-1157	Amount of Each Receipt this Period 140.00
FEC ID number of contributing federal political committee. C			
Name of Employer AMERITECH	Occupation ACS Service Rep - Sa		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) <b>C. RAE ROEDER</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 29 / 2002	
Mailing Address 194 WASHINGTON RD		<b>Transaction ID: C789284</b>	
City PRINCETON	State NJ	Zip Code 08540-6447	Amount of Each Receipt this Period 80.00
FEC ID number of contributing federal political committee. C			
Name of Employer NJ STATE EMPLOYEES ADMN CLERICAL	Occupation LOCAL OFFICER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	360.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
ANDREA RUBIN

Mailing Address 21 HOLLY LN

City State Zip Code  
BEVERLY MA 01915-1573

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NYNEX INFOR RESORCE AD ACCT REPRESENTATI

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 318.40

Date of Receipt  
MM / DD / YYYY  
04 / 19 / 2002

Transaction ID: C779899

Amount of Each Receipt this Period  
4.60

**B.** Full Name (Last, First, Middle Initial)  
JOEL SASLAW

Mailing Address 21 BENEVENTO CIR

City State Zip Code  
PEABODY MA 01960-1270

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
VERIZON-YELLOW PAGES AD ACCT REPRESENTATI

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 503.40

Date of Receipt  
MM / DD / YYYY  
04 / 19 / 2002

Transaction ID: C779730

Amount of Each Receipt this Period  
4.60

**C.** Full Name (Last, First, Middle Initial)  
T B SHORT

Mailing Address 5711 BUCHER RD

City State Zip Code  
WHITEHOUSE OH 43571-9560

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AMERITECH Customer Services Sp

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2002

Transaction ID: C800042

Amount of Each Receipt this Period  
140.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	149.20
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
DEBRA A SILVERMAN

Mailing Address 10 ROGERS ST APT 619

City State Zip Code  
CAMBRIDGE MA 02142-1250

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
VERIZON-YELLOW PAGES AD ACCT REPRESENTATI

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 9 / 2 0 0 2

Transaction ID: C779700

Amount of Each Receipt this Period  
5.00

**B.** Full Name (Last, First, Middle Initial)  
LEATRICE SIMS

Mailing Address PO BOX 670242

City State Zip Code  
HOUSTON TX 77267-0242

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SOUTH WESTERN BELL SERVICE REPRESENTATI

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 0 2

Transaction ID: C809558

Amount of Each Receipt this Period  
60.00

**C.** Full Name (Last, First, Middle Initial)  
R SLOAT

Mailing Address 8475 WELLS ST

City State Zip Code  
ROSEMEAD CA 91770-1669

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PACIFIC BELL TEL CO COLLECTION REPRESENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 0 2

Transaction ID: C822050

Amount of Each Receipt this Period  
120.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>185.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 71
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. D SMITH</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 2	
Mailing Address 1534 E 80TH ST		<b>Transaction ID: C820771</b>	
City State Zip Code LOS ANGELES CA 90001-3404	Amount of Each Receipt this Period 80.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer PACIFIC BELL TEL CO	Occupation SERVICES TECHNICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>B. S D STOLL</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 2	
Mailing Address PO BOX 2693		<b>Transaction ID: C809298</b>	
City State Zip Code LAWTON OK 73502-2693	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SBC - SOUTH WESTERN BELL	Occupation DATA SERVICES TECHNI		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) <b>C. DAVID E THOMAS</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 2	
Mailing Address 605 BRIARCLIFF CIR		<b>Transaction ID: C795522</b>	
City State Zip Code LYNCHBURG VA 24502-4282	Amount of Each Receipt this Period 135.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AT&T	Occupation COMM. TECH.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	275.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 71
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. GRACE L. TORBERT</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 2	
Mailing Address 1240 RIEGELWOOD LN		<b>Transaction ID: C799570</b>	
City State Zip Code COLUMBUS OH 43204-1789	Amount of Each Receipt this Period 140.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AMERITECH	Occupation ACS Service Rep - Sa		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) <b>B. JAMES J TRAINOR</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 2	
Mailing Address 300 BROADWAY #12C		<b>Transaction ID: C786959</b>	
City State Zip Code DOBBS FERRY NY 10522-1638	Amount of Each Receipt this Period 1.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer VERIZON-BELL ATLANTIC NOR-TH	Occupation FIELD TECHNICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 244.00		

