

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Communications Workers of America Working Voices

ADDRESS (number and street) 501 3rd Street, NW

(Check if address is changed)

Washington DC 20001
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

epolitics@cwa-union.org

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 06 / 09 / 2015

3. FEC IDENTIFICATION NUMBER ► C C00488486

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

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

Type or Print Name of Treasurer Sara Steffens

Signature of Treasurer Sara Steffens [Electronically Filed] Date 09 / 08 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State
 District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C _____
2. _____ FEC ID number C _____
3. _____ FEC ID number C _____
4. _____ FEC ID number C _____

Write or Type Committee Name

Communications Workers of America Working Voices

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Communications Workers of America

Mailing Address 501 3rd Street, NW

Washington

DC

20001

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Laura Archer

Mailing Address 501 3rd Street

Washington

DC

20001

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records

Telephone number 202 - 434 - 1491

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Sara Steffens

Mailing Address 501 3rd Street, NW

Washington

DC

20001

Title or Position Treasurer

CITY

STATE

ZIP CODE

Telephone number 202 - 434 - 1491

Full Name of Designated Agent

Christopher Shelton

Mailing Address

501 3rd Street, NW

Washington

DC

20001

CITY

STATE

ZIP CODE

Title or Position

Chair

Telephone number

202

434

1491

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

SunTrust Bank

Mailing Address

PO BOX 85024

Washington

DC

20001

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[ADDITIONAL]

Mailing Address

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

[ADDITIONAL]

Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Local 13000 CWA AFL-CIO

Mailing Address

2124 Race Street

Philadelphia

PA

19103

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

[ADDITIONAL]

Designated Agent

Full Name

Mailing Address

_____ - _____

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

____ - ____ - ____

Joint Fundraiser Participant

[ADDITIONAL]

FEC ID number

C _____

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

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Name of Bank, Depository, etc.

[ADDITIONAL]

Mailing Address

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

[ADDITIONAL]

Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Communications Workers of America-COPE Political Contributions Committee

Mailing Address

501 3rd Street, NW

Washington

DC

20001

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

[ADDITIONAL]

Designated Agent

Full Name

Mailing Address

_____ - _____

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

____ - ____ - ____

Joint Fundraiser Participant

[ADDITIONAL]

FEC ID number

C _____