

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL
OR
TYPE OR PRINT

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUN 21 11 30 AM '97

1. NAME OF COMMITTEE (in full)
CWA COPE - FCC

ADDRESS (number and street) Check if different than previously reported
501 Third Street N.W.

CITY, STATE and ZIP CODE
Washington, DC 20001

2. FEC IDENTIFICATION NUMBER
C00002089

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

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report

Monthly Report Due On:

- February 20 June 20 October 20
- March 20 July 20 November 20
- April 20 August 20 December 20
- May 20 September 20 January 31

- Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____
- Thirtieth day report following the General Election on _____
in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>JUNE 1</u> through <u>JUNE 30, 1997</u>		
6. (a) Cash on Hand January 1, 19 <u>97</u>		\$ 431,133.22
(b) Cash on Hand at Beginning of Reporting Period	\$ 707,241.88	
(c) Total Receipts (from Line 10)	\$ 115,595.90	\$ 726,906.35
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 822,837.78	\$ 1,158,039.57
7. Total Disbursements (from Line 30)	\$ 70,747.39	\$ 405,949.18
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 752,090.39	\$ 752,090.39
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	

For further information contact
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9630
Local 202-219-3420

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
LORETTA BOWEN, ASSISTANT TREASURER

Signature of Treasurer

Loretta Bowen

Date

7-17-97

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

FEC FORM 3X

(revised 9/88)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD	
CWA-COPE PCC		FROM June 1	TO: June 30, 1997
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		2,626.87	35,442.57
ii. Unitemized		111,396.80	678,396.14
iii. Total (add i and ii) >		114,023.67	713,838.71
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions (add a ii, b and c) >		114,023.67	713,838.71
12. Transfers From Affiliated/Other Party Committees			
13. All Loans Received			
14. Loan Repayments Received			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		-0-	6,500.00
17. Other Federal Receipts (Dividends, Interest, etc.)		1,572.23	6,567.64
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		115,595.90	726,906.35
20. Total Federal Receipts (subtract line 18 from line 19) >		115,595.90	726,906.35
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			
ii. Non-Federal Share			
b. Other Federal Operating Expenditures		497.39	2,592.24
c. Total Operating Expenditures (add a i, a ii, and b) >		497.39	2,592.24
22. Transfers to Affiliated/Other Party Committees		-0-	45,000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees		64,500.00	292,535.00
24. Independent Expenditures (use Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(f)) (use Schedule F)			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees		-0-	149.30
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contribution Refunds (add a, b and c) >		-0-	149.30
29. Other Disbursements		5,750.00	65,672.64
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		70,747.39	405,949.18
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		70,747.39	405,949.18
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)			
33. Total Contribution Refunds (from line 28d)			
34. Net Contributions (other than loans)(subtract line 33 from 32)			
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >			
36. Offsets to Operating Expenditures (from line 15)			
37. Net Operating Expenditures (subtract line 36 from 35) >			

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 1 (A) (1)

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

NAME OF COMMITTEE (In Full)
Communications Workers of America - COPE PCC

A. Full Name, Mailing Address and ZIP Code CONCANNON, KEVIN M. 111 PROSPECT ST SHREWSBURY, MA 01545-2044 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NEW YORK TEL CO Occupation AD ACCT REPRESENTATI Aggregate Year-to-Date > \$ 480.00	Date (month, day, year) 6/ 2/97	Amount of Each Receipt this Period \$20.00
B. Full Name, Mailing Address and ZIP Code RYAN, JUDITH L 12 EAST PINE ST PLAISTON, NH 03865-2620 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NEW YORK TEL CO Occupation AD ACCT REPRESENTATI Aggregate Year-to-Date > \$ 330.00	Date (month, day, year) 6/ 2/97	Amount of Each Receipt this Period \$5.00
C. Full Name, Mailing Address and ZIP Code MORIARTY, JOHN PO BOX 189 SOUTHBOROUGH, MA 01772 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NEW YORK TEL CO Occupation AD ACCT REPRESENTATI Aggregate Year-to-Date > \$ 240.00	Date (month, day, year) 6/ 2/97	Amount of Each Receipt this Period \$20.00
D. Full Name, Mailing Address and ZIP Code BROWN, ROBERT S 705 POND STREET FRANKLIN, MA 02038-2709 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NEW YORK TEL CO Occupation AD ACCT REPRESENTATI Aggregate Year-to-Date > \$ 240.00	Date (month, day, year) 6/ 2/97	Amount of Each Receipt this Period \$20.00
E. Full Name, Mailing Address and ZIP Code GARRARD, STEVEN R 11 LEDGE HILL RD GORHAM, ME 04038-2121 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NEW YORK TEL CO Occupation AD ACCT REPRESENTATI Aggregate Year-to-Date > \$ 240.00	Date (month, day, year) 6/ 2/97	Amount of Each Receipt this Period \$20.00
F. Full Name, Mailing Address and ZIP Code CARNEY, PAUL J 22 EDEN STREET FRAMINGHAM, MA 01702-6321 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NEW YORK TEL CO Occupation AD ACCT REPRESENTATI Aggregate Year-to-Date > \$ 240.00	Date (month, day, year) 6/ 2/97	Amount of Each Receipt this Period \$20.00
G. Full Name, Mailing Address and ZIP Code GILARDI, MICHAEL G 54 VOSE HILL RD WESTFORD, MA 01886-4535 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NEW YORK TEL CO Occupation AD ACCT REPRESENTATI Aggregate Year-to-Date > \$ 225.00	Date (month, day, year) 6/ 2/97	Amount of Each Receipt this Period \$2.50