Full Name (Last, First, Middle Initial) <b>C. CAROLE D. TURLEY</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 2	
Mailing Address 547 SYCAMORE DR		<b>Transaction ID: C800486</b>	
City State Zip Code PICKERINGTON OH 43147-1373	Amount of Each Receipt this Period 140.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AMERITECH	Occupation Customer Advocate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	281.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 71
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. C D WATKINS</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 2	
Mailing Address 1048 N TURNER AVE APT 190		<b>Transaction ID: C821927</b>	
City State Zip Code ONTARIO CA 91764-5350	Amount of Each Receipt this Period 120.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer PACIFIC BELL TEL CO	Occupation COLLECTION REPRESENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>B. RICHARD C WHEELER II</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 2	
Mailing Address P O BOX 647		<b>Transaction ID: C819792</b>	
City State Zip Code CHIMACUM WA 98325-0647	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer QWEST COMMUNICATIONS	Occupation NETWORK TECHNICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. CAROL WHICHARD</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 2	
Mailing Address 2934 PINWOOD DR		<b>Transaction ID: C821216</b>	
City State Zip Code NAPA CA 94558-4314	Amount of Each Receipt this Period 80.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer PACIFIC T & T CO	Occupation SERVICES TECHNICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 71
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. MIKE WHITE</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 2	
Mailing Address 1132 KILLIAN RD		<b>Transaction ID: C799603</b>	
City State Zip Code AKRON OH 44312-4730	Amount of Each Receipt this Period 140.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AMERITECH	Occupation Communications Techn		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) <b>B. S. M. WHITE</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 2	
Mailing Address RT 1		<b>Transaction ID: C816652</b>	
City State Zip Code LINCOLN MO 65338-9802	Amount of Each Receipt this Period 144.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SOUTH WESTERN BELL	Occupation CABLE SPLICING TECHN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 284.00		

Full Name (Last, First, Middle Initial) <b>C. J. D. WILLIAMS</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 2	
Mailing Address 1501 S WESTMORELAND		<b>Transaction ID: C810828</b>	
City State Zip Code DESOTO TX 75115-8517	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SBC - SOUTH WESTERN BELL	Occupation COMMUNICATIONS TECHN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	484.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. STEPHEN L WILLIAMS</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 2	
Mailing Address RT 1 BOX 710		<b>Transaction ID: C816102</b>	
City OLEAN	State MO	Zip Code 65064-9801	Amount of Each Receipt this Period 84.00
FEC ID number of contributing federal political committee. C			
Name of Employer SBC - SOUTH WESTERN BELL		Occupation SYSTEMS TECHNICIAN [	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>B. JENNIFER ,C WILLIS</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 2	
Mailing Address 1952 MARSHES GLENN DR NW		<b>Transaction ID: C819908</b>	
City NORCROSS	State GA	Zip Code 30071-0000	Amount of Each Receipt this Period 90.00
FEC ID number of contributing federal political committee. C			
Name of Employer AT&T COMMUNICATIONS		Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>C. JERRIL WOOD</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 2	
Mailing Address 12408 SE 98TH		<b>Transaction ID: C819759</b>	
City RENTON	State WA	Zip Code 98056-2438	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer QWEST COMMUNICATIONS		Occupation CCT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	274.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 43 / 71	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
ALWYN YEAKLE

Mailing Address 409 S 7TH ST

City State Zip Code  
BAYTOWN TX 77520-7268

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SBC - SOUTH WESTERN BELL NETWORK CENTER TECHN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 29 / 2002

Transaction ID: C794856

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	12420.91

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 44 / 71
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
SunTrust Bank

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285-5024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3419.22

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 3 0 / 2 0 0 2

Transaction ID: C824071

Amount of Each Receipt this Period  
396.32

**B.** Full Name (Last, First, Middle Initial)  
SunTrust Bank

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285-5024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3419.22

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 3 0 / 2 0 0 2

Transaction ID: C824070

Amount of Each Receipt this Period  
424.57

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	820.89
<b>TOTAL</b> This Period (last page this line number only) .....	▶	820.89

# 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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Bonji L. Beard</b>		<b>Transaction ID: D719</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 2
Mailing Address 7106 7th Street, NW		Amount of Each Disbursement this Period 476.25
City Washington State DC Zip Code 20012	Purpose of Disbursement Part-Time Employee Salary Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) <b>B. Bonji L. Beard</b>		<b>Transaction ID: D730</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 2
Mailing Address 7106 7th Street, NW		Amount of Each Disbursement this Period 480.00
City Washington State DC Zip Code 20012	Purpose of Disbursement Part-Time Employee Salary Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) <b>C. Bonji L. Beard</b>		<b>Transaction ID: D735</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 2
Mailing Address 7106 7th Street, NW		Amount of Each Disbursement this Period 600.00
City Washington State DC Zip Code 20012	Purpose of Disbursement Part-Time Employee Salary Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1556.25
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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)

PAGE 46 / 71

<input checked="" 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 type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial)  
**A.** Emily DiFranco

Transaction ID: D732  
Date of Disbursement

Mailing Address 6266 Walkers Croft Way

/   /

City Alexandria State VA Zip Code 22315

Amount of Each Disbursement this Period

Purpose of Disbursement  
Part-Time Employee Salary

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

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

**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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. A Whole Lot of People For Grijalva</b>		<b>Transaction ID: D697</b>	
Mailing Address P.O. Box 1242		Date of Disbursement 04 / 15 / 2002	
City Tucson	State AZ	Zip Code 85702	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement Federal Candidate Contribution 2002		011	Category/ Type
Candidate Name Raul M Grijalva			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: AZ	District: 7		

Full Name (Last, First, Middle Initial) <b>B. AMERICA WORKS COMMITTEE</b>		<b>Transaction ID: D723</b>	
Mailing Address 607-14TH STREET NW SUITE 800		Date of Disbursement 04 / 25 / 2002	
City WASHINGTON	State DC	Zip Code 20005	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement Federal Committee Contribution		011	Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) <b>C. ANDREWS FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: D744</b>	
Mailing Address 215 FOURTH AVE., STE. 200		Date of Disbursement 04 / 30 / 2002	
City Haddon Heights	State NJ	Zip Code 08035	Amount of Each Disbursement this Period -500.00
Purpose of Disbursement Federal Candidate Contribution		011	Category/ Type
Candidate Name ROBERT E ANDREWS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NJ	District: 1		

VOID CK #11550 03/02

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	9500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# 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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. BOSWELL FOR CONGRESS</b>		<b>Transaction ID: D738</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 2
Mailing Address PO BOX 6220		Amount of Each Disbursement this Period 5000.00
City Des Moines	State IA	
Zip Code 50309		
Purpose of Disbursement Federal Candidate Contribution 2002 Candidate Name LEONARD L BOSWELL		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IA District: 03		

Full Name (Last, First, Middle Initial) <b>B. BRAD MILLER FOR UNITED STATES CONGRESS</b>		<b>Transaction ID: D698</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 2
Mailing Address P.O. Box 10322		Amount of Each Disbursement this Period 3000.00
City Raleigh	State NC	
Zip Code 27605		
Purpose of Disbursement Federal Candidate Contribution 2002 Candidate Name Brad Miller		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC District: 13		

Full Name (Last, First, Middle Initial) <b>C. California Democratic Party</b>		<b>Transaction ID: D699</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 2
Mailing Address 1401 21st Street, Suite 100		Amount of Each Disbursement this Period 5000.00
City Sacramento	State CA	
Zip Code 95814		
Purpose of Disbursement Federal Committee Contribution Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	13000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



**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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE</b>		<b>Transaction ID: D722</b> Date of Disbursement
Mailing Address 6380 Wilshire Blvd. #1612		<input type="text" value="04"/> / <input type="text" value="19"/> / <input type="text" value="2002"/>
City Los Angeles	State CA	Zip Code 90048
Purpose of Disbursement Federal Candidate Contribution 2002		<input type="text" value="1000.00"/>
Candidate Name HENRY A WAXMAN		<input type="text" value="011"/> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 30	

Full Name (Last, First, Middle Initial) <b>B. CONWAY FOR CONGRESS</b>		<b>Transaction ID: D736</b> Date of Disbursement
Mailing Address PO BOX 5640		<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2002"/>
City LOUISVILLE	State KY	Zip Code 40205
Purpose of Disbursement Federal Candidate Contribution		<input type="text" value="3000.00"/>
Candidate Name JOHN WILLIAM CONWAY		<input type="text" value="011"/> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: KY	District: 5	

Full Name (Last, First, Middle Initial) <b>C. CYNTHIA MCKINNEY FOR CONGRESS</b>		<b>Transaction ID: D690</b> Date of Disbursement
Mailing Address P O BOX 371125		<input type="text" value="04"/> / <input type="text" value="09"/> / <input type="text" value="2002"/>
City DECATUR	State GA	Zip Code 30037
Purpose of Disbursement Federal Candidate Contribution 2002		<input type="text" value="1000.00"/>
Candidate Name CYNTHIA MCKINNEY		<input type="text" value="011"/> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA	District: 04	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="5000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. DAVID PRICE FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: D693</b> Date of Disbursement
Mailing Address PO BOX 1986		<input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="2"/>
City RALEIGH	State NC	Zip Code 27602
Purpose of Disbursement Federal Candidate Contribution 2002		<input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/> Category/ Type
Candidate Name DAVID EUGENE PRICE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC	District: 4	
		Amount of Each Disbursement this Period <input type="text" value="4000.00"/>

Full Name (Last, First, Middle Initial) <b>B. DELAHUNT FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: D663</b> Date of Disbursement
Mailing Address 333 Victory Road		<input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="2"/>
City Quincy	State MA	Zip Code 02171-3111
Purpose of Disbursement Federal Candidate Contribution 2002		<input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/> Category/ Type
Candidate Name WILLIAM D DELAHUNT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MA	District: 10	
		Amount of Each Disbursement this Period <input type="text" value="5000.00"/>

Full Name (Last, First, Middle Initial) <b>C. DOGGETT FOR US CONGRESS</b>		<b>Transaction ID: D4671</b> Date of Disbursement
Mailing Address PO Box 5843		<input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="2"/>
City Austin	State TX	Zip Code 78763
Purpose of Disbursement Federal Candidate Contribution		<input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/> Category/ Type
Candidate Name LLOYD DOGGETT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX	District: 25	
		Amount of Each Disbursement this Period <input type="text" value="-1000.00"/>
		Void CK #10946 4/01