SUBTOTAL of Receipts This Page (optional)	107.50
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF
FOR LINE NUMBER 1(A) (1)

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NAME OF COMMITTEE (In Full) **Communications Workers of America - COPE PCC**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BRADY, JAMES J. 407 WHITNEY ST. NORTHBROUGH, MA 01532	NEW YORK TEL CO	6/ 2/97	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation AD ACCT REPRESENTATI	Aggregate Year-to-Date > \$ 240.00	
SMITH, KENTON A 228 RUGGLES STREET WESTBORO, MA 01581-3628	NEW YORK TEL CO	6/ 2/97	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation AD ACCT REPRESENTATI	Aggregate Year-to-Date > \$ 300.00	
SMITH, JAMES A 11 CALLAHAN STREET BILLERICA, MA 01821-6332	NEW YORK TEL CO	6/ 2/97	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation AD ACCT REPRESENTATI	Aggregate Year-to-Date > \$ 420.00	
GARLAND, KEITH 55 MEYER ST ROSLINDALE, MA 02131-2232	NEW YORK TEL CO	6/ 2/97	\$5.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation AD ACCT REPRESENTATI	Aggregate Year-to-Date > \$ 330.00	
GONSALVES, JAMES F 120 F W HARTFORD DRIVE PORTSMOUTH, NH 03801-5800	NEW YORK TEL CO	6/ 2/97	\$5.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation AD ACCT REPRESENTATI	Aggregate Year-to-Date > \$ 210.00	
HARLOW, BRIAN S 12 HILLSIDE AVE S. PORTLAND, ME 04106-4811	NEW YORK TEL CO	6/ 2/97	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation AD ACCT REPRESENTATI	Aggregate Year-to-Date > \$ 240.00	
PAIRIRAS, JAYNE 8 MORGAN DR DANVERS, MA 01923-1752	NEW YORK TEL CO	6/ 2/97	\$5.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation AD ACCT REPRESENTATI	Aggregate Year-to-Date > \$ 330.00	

SUBTOTAL of Receipts This Page (optional) **95.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 1
FOR LINE NUMBER 1(A) (1)

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NAME OF COMMITTEE (in Full) Communications Workers of America - COPE PCC

<p>A. Full Name, Mailing Address and ZIP Code NADWORN, RICHARD C 65 BOREN LANE BOXFORD, MA 01921-2125</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer NEW YORK TEL CO</p> <p>Occupation AD ACCT REPRESENTATI</p> <p>Aggregate Year-to-Date > \$ 420.00</p>	<p>Date (month, day, year) 6/ 2/97</p>	<p>Amount of Each Receipt this Period \$20.00</p>
<p>B. Full Name, Mailing Address and ZIP Code GEDIES, RICHARD J 23 MEADOW BROOK LN READING, MA 01867-1236</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer NEW YORK TEL CO</p> <p>Occupation AD ACCT REPRESENTATI</p> <p>Aggregate Year-to-Date > \$ 330.00</p>	<p>Date (month, day, year) 6/ 2/97</p>	<p>Amount of Each Receipt this Period \$5.00</p>
<p>C. Full Name, Mailing Address and ZIP Code HALSBAND, HARVEY 2 GASLIGHT LANE N EASTON, MA 02356-2721</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer NEW YORK TEL CO</p> <p>Occupation AD ACCT REPRESENTATI</p> <p>Aggregate Year-to-Date > \$ 330.00</p>	<p>Date (month, day, year) 6/ 2/97</p>	<p>Amount of Each Receipt this Period \$5.00</p>
<p>D. Full Name, Mailing Address and ZIP Code ZOLLO, DONALD J 24 MAPLE ROAD SAUGUS, MA 01906-2476</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer NEW YORK TEL CO</p> <p>Occupation AD ACCT REPRESENTATI</p> <p>Aggregate Year-to-Date > \$ 370.00</p>	<p>Date (month, day, year) 6/ 2/97</p>	<p>Amount of Each Receipt this Period \$20.00</p>
<p>E. Full Name, Mailing Address and ZIP Code CARGILL, BRUCE W. 22 CORNERSTONEDR FALMOUTH, ME 04105</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer NEW YORK TEL CO</p> <p>Occupation AD ACCT REPRESENTATI</p> <p>Aggregate Year-to-Date > \$ 240.00</p>	<p>Date (month, day, year) 6/ 2/97</p>	<p>Amount of Each Receipt this Period \$20.00</p>
<p>F. Full Name, Mailing Address and ZIP Code RICHARDS, CLAUDIA T 14 BEACON STREET MATTAPANSETT, MA 02739</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer NEW YORK TEL CO</p> <p>Occupation AD ACCT REPRESENTATI</p> <p>Aggregate Year-to-Date > \$ 390.00</p>	<p>Date (month, day, year) 6/ 2/97</p>	<p>Amount of Each Receipt this Period \$5.00</p>
<p>G. Full Name, Mailing Address and ZIP Code BERNARD, CAROL A 201 OLIPHANT LN MIDDLETOWN, RI 02842-4665</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer NEW YORK TEL CO</p> <p>Occupation AD ACCT REPRESENTATI</p> <p>Aggregate Year-to-Date > \$ 210.00</p>	<p>Date (month, day, year) 6/ 2/97</p>	<p>Amount of Each Receipt this Period \$5.00</p>