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="8000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Feeley For Congress</b>		<b>Transaction ID: D721</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 2
Mailing Address 13486 W. Center Drive		Amount of Each Disbursement this Period 5000.00
City Lakewood State CO Zip Code 80228	011 Category/ Type	
Purpose of Disbursement Federal Candidate Contribution		
Candidate Name Michael Feeley		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 07	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF BARBARA BOXER</b>		<b>Transaction ID: D733</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 2
Mailing Address PO BOX 641751		Amount of Each Disbursement this Period 2500.00
City LOS ANGELES State CA Zip Code 90064	011 Category/ Type	
Purpose of Disbursement Federal Candidate Contribution		
Candidate Name BARBARA BOXER		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 00	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF JANE HARMAN</b>		<b>Transaction ID: D662</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 2
Mailing Address PO Box 96		Amount of Each Disbursement this Period 5000.00
City Torrance State CA Zip Code 90507	011 Category/ Type	
Purpose of Disbursement Federal Candidate Contribution		
Candidate Name JANE HARMAN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 36	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	12500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF SUSAN PARKER</b>		<b>Transaction ID: D706</b> Date of Disbursement
Mailing Address 339 ROSE LANE		<input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2002"/>
City MONTGOMERY	State AL	Zip Code 36104
Purpose of Disbursement Federal Candidate Contribution		<input type="text" value="011"/> Category/ Type
Candidate Name SUSAN D PARKER		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AL	District: 00	

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) <b>B. HILLIARD FOR CONGRESS CAMPAIGN</b>		<b>Transaction ID: D704</b> Date of Disbursement
Mailing Address PO BOX 11705		<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2002"/>
City BIRMINGHAM	State AL	Zip Code 35202
Purpose of Disbursement Federal Candidate Contribution		<input type="text" value="011"/> Category/ Type
Candidate Name EARL F HILLIARD		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AL	District: 7	

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) <b>C. KIRK FOR U.S. SENATE</b>		<b>Transaction ID: D752</b> Date of Disbursement
Mailing Address 307 N QUENTIN		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2002"/>
City WICHITA	State KS	Zip Code 67218
Purpose of Disbursement Federal Candidate Contribution		<input type="text" value="011"/> Category/ Type
Candidate Name MARK BRIAN KIRK		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: KS	District: Runoff	

Amount of Each Disbursement this Period

VOID CK#11495 03/02

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

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

# 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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
LUCILLE ROYBAL-ALLARD FOR CONGRESS

Mailing Address P.O. Box 582

City Kensington State MD Zip Code 20895

Purpose of Disbursement  
Federal Candidate Contribution

011  
Category/  
Type

Candidate Name  
LUCILLE ROYBAL-ALLARD

Office Sought:  House  
 Senate  
 President

Disbursement For: 2002  
 Primary  General  
 Other (specify) ▼

State: CA District: 34

Transaction ID: D734  
Date of Disbursement

04 / 26 / 2002

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
LUTHER FOR CONGRESS

Mailing Address 1399 GENEVA AVENUE N. Suite 202

City OAKDALE State MN Zip Code 55128

Purpose of Disbursement  
Federal Candidate Contribution

011  
Category/  
Type

Candidate Name  
Bill Luther

Office Sought:  House  
 Senate  
 President

Disbursement For: 2002  
 Primary  General  
 Other (specify) ▼

State: MN District: 06

Transaction ID: D716  
Date of Disbursement

04 / 18 / 2002

Amount of Each Disbursement this Period

5000.00

**C.** Full Name (Last, First, Middle Initial)  
Marion Berry for Congress

Mailing Address P.O. BOX 8084

City Jonesboro State AR Zip Code 72403

Purpose of Disbursement  
Federal Candidate Contribution 2002

011  
Category/  
Type

Candidate Name  
Marion Berry

Office Sought:  House  
 Senate  
 President

Disbursement For: 2002  
 Primary  General  
 Other (specify) ▼

State: AR District: 1

Transaction ID: D717  
Date of Disbursement

04 / 18 / 2002

Amount of Each Disbursement this Period

2500.00

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

8500.00

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

**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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. MARTIN FROST CAMPAIGN COMMITTEE</b>		<b>Transaction ID: D664</b> Date of Disbursement
Mailing Address P.O. Box 4219		<input type="text" value="04"/> / <input type="text" value="05"/> / <input type="text" value="2002"/>
City DALLAS	State TX	Zip Code 75208
Purpose of Disbursement Federal Candidate Contribution		<input type="text" value="011"/> Category/ Type
Candidate Name MARTIN FROST		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX	District: 24	

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) <b>B. Matsunaka For Congress</b>		<b>Transaction ID: D720</b> Date of Disbursement
Mailing Address 2881 North Monroe		<input type="text" value="04"/> / <input type="text" value="18"/> / <input type="text" value="2002"/>
City Loveland	State CO	Zip Code 80538
Purpose of Disbursement Federal Candidate Contribution		<input type="text" value="011"/> Category/ Type
Candidate Name Toshi Matsunaka		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CO	District: 04	

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) <b>C. MICHAUD FOR CONGRESS</b>		<b>Transaction ID: D703</b> Date of Disbursement
Mailing Address 16 COMMON STREET		<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2002"/>
City Waterville	State ME	Zip Code 04901
Purpose of Disbursement Federal Candidate Contribution 2002		<input type="text" value="011"/> Category/ Type
Candidate Name MICHAEL H MICHAUD		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ME	District: 02	

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

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

# 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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. NORRIS FOR CONGRESS</b>		<b>Transaction ID: D714</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 2
Mailing Address 120 Kellogg Ave.		Amount of Each Disbursement this Period 5000.00
City Ames State IA Zip Code 50010	011 Category/ Type	
Purpose of Disbursement Federal Candidate Contribution		
Candidate Name JOHN ROBERT NORRIS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 04	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. SNYDER FOR CONGRESS CAMPAIGN COMMITTEE</b>		<b>Transaction ID: D712</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 2
Mailing Address PO BOX 250998		Amount of Each Disbursement this Period 5000.00
City LITTLE ROCK State AR Zip Code 72225	011 Category/ Type	
Purpose of Disbursement Federal Candidate Contribution		
Candidate Name VICTOR FREDERICK SNYDER		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 02	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. TED STRICKLAND FOR CONGRESS</b>		<b>Transaction ID: D715</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 2
Mailing Address 795 LUTHER ROAD PO BOX 255		Amount of Each Disbursement this Period 4000.00
City Minford State OH Zip Code 45653	011 Category/ Type	
Purpose of Disbursement Federal Candidate Contribution		
Candidate Name TED STRICKLAND		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 06	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	14000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. W.V. STATE DEM. EXEC. CMTE.-Fed.</b>		<b>Transaction ID: D689</b> Date of Disbursement
Mailing Address 405 CAPITOL STREET SUITE 404		<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2002"/>
City CHARLESTON	State WV	Zip Code 25301
Purpose of Disbursement Federal Committee Contribution		<input type="text" value="011"/> Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) <b>B. W.V. STATE DEM. EXEC. CMTE.-Fed.</b>		<b>Transaction ID: D692</b> Date of Disbursement
Mailing Address 405 CAPITOL STREET SUITE 404		<input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2002"/>
City CHARLESTON	State WV	Zip Code 25301
Purpose of Disbursement Federal Committee Contribution		<input type="text" value="011"/> Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

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



# 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)

PAGE 57 / 71

<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

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. James Manchin For House of Delegates</b>		<b>Transaction ID: D700</b> Date of Disbursement
Mailing Address PO Box 250		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2002"/>
City Farmington	State WV	Zip Code 26571
Purpose of Disbursement Non-Federal Candidate Contribution		<input type="text" value="011"/> Category/ Type
Candidate Name James Manchin		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WV	District:	

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) <b>B. Citizens for Jan Schwartz Committee</b>		<b>Transaction ID: D680</b> Date of Disbursement
Mailing Address 4580 Stephen Circle, NW Suite 301		<input type="text" value="04"/> / <input type="text" value="05"/> / <input type="text" value="2002"/>
City Canton	State OH	Zip Code 44718
Purpose of Disbursement Non-Federal Candidate Contribution		<input type="text" value="011"/> Category/ Type
Candidate Name Jan Schwartz		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH	District:	

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) <b>C. Citizens for Vern Swisher</b>		<b>Transaction ID: D702</b> Date of Disbursement
Mailing Address 427 Kingmont Road, PO Box 96		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2002"/>
City Kingmont	State WV	Zip Code 26578
Purpose of Disbursement Non-Federal Candidate Contribution		<input type="text" value="011"/> Category/ Type
Candidate Name Vern Swisher		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WV	District:	