SUBTOTAL of Receipts This Page (optional) 80.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 1 OF 1
FOR LINE NUMBER 1(A) (1)

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NAME OF COMMITTEE (in Full) Communications Workers of America - COPE FCC

<p>A. Full Name, Mailing Address and ZIP Code SILVERMAN, DEBRA A 6 WHITTIER PLACE APT 4-0 BOSTON, MA 02114-1443</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer NEW YORK TEL CO</p> <p>Occupation AD ACCT REPRESENTATI</p> <p>Aggregate Year-to-Date > \$ 210.00</p>	<p>Date (month, day, year) 6/ 2/97</p>	<p>Amount of Each Receipt this Period \$5.00</p>
<p>B. Full Name, Mailing Address and ZIP Code BRONSKI, JOHN 54 PARK AVE NEEDHAM, MA 02194-1627</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer NEW YORK TEL CO</p> <p>Occupation AD ACCT REPRESENTATI</p> <p>Aggregate Year-to-Date > \$ 345.00</p>	<p>Date (month, day, year) 6/ 2/97</p>	<p>Amount of Each Receipt this Period \$2.50</p>
<p>C. Full Name, Mailing Address and ZIP Code CAGLIANO, MARC R 1A PENNY LN PEABODY, MA 01960-3634</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer NEW YORK TEL CO</p> <p>Occupation AD ACCT REPRESENTATI</p> <p>Aggregate Year-to-Date > \$ 330.00</p>	<p>Date (month, day, year) 6/ 2/97</p>	<p>Amount of Each Receipt this Period \$5.00</p>
<p>D. Full Name, Mailing Address and ZIP Code SASLAW, JOEL 21 BENEVENTO CIR PEABODY, MA 01960-1270</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer NEW YORK TEL CO</p> <p>Occupation AD ACCT REPRESENTATI</p> <p>Aggregate Year-to-Date > \$ 212.60</p>	<p>Date (month, day, year) 6/ 2/97</p>	<p>Amount of Each Receipt this Period \$4.60</p>
<p>E. Full Name, Mailing Address and ZIP Code KELLEY, RALPH 26 VINE STREET N ATTLEBORO, MA 02760</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer NEW YORK TEL CO</p> <p>Occupation AD ACCT REPRESENTATI</p> <p>Aggregate Year-to-Date > \$ 240.00</p>	<p>Date (month, day, year) 6/ 2/97</p>	<p>Amount of Each Receipt this Period \$20.00</p>
<p>F. Full Name, Mailing Address and ZIP Code ONEIL, PATRICK 35 EDES RD CUMBERLAND, ME 04021-9347</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer NEW YORK TEL CO</p> <p>Occupation AD ACCT REPRESENTATI</p> <p>Aggregate Year-to-Date > \$ 240.00</p>	<p>Date (month, day, year) 6/ 2/97</p>	<p>Amount of Each Receipt this Period \$20.00</p>
<p>G. Full Name, Mailing Address and ZIP Code JACKMAN, BARRY 6 VINES RD SACO, ME 04072-1732</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer NEW YORK TEL CO</p> <p>Occupation AD ACCT REPRESENTATI</p> <p>Aggregate Year-to-Date > \$ 240.00</p>	<p>Date (month, day, year) 6/ 2/97</p>	<p>Amount of Each Receipt this Period \$20.00</p>

SUBTOTAL of Receipts This Page (optional) 77.10

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 5 OF 1 FOR LINE NUMBER 1(A) (1)

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NAME OF COMMITTEE (in Full) Communications Workers of America - COPE PCC