Amount of Each Disbursement this Period

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3250.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Clark County Democratic Party</b>		<b>Transaction ID: D741</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 2
Mailing Address 645L Villa Road		Amount of Each Disbursement this Period 100.00
City Springfield State OH Zip Code 45503	Purpose of Disbursement Non-Federal Committee Contrib Candidate Name 011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Cmte. To Elect Steven L. Hurley Judge</b>		<b>Transaction ID: D673</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 2
Mailing Address 1354 Monroe Drive		Amount of Each Disbursement this Period 500.00
City Xenia State OH Zip Code 45439	Purpose of Disbursement Non-Federal Candidate Contribution Candidate Name Steven Hurley 011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:		Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Cmte. to Elect Sue Morano State Senate</b>		<b>Transaction ID: D679</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 2
Mailing Address 12702 Darrow Road		Amount of Each Disbursement this Period 1250.00
City Vermilion State OH Zip Code 44089	Purpose of Disbursement Non-Federal Candidate Contribution Candidate Name Sue Morano 011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:		Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1850.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Committee for Debra Payne</b>		<b>Transaction ID: D682</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 2
Mailing Address 947 E. Johnstown Rd. PMB-160		Amount of Each Disbursement this Period 1250.00
City Gahanna State OH Zip Code 43230	011 Category/ Type	
Purpose of Disbursement Non-Federal Candidate Contribution		
Candidate Name Debra Payne		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Committee for Judge Janet Burnside</b>		<b>Transaction ID: D687</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 2
Mailing Address 2824 Eaton Road		Amount of Each Disbursement this Period 1000.00
City Cleveland State OH Zip Code 44122	011 Category/ Type	
Purpose of Disbursement Non-Federal Candidate Contribution		
Candidate Name Janet Burnside		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Committee to Elect Brent Boggs</b>		<b>Transaction ID: D705</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 2
Mailing Address P.O. Box 156		Amount of Each Disbursement this Period 1000.00
City Rosedale State WV Zip Code 26636	011 Category/ Type	
Purpose of Disbursement Non-Federal Candidate Contribution		
Candidate Name Brent Boggs		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District:	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Helen Knipe Smith</b>		<b>Transaction ID: D683</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 2
Mailing Address 3016 Carroll Ave		Amount of Each Disbursement this Period 500.00
City Cleveland State OH Zip Code 44113	011 Category/ Type	
Purpose of Disbursement Non-Federal Candidate Contrib 2002		
Candidate Name Helen Knipe Smith		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Committee to Elect Juan (Chuy) Hinojosa</b>		<b>Transaction ID: D743</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 2
Mailing Address 612 Nolana, Suite 410		Amount of Each Disbursement this Period 1000.00
City Mc Allen State TX Zip Code 78504	011 Category/ Type	
Purpose of Disbursement Non-Federal Candidate Contribution		
Candidate Name Juan(chuy) Hinojosa		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District:	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Committee to Elect Mary Boyle</b>		<b>Transaction ID: D685</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 2
Mailing Address 13605 Shaker Blvd.		Amount of Each Disbursement this Period 2500.00
City Cleveland State OH Zip Code 44120	011 Category/ Type	
Purpose of Disbursement Non-Federal Candidate Contrib 2002		
Candidate Name Mary Boyle		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. CWA COPE Treasury</b>		<b>Transaction ID: D746</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 2
Mailing Address 501 Third Street, NW		Amount of Each Disbursement this Period 42873.01
City Washington State DC Zip Code 20001	Rptd. Unitem. Rec. 03/02	
Purpose of Disbursement Transfer of Mistaken Deposit		001 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. CWA District 2 PEC - WV</b>		<b>Transaction ID: D677</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 2
Mailing Address 962 Wayne Ave., Suite 500		Amount of Each Disbursement this Period 3500.00
City Silver Spring State MD Zip Code 20910	Rptd. Unitem. Rec. 03/02	
Purpose of Disbursement Non-Federal Committee Contribution		011 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. CWA District 2 PEC - WV</b>		<b>Transaction ID: D691</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 0 2
Mailing Address 962 Wayne Ave., Suite 500		Amount of Each Disbursement this Period 5000.00
City Silver Spring State MD Zip Code 20910	Rptd. Unitem. Rec. 03/02	
Purpose of Disbursement Non-Federal Committee Contribution		011 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	51373.01
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	51373.01

**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

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. CWA District 2 PEC - WV</b>		<b>Transaction ID: D739</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 2
Mailing Address 962 Wayne Ave., Suite 500		Amount of Each Disbursement this Period 1000.00
City Silver Spring State MD Zip Code 20910	Purpose of Disbursement Non-Federal Committee Contribution Candidate Name 011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. CWA District 3 PEC</b>		<b>Transaction ID: D667</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 2
Mailing Address 3516 Covington Highway		Amount of Each Disbursement this Period 50000.00
City Decatur State GA Zip Code 30032	Purpose of Disbursement Non-Federal Committee Contribution Candidate Name 011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. CWA General Fund</b>		<b>Transaction ID: D747</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 2
Mailing Address 501 Third Street, NW		Amount of Each Disbursement this Period 617630.41
City Washington State DC Zip Code 20001	Purpose of Disbursement Transfer of Mistaken Dues Deposit Candidate Name 001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Rptd. Unitem. Rec. 03/02

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

668630.41

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

**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)

PAGE 63 / 71

<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

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Flores Campaign Committee</b>		<b>Transaction ID: D709</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 2
Mailing Address P.O. Box 40969		Amount of Each Disbursement this Period 200.00
City Austin State TX Zip Code 78704	011 Category/ Type	
Purpose of Disbursement Non-Federal Candidate Contribution		
Candidate Name Maria Flores		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District:	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Friends for Flannery</b>		<b>Transaction ID: D684</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 2
Mailing Address 2087 Arthur Ave.		Amount of Each Disbursement this Period 1450.00
City Lakewood State OH Zip Code 44107	011 Category/ Type	
Purpose of Disbursement Non-Federal Candidate Contribution		
Candidate Name Bryan Flannery		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Friends of Tom Bevan</b>		<b>Transaction ID: D681</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 2
Mailing Address 530 Meadow ridge Way		Amount of Each Disbursement this Period 1250.00
City Hudson State OH Zip Code 44236	011 Category/ Type	
Purpose of Disbursement Non-Federal Candidate Contribution		
Candidate Name Tom Bevan		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2900.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF TOM ROBERTS</b>		<b>Transaction ID: D669</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 2
Mailing Address 131 South Wilkinson St.		Amount of Each Disbursement this Period 150.00
City Dayton State OH Zip Code 45402	Purpose of Disbursement Non-Federal Candidate Contribution Candidate Name Tom Roberts Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: OH District:		

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF TOM ROBERTS</b>		<b>Transaction ID: D670</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 2
Mailing Address 131 South Wilkinson St.		Amount of Each Disbursement this Period 1600.00
City Dayton State OH Zip Code 45402	Purpose of Disbursement Non-Federal Candidate Contribution Candidate Name Tom Roberts Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: OH District:		

Full Name (Last, First, Middle Initial) <b>C. Friends to Elect Mike Caputo, House of Delegates</b>		<b>Transaction ID: D701</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 2
Mailing Address PO Box 585		Amount of Each Disbursement this Period 1000.00
City Rivesville State WV Zip Code 26588	Purpose of Disbursement Non-Federal Candidate Contribution Candidate Name Michael Caputo Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: WV District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



# 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

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

<b>A. IUE-CWA LOCAL 755</b> Full Name (Last, First, Middle Initial) Mailing Address 1675 WOODMAN DRIVE City DAYTON State OH Zip Code 45439 Purpose of Disbursement Non-Federal Committee Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D671</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 2 Amount of Each Disbursement this Period 280.00 011 Category/ Type
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<b>B. JOE E. MORENO CAMPAIGN</b> Full Name (Last, First, Middle Initial) Mailing Address 816 Ralfallen City Houston State TX Zip Code 77008 Purpose of Disbursement Non-Federal Candidate Contribution Candidate Name Joe Moreno Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D707</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 2 Amount of Each Disbursement this Period 500.00 011 Category/ Type
--	--	--

<b>C. KEEP KEITH AUDITOR</b> Full Name (Last, First, Middle Initial) Mailing Address 1030 BRINDLESTONE AVE City VANDALIA State OH Zip Code 45377 Purpose of Disbursement Non-Federal Candidate Contribution Candidate Name KARL KEITH Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D665</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 2 Amount of Each Disbursement this Period 250.00 011 Category/ Type
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1030.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. KEEP KEITH AUDITOR</b>		<b>Transaction ID: D694</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 2
Mailing Address 1030 BRINDLESTONE AVE		Amount of Each Disbursement this Period 250.00
City VANDALIA State OH Zip Code 45377	011 Category/ Type	
Purpose of Disbursement Non-Federal Candidate Contribution		
Candidate Name KARL KEITH		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. LEIGH HERINGTON CMTE.</b>		<b>Transaction ID: D695</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 2
Mailing Address 4039 Harden Road		Amount of Each Disbursement this Period 1638.00
City Rootstown Twp. State OH Zip Code 44266	011 Category/ Type	
Purpose of Disbursement Non-Federal Candidate Contribution		
Candidate Name Leigh Herrington		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. MIAMI VALLEY AFL-CIO</b>		<b>Transaction ID: D666</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 2
Mailing Address 4127 E SECOND STREET		Amount of Each Disbursement this Period 600.00
City DAYTON State OH Zip Code 45403	011 Category/ Type	
Purpose of Disbursement Non-Federal Committee Contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2488.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Mike Mosteit Campaign</b>		<b>Transaction ID: D711</b> Date of Disbursement
Mailing Address 9811 Bluebird Lane		<input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2002"/>
City La Porte	State TX	Zip Code 77571-2501
Purpose of Disbursement Non-Federal Candidate Contribution		<input type="text" value="011"/> Category/ Type
Candidate Name Mike Mosteit		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX	District:	

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) <b>B. MONTGOMERY COUNTY DEMOCRATIC PARTY</b>		<b>Transaction ID: D672</b> Date of Disbursement
Mailing Address 131 SOUTH WILKINSON		<input type="text" value="04"/> / <input type="text" value="05"/> / <input type="text" value="2002"/>
City DAYTON	State OH	Zip Code 45402
Purpose of Disbursement Non-Federal Committee Contribution		<input type="text" value="011"/> Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) <b>C. Ohio Senate Democrats</b>		<b>Transaction ID: D675</b> Date of Disbursement
Mailing Address 271 East State Street		<input type="text" value="04"/> / <input type="text" value="05"/> / <input type="text" value="2002"/>
City Columbus	State OH	Zip Code 43215
Purpose of Disbursement Non-Federal Committee Contribution		<input type="text" value="011"/> Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Amount of Each Disbursement this Period