<p>A. Full Name, Mailing Address and ZIP Code SHEDD, CHRISTOPHER R APT B 5 BEALS COVE RD HINGHAM, MA 02043-2306</p>	<p>Name of Employer NEW YORK TEL CO</p> <p>Occupation AD ACCT REPRESENTATI</p>	<p>Date (month, day, year) 6/ 2/97</p>	<p>Amount of Each Receipt this Period \$3.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Aggregate Year-to-Date > \$ 342.00</p>		
<p>B. Full Name, Mailing Address and ZIP Code UNDERDOWN, FRANK H PO BOX 6225 CAPE ELIZ, ME 04107-0025</p>	<p>Name of Employer NEW YORK TEL CO</p> <p>Occupation AD ACCT REPRESENTATI</p>	<p>Date (month, day, year) 6/ 2/97</p>	<p>Amount of Each Receipt this Period \$20.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Aggregate Year-to-Date > \$ 240.00</p>		
<p>C. Full Name, Mailing Address and ZIP Code WILLIAMSON, JOHN G 33 RAMBLE RD CAPE ELIZABET, ME 04107</p>	<p>Name of Employer NEW YORK TEL CO</p> <p>Occupation AD ACCT REPRESENTATI</p>	<p>Date (month, day, year) 6/ 2/97</p>	<p>Amount of Each Receipt this Period \$20.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Aggregate Year-to-Date > \$ 240.00</p>		
<p>D. Full Name, Mailing Address and ZIP Code ROSTKA, EDWARD 66 TORREY RD CUMBERLAND, RI 02864-1220</p>	<p>Name of Employer NEW YORK TEL CO</p> <p>Occupation AD ACCT REPRESENTATI</p>	<p>Date (month, day, year) 6/ 2/97</p>	<p>Amount of Each Receipt this Period \$5.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Aggregate Year-to-Date > \$ 210.00</p>		
<p>E. Full Name, Mailing Address and ZIP Code HINES, MARY 1594 INDEPENDANCE AVENUE BROOKLYN, NY 112283934</p>	<p>Name of Employer NEW YORK TEL CO</p> <p>Occupation DIR-CUSTOMER RELATIO</p>	<p>Date (month, day, year) 6/ 2/97</p>	<p>Amount of Each Receipt this Period \$30.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Aggregate Year-to-Date > \$ 450.00</p>		
<p>F. Full Name, Mailing Address and ZIP Code PHILLIPPS, PAUL J 8 LITTLE JOHN RD CAPE ELIZABET, ME 04107</p>	<p>Name of Employer NEW YORK TEL CO</p> <p>Occupation AD ACCT REPRESENTATI</p>	<p>Date (month, day, year) 6/ 2/97</p>	<p>Amount of Each Receipt this Period \$20.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Aggregate Year-to-Date > \$ 240.00</p>		
<p>G. Full Name, Mailing Address and ZIP Code NORMAN, GARY 105 POWERS RD SUDBURY, MA 01776-1029</p>	<p>Name of Employer NEW YORK TEL CO</p> <p>Occupation AD ACCT REPRESENTATI</p>	<p>Date (month, day, year) 6/ 2/97</p>	<p>Amount of Each Receipt this Period \$20.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Aggregate Year-to-Date > \$ 240.00</p>		

SUBTOTAL of Receipts This Page (optional)

118.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF FOR LINE NUMBER 1(A) (1)

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NAME OF COMMITTEE (in Full)
 Communications Workers of America - COPE PCC

A. Full Name, Mailing Address and ZIP Code DAVIS, JOHN F. 4 EVERGREEN CIRCLE STERLING, MA 01564-2202 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NEW YORK TEL CO Occupation STP DIR-SALES Aggregate Year-to-Date > \$ 240.00	Date (month, day, year) 6/ 2/97	Amount of Each Receipt this Period \$20.00
B. Full Name, Mailing Address and ZIP Code BAHR, MORTON 2737 DEVONSHIR PL NW WASHINGTON DC 20008 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CWA Occupation PRESIDENT Aggregate Year-to-Date > \$ 202.23	Date (month, day, year) 6/11/97	Amount of Each Receipt this Period \$52.23
C. Full Name, Mailing Address and ZIP Code BANKS, WILHELMINA M 3333 BROADWAY TWR D 28E NEW YORK, NY 10031-8726 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NEW YORK TEL CO Occupation OPERATOR Aggregate Year-to-Date > \$ 252.00	Date (month, day, year) 6/ 2/97	Amount of Each Receipt this Period \$2.00
D. Full Name, Mailing Address and ZIP Code FLANAGAN, L J 2307 HENRY CIR AUGUSTA, GA 30906-5345 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SO BELL/BELSOUTH SER Occupation SERVICE TECH. Aggregate Year-to-Date > \$ 360.00	Date (month, day, year) 6/13/97	Amount of Each Receipt this Period \$60.00
E. Full Name, Mailing Address and ZIP Code ONCAY, SANDRA L. 2D BRAE COURT TURNERSVILLE NJ 08012 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer GLCSTR CNTY WLF BRD Occupation SUPERVISOR-ACCT CLER Aggregate Year-to-Date > \$ 205.00	Date (month, day, year) 6/ 2/97	Amount of Each Receipt this Period \$20.00
F. Full Name, Mailing Address and ZIP Code TREMBERTH, DOUGLAS 2 CATHERINE DR SCARBOROUGH, ME 04074 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NEW YORK TEL CO Occupation AD ACCT REPRESENTATI Aggregate Year-to-Date > \$ 240.00	Date (month, day, year) 6/ 2/97	Amount of Each Receipt this Period \$20.00
G. Full Name, Mailing Address and ZIP Code CLARK, JOHN S. 285 HICKORY AVE BERGENFIELD, NJ 07621 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CWA/NABET Occupation CWA/NABET/VP Aggregate Year-to-Date > \$ 270.00	Date (month, day, year) 6/11/97	Amount of Each Receipt this Period \$30.00

SUBTOTAL of Receipts This Page (optional) 204.23

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full) **Communications Workers of America - COPE PCC**