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

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

# 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)

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<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

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Paul Sherr for ACC</b>		<b>Transaction ID: D713</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 2
Mailing Address 1202 Newning Street, Ste. 213		Amount of Each Disbursement this Period 100.00
City Austin State TX Zip Code 78704	Purpose of Disbursement Non-Federal Candidate Contribution Category/Type 011	
Candidate Name Paul Sherr		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District:		

Full Name (Last, First, Middle Initial) <b>B. Price For Judge Cmte.</b>		<b>Transaction ID: D674</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 2
Mailing Address 8011 Upper Lewisburg Salem Road		Amount of Each Disbursement this Period 300.00
City Brookville State OH Zip Code 45309	Purpose of Disbursement Non-Federal Candidate Contribution Category/Type 011	
Candidate Name Connie Price		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District:		

Full Name (Last, First, Middle Initial) <b>C. Rosenbaum for Representative</b>		<b>Transaction ID: D708</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 2
Mailing Address P.O. Box 14033		Amount of Each Disbursement this Period 5000.00
City Portland State OR Zip Code 97293	Purpose of Disbursement Non-Federal Candidate Contribution Category/Type 011	
Candidate Name Diane Rosenbaum		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OR District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5400.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Shoemaker Committee</b>		<b>Transaction ID: D676</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 2
Mailing Address 330 Sylvan Circle		Amount of Each Disbursement this Period 1250.00
City Circleville	State OH	
Zip Code 43113		
Purpose of Disbursement Non-Federal Candidate Contribution		
Candidate Name Michael Shoemaker		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH District:		

Full Name (Last, First, Middle Initial) <b>B. State Rep. Debra Danburg's Campaign</b>		<b>Transaction ID: D710</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 2
Mailing Address P.O. Box 66602		Amount of Each Disbursement this Period 500.00
City Houston	State TX	
Zip Code 77266		
Purpose of Disbursement Non-Federal Candidate Contribution		
Candidate Name Debra Danburg		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District:		

Full Name (Last, First, Middle Initial) <b>C. Stormy Dean Campaign</b>		<b>Transaction ID: D737</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 2
Mailing Address 11011 Q st., Ste. 103C		Amount of Each Disbursement this Period 200.00
City Omaha	State NE	
Zip Code 68137		
Purpose of Disbursement Non-Federal Candidate Contribution		
Candidate Name Stormy Dean		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NE District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1950.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# 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)

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<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

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Teresa Fedor for Senate</b>		<b>Transaction ID: D678</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 2
Mailing Address 1817 Madison		Amount of Each Disbursement this Period 1250.00
City Toledo State OH Zip Code 43624	011 Category/ Type	
Purpose of Disbursement Non-Federal Candidate Contribution Candidate Name Teresa Fedor		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. The Tim Black for Justice Committee</b>		<b>Transaction ID: D686</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 2
Mailing Address 1212 Sycamore Street Suite 20		Amount of Each Disbursement this Period 2500.00
City Cincinnati State OH Zip Code 45210	011 Category/ Type	
Purpose of Disbursement Non-Federal Candidate Contribution Candidate Name Tim Black		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. TIM HAGAN FOR GOVERNOR</b>		<b>Transaction ID: D688</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 2
Mailing Address 1340 Depot Street, Suite 102		Amount of Each Disbursement this Period 2500.00
City Rocky River State OH Zip Code 44116-1741	011 Category/ Type	
Purpose of Disbursement Non-Federal Candidate Contribution Candidate Name Tim Hagan		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. TIM HAGAN FOR GOVERNOR</b>		<b>Transaction ID: D748</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 2
Mailing Address 1340 Depot Street, Suite 102		Amount of Each Disbursement this Period 1500.00
City Rocky River State OH Zip Code 44116-1741	011 Category/ Type	
Purpose of Disbursement Non-Federal Candidate Contribution		
Candidate Name Tim Hagan		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. TIM HAGAN FOR GOVERNOR</b>		<b>Transaction ID: D740</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 2
Mailing Address 1340 Depot Street, Suite 102		Amount of Each Disbursement this Period 2500.00
City Rocky River State OH Zip Code 44116-1741	011 Category/ Type	
Purpose of Disbursement Non-Federal Candidate Contribution		
Candidate Name Tim Hagan		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Williamson for Ohio Committee</b>		<b>Transaction ID: D742</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 2
Mailing Address 6321 Seven Pines Drive		Amount of Each Disbursement this Period 300.00
City Dayton State OH Zip Code 45449	011 Category/ Type	
Purpose of Disbursement Non-Federal Candidate Contribution		
Candidate Name Gabrielle Williamson		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	762921.42