A. Full Name, Mailing Address and ZIP Code KINLOCH, JOHN G 1270 HOLLYWOOD AVE PLAINFILED, NJ 07060-3340 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer AT&T COMMUNICATIONS Occupation COMM. OPERATOR Aggregate Year-to-Date > \$ 215.00	Date (month, day, year) 6/10/97	Amount of Each Receipt this Period \$7.50
B. Full Name, Mailing Address and ZIP Code MURPHY, CHARLES APT 5A 41 BROOKSIDE AVE SOMERVILLE, NJ 08876-5611 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer AT&T COMMUNICATIONS Occupation SR. RECORDS CLERK Aggregate Year-to-Date > \$ 285.00	Date (month, day, year) 6/10/97	Amount of Each Receipt this Period \$60.00
C. Full Name, Mailing Address and ZIP Code NEVILLE, H. W. RT 4 BOX 168 GLEN ALLEN, VA 23059-9513 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer AT&T INSTALLATN / FSO Occupation TRADESMAN Aggregate Year-to-Date > \$ 240.00	Date (month, day, year) 6/ 5/97	Amount of Each Receipt this Period \$40.00
D. Full Name, Mailing Address and ZIP Code MILLER, T. G. 8661 MADERA CT MANASSAS, VA22110 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer GENERAL TEL VA Occupation SERVICE CTR TESTER Aggregate Year-to-Date > \$ 260.00	Date (month, day, year) 6/ 2/97	Amount of Each Receipt this Period \$40.00
E. Full Name, Mailing Address and ZIP Code SMITH, SARAH J. 4757 INDIAN GAP DR ORLANDO FL 32812 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CWA LOCAL 3108 Occupation LOCAL OFFICER Aggregate Year-to-Date > \$ 210.00	Date (month, day, year) 6/11/97	Amount of Each Receipt this Period \$28.00
F. Full Name, Mailing Address and ZIP Code GIBSON, CONNIE P. 4830 SW 163 AVE FT LAUDERDALE, FL 33331 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer BAPCO Occupation DCSR Aggregate Year-to-Date > \$ 240.00	Date (month, day, year) 6/10/97	Amount of Each Receipt this Period \$40.00
G. Full Name, Mailing Address and ZIP Code NEGRIN, MICHELE N 11560 ANHINGA DR WEST PALM BEACH, FL 33414 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SO BELL/BELSOUTH SRP Occupation COLLECTION REP. Aggregate Year-to-Date > \$ 210.00	Date (month, day, year) 6/13/97	Amount of Each Receipt this Period \$35.00

SUBTOTAL of Receipts This Page (optional) 250.50

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 1
FOR LINE NUMBER 1(A) (1)

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NAME OF COMMITTEE (in Full) **Communications Workers of America - COPE PCC**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
OSTROVSKY, BRYNA R 8721 SW 54 ST MIAMI, FL 33165-6722	SO BELL/BELSOUTH SER	6/13/97	\$60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CUST. SERV. REP.	Aggregate Year-to-Date > \$ 360.00	
WHEELER, MELVIN D 231 W 4TH ST APT 608 CINCINNATI, OH 45202-2648	AT&T COMMUNICATIONS	6/10/97	\$50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation COMM. TECH.	Aggregate Year-to-Date > \$ 260.00	
EASTERLING, BARBARA 6101 EDSALL RD 612 ALEXANDRIA VA 22304	CWA	6/11/97	\$67.44
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SECY. TREAS.	Aggregate Year-to-Date > \$ 202.66	
RECHENBACH, JEFFREY 22711 BRISCOE DR RM 400 ROCKY RIVER OH 44116	CWA	6/11/97	\$56.60
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ADMIN. ASST. TO VP	Aggregate Year-to-Date > \$ 206.60	
LATIGO, SAMUEL V 1301 W SAVANNAH SPARROW D HIGHLANDS RANCH, CO 80126	U S WEST COMM	6/ 6/97	\$35.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation NETWORK TECHNICIAN	Aggregate Year-to-Date > \$ 210.00	
LIVINGSTONE, H E 4621 CEDARBROOK DR CONYERS, GA 30208-4503	AT&T COMMUNICATIONS	6/10/97	\$50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation COMMUNICATION TECH.	Aggregate Year-to-Date > \$ 260.00	
SARACENO JR, PHILIP A. 331 ARBORETUM WAY BURLINGTON, MA 01803-3829	NEW YORK TEL CO	6/ 2/97	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation AD ACCT REPRESENTATI	Aggregate Year-to-Date > \$ 240.00	

SUBTOTAL of Receipts This Page (optional)

339.04

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER
1(A) (1)

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NAME OF COMMITTEE (In Full) **Communications Workers of America - COPE PCC**

A. Full Name, Mailing Address and ZIP Code CRISWELL, GEORGE F 2639 STREETMAN CIR BIRMINGHAM, AL 35235-2131 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SO BELL/BELMOUTH SER Occupation SYSTEM SPEC. TECH. Aggregate Year-to-Date > \$ 240.00	Date (month, day, year) 6/13/97	Amount of Each Receipt this Period \$40.00
B. Full Name, Mailing Address and ZIP Code SMITH, JOHN C 4106 AMEILA PLACE HIRAM, GA 30143 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SO BELL/BELMOUTH SER Occupation SERVICE CONSULTANT Aggregate Year-to-Date > \$ 330.00	Date (month, day, year) 6/13/97	Amount of Each Receipt this Period \$30.00
C. Full Name, Mailing Address and ZIP Code SPRAGUE, D F 2703 WINDOR ODESSA, TX 79762-7862 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SOUTH WESTERN BELL Occupation CUST. SERV. TECH. Aggregate Year-to-Date > \$ 240.00	Date (month, day, year) 6/10/97	Amount of Each Receipt this Period \$40.00
D. Full Name, Mailing Address and ZIP Code ESTRADA, R. 40325 NEWPORT RD HEMET, CA 92343 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer GEN TEL CO OF CAL Occupation EQUIPMENT MAINT. Aggregate Year-to-Date > \$ 240.00	Date (month, day, year) 6/ 2/97	Amount of Each Receipt this Period \$20.00
E. Full Name, Mailing Address and ZIP Code JENSEN, RUBY JANE 2639 MONTICELLO DR HOUSTON, TX 77045-3709 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SOUTH WESTERN BELL Occupation COMM. TECH. Aggregate Year-to-Date > \$ 600.00	Date (month, day, year) 6/10/97	Amount of Each Receipt this Period \$100.00
F. Full Name, Mailing Address and ZIP Code RUSSELL, PAULA J 321 B ST BELTON, MO 64012-2403 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer AT&T COMMUNICATIONS Occupation ACCT. REP. Aggregate Year-to-Date > \$ 390.00	Date (month, day, year) 6/10/97	Amount of Each Receipt this Period \$75.00
G. Full Name, Mailing Address and ZIP Code ETZEL, BRIGESS J 10814 DUNCUM HOUSTON, TX 77013-5416 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SOUTH WESTERN BELL Occupation LOCAL OFFICER Aggregate Year-to-Date > \$ 295.00	Date (month, day, year) 6/10/97	Amount of Each Receipt this Period \$10.00

SUBTOTAL of Receipts This Page (optional) 315.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full) Communications Workers of America - COPE PCC

<p>A. Full Name, Mailing Address and ZIP Code WILLIAMS, J. D. R 1501 S WESTMORELAND DESOTO, TX 75115-8517</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer SOUTH WESTERN BELL</p> <p>Occupation LOCAL OFFICER</p> <p>Aggregate Year-to-Date > \$ 600.00</p>	<p>Date (month, day, year) 6/10/97</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p>B. Full Name, Mailing Address and ZIP Code MAGEE, CARROL N 8531 SAN BENITO WAY DALLAS, TX 75218-4316</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer SOUTH WESTERN BELL</p> <p>Occupation LOCAL OFFICER</p> <p>Aggregate Year-to-Date > \$ 600.00</p>	<p>Date (month, day, year) 6/10/97</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p>C. Full Name, Mailing Address and ZIP Code GALVAN, JESSE 1906 TEXAS AVE SAN ANTONIO, TX 78228</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer AT&T COMMUNICATIONS</p> <p>Occupation CUST. REP.</p> <p>Aggregate Year-to-Date > \$ 200.00</p>	<p>Date (month, day, year) 6/10/97</p>	<p>Amount of Each Receipt this Period \$40.00</p>
<p>D. Full Name, Mailing Address and ZIP Code FRANKEN, M E 107 CLAY ST BOX 23 SMITHTON, MO 65350-0023</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer SOUTH WESTERN BELL</p> <p>Occupation CUST. SERV. TECH.</p> <p>Aggregate Year-to-Date > \$ 972.00</p>	<p>Date (month, day, year) 6/10/97</p>	<p>Amount of Each Receipt this Period \$2.00</p>
<p>E. Full Name, Mailing Address and ZIP Code NIEMEYER, LAWRENCE H 3703 KIGER INDEPENDENCE, MO 64055</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer AT&T COMMUNICATIONS</p> <p>Occupation CNA TECH.</p> <p>Aggregate Year-to-Date > \$ 260.00</p>	<p>Date (month, day, year) 6/10/97</p>	<p>Amount of Each Receipt this Period \$50.00</p>
<p>F. Full Name, Mailing Address and ZIP Code LOCKE, DAVID P. 7512 TAUROMEE KANSAS CITY, KS 66112</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer CWA</p> <p>Occupation CWA REP.</p> <p>Aggregate Year-to-Date > \$ 230.00</p>	<p>Date (month, day, year) 6/11/97</p>	<p>Amount of Each Receipt this Period \$30.00</p>
<p>G. Full Name, Mailing Address and ZIP Code NESLER, RALPH I. 181 S E 421 WARRENSBURG MO 64093</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UNITED TEL MISSOURI</p> <p>Occupation EQUIPMENT INSTALLER</p> <p>Aggregate Year-to-Date > \$ 372.00</p>	<p>Date (month, day, year) 6/ 2/97</p>	<p>Amount of Each Receipt this Period \$1.00</p>

SUBTOTAL of Receipts This Page (optional) 323.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full) Communications Workers of America - COPE PCC

<p>A. Full Name, Mailing Address and ZIP Code HIGGINS, BARBARA L 4215 AQUA DR PUEBLO, CO 81005-1102</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer U S WEST COMM</p> <p>Occupation CENTRAL OFFICE TECHN</p> <p>Aggregate Year-to-Date > \$ 240.00</p>	<p>Date (month, day, year) 6/ 6/97</p>	<p>Amount of Each Receipt this Period \$40.00</p>
<p>B. Full Name, Mailing Address and ZIP Code MCLEAN, LEANN 17207 190TH AVE SE RENTON, WA 98058-0731</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer AT&T COMMUNICATIONS</p> <p>Occupation C. A.</p> <p>Aggregate Year-to-Date > \$ 247.50</p>	<p>Date (month, day, year) 6/10/97</p>	<p>Amount of Each Receipt this Period \$37.50</p>
<p>C. Full Name, Mailing Address and ZIP Code BIXLER, ANTHONY 9781 ORANGEWOOD GARDEN GROVE, CA 92641</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer CWA</p> <p>Occupation VICE PRESIDENT</p> <p>Aggregate Year-to-Date > \$ 290.00</p>	<p>Date (month, day, year) 6/11/97</p>	<p>Amount of Each Receipt this Period \$30.00</p>
<p>D. Full Name, Mailing Address and ZIP Code MARKS, MARGIE 1507 VISALIA ALBANY CA 94706</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer PACIFIC T & T CO</p> <p>Occupation LOCAL OFFICER</p> <p>Aggregate Year-to-Date > \$ 210.00</p>	<p>Date (month, day, year) 6/ 2/97</p>	<p>Amount of Each Receipt this Period \$30.00</p>
<p>E. Full Name, Mailing Address and ZIP Code FALCON, R. 1440 EASTSIDE MESQUITE, TX 75149-6217</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer SOUTH WESTERN BELL</p> <p>Occupation COMM. SALES</p> <p>Aggregate Year-to-Date > \$ 240.00</p>	<p>Date (month, day, year) 6/10/97</p>	<p>Amount of Each Receipt this Period \$40.00</p>
<p>F. Full Name, Mailing Address and ZIP Code STINNETT, G. M. P O BOX 4428 BURBANK, CA 91503-4428</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer CAPITOLCITIES/ABC IN</p> <p>Occupation ENGINEER</p> <p>Aggregate Year-to-Date > \$ 360.00</p>	<p>Date (month, day, year) 6/ 5/97</p>	<p>Amount of Each Receipt this Period \$360.00</p>
<p>G. Full Name, Mailing Address and ZIP Code DIAGINI, SERRAN, N A 2347 VARGAS PL SANTA CLARA, CA 95050</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer PACIFIC T & T CO</p> <p>Occupation LOCAL OFFICER</p> <p>Aggregate Year-to-Date > \$ 220.00</p>	<p>Date (month, day, year) 6/11/97</p>	<p>Amount of Each Receipt this Period \$30.00</p>

SUBTOTAL of Receipts This Page (optional)

567.50

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)
Communications Workers of America - COPE PCC

A. Full Name, Mailing Address and ZIP Code BARR, JACQUELYN A 8 PREAKNESS DR ST PETERS, MO 63376-1302 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer AT&T COMMUNICATIONS Occupation CSSA Aggregate Year-to-Date > \$ 260.00	Date (month, day, year) 6/10/97	Amount of Each Receipt this Period \$50.00
B. Full Name, Mailing Address and ZIP Code CLOWES, ROBERT P. 6745 W CAMPBELL AVE PHOENIX, AZ 85033-2608 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CABLE SYSTEMS INTERN Occupation PL II - C. O. Aggregate Year-to-Date > \$ 240.00	Date (month, day, year) 6/ 4/97	Amount of Each Receipt this Period \$40.00
C. Full Name, Mailing Address and ZIP Code RUSSELL, WENDELL C 202 AVENT ST OXFORD, MS 38655-3306 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SO BELL/BELSOUTH SER Occupation MATERIAL SERV. COOR. Aggregate Year-to-Date > \$ 360.00	Date (month, day, year) 6/13/97	Amount of Each Receipt this Period \$50.00
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

2,626.87

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
CWA - COPE PCC

A. Full Name, Mailing Address and ZIP Code CRESTAR BANK, N.A., WASHINGTON, DC	Name of Employer INTEREST EARNED ON MONEY MARKET ACCOUNT	Date (month, day, year) 6/30/97	Amount of Each Receipt this Period 1,572.23
	Occupation Aggregate Year-to-Date 6		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Aggregate Year-to-Date 3		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Aggregate Year-to-Date 3		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Aggregate Year-to-Date 6		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Aggregate Year-to-Date 6		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Aggregate Year-to-Date 6		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Aggregate Year-to-Date 6		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	1,572.23

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21 (b)

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 PCC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement FED INCOME TAX WITHHELD Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
CRESTAR BANK, N.A. WASHINGTON, DC	FED INCOME TAX WITHHELD Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/30/97	487.39
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement DEDUCTION - RETURN DEPOSITED CHECK Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
CRESTAR BANK, N.A.	DEDUCTION - RETURN DEPOSITED CHECK Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/25/97	10.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

497.39

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 3
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

CWA - COPE PCC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
IKE SKELTON FOR CONGRESS COMM P.O. Box A Harrisonville, MO 64701	US CONGRESS MO-04 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/03/97 #9089	500.00
B. Full Name, Mailing Address and ZIP Code SCHUMER '98 432 Park Ave South - Ste 1206 New York, New York 10016	US SENATE - NY Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/03/97 #9090	5,000.00
C. Full Name, Mailing Address and ZIP Code ABERCROMBIE FOR CONGRESS P.O. Box 2884 Washington, DC 20013	US CONGRESS HI-01 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/05/97 #9091	5,000.00
D. Full Name, Mailing Address and ZIP Code MORAN FOR CONGRESS 1725 - 19th Street NW Washington, DC 20036	US CONGRESS VA-08 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/06/97 #9092	1,000.00
E. Full Name, Mailing Address and ZIP Code GEJDENSON RE-ELECTION COMMITTEE 5501 Cherokee Avenue STE 112 Alexandria, VA 22312	US CONGRESS CT-02 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/06/97 #9093	1,000.00
F. Full Name, Mailing Address and ZIP Code BOB ETHERIDGE FOR CONGRESS COM P.O. Box 27646 Raleigh, NC 27511	US CONGRESS NC-02 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/06/97 #9094	1,000.00
G. Full Name, Mailing Address and ZIP Code FRIENDS OF MAURICE HINCHEY P.O. Box 4497 Kingston, NY 12402	US CONGRESS NY 26 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/10/97 #9097	1,000.00
H. Full Name, Mailing Address and ZIP Code BARCIA FOR CONGRESS P.O. Box 1243 Bay City, MI 48706	US CONGRESS MI-05 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/10/97 #9098	350.00
I. Full Name, Mailing Address and ZIP Code BLAGOJEVICH FOR CONGRESS 900 N Michigan Ave Ste 2004 Chicago, IL 60611	US CONGRESS IL-05 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/10/97 #9099	500.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 3
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)
CWA - COPE PCC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
JAY JOHNSON FOR CONGRESS P.O. Box 8053 Green Bay, WI 54308-8053	US CONGRESS WI-08 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/10/97 #9100	500.00
TRAFICANT FOR CONGRESS 4534 Burkey Road Austintown, OH 44515	US CONGRESS OH-17 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/10/97 #9102	900.00
FRIENDS OF MAJOR OWENS P.O. Box 2884 Washington, DC 20013	US CONGRESS NY-11 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/11/97 #9104	250.00
FRIENDS OF CAROLYN McCARTHY 252 Ninth Street NE Washington, DC 20002	US CONGRESS NY-04 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/11/97 #9105	1,500.00
LAMPSON FOR CONGRESS 38 Ivy Street SE Washington, DC 20003	US CONGRESS TX-09 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/17/97 #9106	500.00
FIENGOLD SENATE COMMITTEE P.O. Box 620062 Middleton, WI 53362-0062	US SENATE WI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/17/97 #9107	5,000.00
SHERROD BROWN FOR CONGRESS 111 Edgefield Drive Elyria, OH 44035	US CONGRESS OH-13 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/23/97 #9112	5,000.00
TED STRICKLAND FOR CONGRESS P.O. Box 1492 Portsmouth, OH 45662	US CONGRESS OH -06 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/23/97 #9111	5,000.00
BOYLE FOR SENATE COMMITTEE P.O. Box 6328 Cleveland, OH 44101	US SENATE OH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/23/97 #9113	5,000.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

CWA - COPE PCC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
HOOLEY FOR CONGRESS 6545 Failing Street West Linn, OR 97068	US CONGRESS OR-05 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/23/97 #9114	1,000.00
JIM TURNER FOR CONGRESS COMM P.O. Box 780 Crockett, TX 75835	US CONGRESS TX-02 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/23/97 #9115	1,000.00
BOB WISE FOR CONGRESS COMMITTEE P.O. Box 5336 Charleston, WV 25361-0336	US CONGRESS WV-02 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/23/97 #9116	1,000.00
VICTORY IN ILLINOIS c/o DEMOCRATIC SENATE CAMP COMM 430 S Capitol Street SE Washington, DC 20003	US SENATE IL CAROL MOSELEY-BRANSON Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/24/97 #9117	5,000.00
FAZIO FOR CONGRESS P.O. Box 2884 Washington, DC 20013	US CONGRESS CA-03 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/24/97 #9118	1,000.00
FRIENDS OF CHRIS DODD 203 C Street NE Washington, DC	US SENATE CT Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/24/97 #9119	6,000.00 (Prim 1,000.00 Gen 5,000.00)
DEMOCRATIC LEGISLATIVE CAMP COMM 499 S Capitol Street SW Washington, DC 20003	PAC Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/24/97 #9120	5,000.00
FELDMAN FOR CONGRESS 135 E 65th Street New York, NY 20021-1006	US CONGRESS NY-09 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/27/97 #9121	5,000.00
FRIENDS OF ROSA DeLAURIA 49 Huntington Street New Haven, CT 06511	US CONGRESS CT-03 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/27/97 #9122	500.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

64,500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

CWA - COPE PCC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SYLVIA RUIZ-MENDELSON CAMPAIGN 6802 South Pan Am Highway San Antonio, TX 78552	STATE REP D118 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/09/97 #9095	500.00
SYLVIA RUIZ-MENDELSON CAMPAIGN 6802 South Pan Am Highway San Antonio, TX 78224	STATE REP D118 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	6/10/97 #9096	500.00
CWA DISTRICT I PEC 80 Pine Street - 37th Floor New York, New York 10005	STATE/LOCAL RACES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/10/97 #9103	2,500.00
WV STATE DEMOCRATIC EXECUTIVE COMMITTEE - CTP FEDERAL ACCOUNT 405 Capitol Street, STE 501 Charleston, WV 25301	WV DEMOCRATIC COMMUNICATIONS/TECHNOLOGY PROJ Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/19/97 #9108	1,250.00
COLLEGE DEMOCRATS OF AMERICA 1775 K Street NW (%UFCW) Washington, DC 20006	INDEPENDENT ORGANIZATION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/20/97 #9110	1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

\$5,750.00

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	DATE OF RECEIPT
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED <i>7/17/97</i>
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House Office of Records and Registration	DATE OF RECEIPT
<input type="checkbox"/> Received from the Senate Office of Public Records	DATE OF RECEIPT
<input type="checkbox"/> Other (Specify):	POSTMARKED
	and/or DATE OF RECEIPT
<i>E.P.</i> PREPARER	<i>7/21/97</i> DATE PREPARED