

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

MAR 22 11 41 AM '99

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <b>CNA-COPE POLITICAL CONTRIBUTIONS COMMITTEE</b>		2. FEC IDENTIFICATION NUMBER <b>C00002089</b>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <b>501 THIRD STREET N.W.</b>		
CITY, STATE and ZIP CODE <b>WASHINGTON, DC 20001</b>		
3. <input checked="" type="checkbox"/> 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>FEB 1, 1999</u> through <u>FEB 28, 1999</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>		\$ 707,048.26
(b) Cash on Hand at Beginning of Reporting Period	\$ 765,730.43	
(c) Total Receipts (from Line 10)	\$ 112,128.20	\$ 264,160.37
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 877,858.63	\$ 971,208.63
7. Total Disbursements (from Line 20)	\$ 93,275.00	\$ 186,625.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 784,583.63	\$ 784,583.63
9. Debts and Obligations Owed TO 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 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	

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

3/18/99

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §487g.

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**FEC FORM 3X**

(revised 8/93)

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

(revised 1/1/91)

NAME OF COMMITTEE <b>CWA-COPE PCC</b>		REPORT COVERING PERIOD FROM <b>2-1-99</b> TO: <b>2-28-99</b>		
		<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year</b>	
<b>I. Receipts</b>				
11.	Contributions (other than loans) From:			
a.	Individual Persons Other Than Political Committees			
i.	Itemized (use Schedule A)	6,159.55	9,230.55	11(e)(1)
ii.	Unitemized	104,360.12	251,761.29	11(a)(1)
iii.	Total (add i and ii) >	110,519.67	260,991.84	11(a)(2)
b.	Political Party Committees			11(b)
c.	Other Political Committees (such as PACs)			11(c)
d.	Total Contributions (add a iii, b and c) >			11(d)
12.	Transfers From Affiliated/Other Party Committees			12
13.	All Loans Received			13
14.	Loan Repayments Received			14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17.	Other Federal Receipts (Dividends, Interest, etc.)	1,608.53	3,168.53	17
18.	Transfers from Nonfederal Account for Joint Activity			18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	112,128.20	264,160.37	19
20.	Total Federal Receipts (subtract line 18 from line 19) >	112,128.20	264,160.37	20
<b>II. Disbursements</b>				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(1)
i.	Federal Share			21(a)(2)
ii.	Non-Federal Share			21(b)
b.	Other Federal Operating Expenditures			21(c)
c.	Total Operating Expenditures (add a i, a ii, and b) >	8,600.00	20,600.00	22
22.	Transfers to Affiliated/Other Party Committees	45,000.00	124,500.00	23
23.	Contributions to Federal Candidates/Committees and Other Political Committees			24
24.	Independent Expenditures (use Schedule E)			25
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			26
26.	Loan Repayments Made			27
27.	Loans Made			28(a)
28.	Refunds of Contributions To:			28(b)
a.	Individuals/Persons Other Than Political Committees			28(c)
b.	Political Party Committees			28(d)
c.	Other Political Committees (such as PACs)			29
d.	Total Contribution Refunds (add a, b and c) >	39,675.00	41,525.00	30
29.	Other Disbursements	93,275.00	186,625.00	31
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	93,275.00	186,625.00	
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >			
<b>III. Net Contributions/Operating Expenditures</b>				
32.	Total Contributions (other than loans)(from line 11d)			33
33.	Total Contribution Refunds (from line 28d)			34
34.	Net Contributions (other than loans)(subtract line 33 from 32)			35
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >			36
36.	Offsets to Operating Expenditures (from line 15)			37
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**

<p><b>A. Full Name, Mailing Address and ZIP Code</b> GILARDI, MICHAEL G  54 VOSE HILL RD WESTFORD, MA 01886-4535</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 REPRESENTATIVE</p> <p>Aggregate Year-to-Date &gt; \$ 215.00</p>	<p>Date (month, day, year) 2/ 5/99</p>	<p>Amount of Each Receipt this Period \$212.50</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> 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 REPRESENTATIVE</p> <p>Aggregate Year-to-Date &gt; \$ 310.00</p>	<p>Date (month, day, year) 2/ 5/99</p>	<p>Amount of Each Receipt this Period \$305.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> HICKEY, MARK  46 SHIRLEY ROAD WALTHAM, MA 02154</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer NYNEX</p> <p>Occupation ACCOUNT EXECUTIVE</p> <p>Aggregate Year-to-Date &gt; \$ 360.00</p>	<p>Date (month, day, year) 2/17/99</p>	<p>Amount of Each Receipt this Period \$360.00</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> WEAVER, JOSEPH D.  9 MC MULLEN LANE WILLISTON, VT 05495</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer BELL ATLANTIC</p> <p>Occupation SALES REP</p> <p>Aggregate Year-to-Date &gt; \$ 360.00</p>	<p>Date (month, day, year) 2/17/99</p>	<p>Amount of Each Receipt this Period \$360.00</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b> 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 REPRESENTATIVE</p> <p>Aggregate Year-to-Date &gt; \$ 310.00</p>	<p>Date (month, day, year) 2/ 5/99</p>	<p>Amount of Each Receipt this Period \$305.00</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b> BRUNSKI, JOHN  54 PARK AVE NEEDHAM, MA 02494-1627</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 REPRESENTATIVE</p> <p>Aggregate Year-to-Date &gt; \$ 335.00</p>	<p>Date (month, day, year) 2/ 5/99</p>	<p>Amount of Each Receipt this Period \$332.50</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b> CAMERON, PAUL J  4 SULLIVAN LN STONEHAM, MA 02180-1472</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 REPRESENTATIVE</p> <p>Aggregate Year-to-Date &gt; \$ 260.00</p>	<p>Date (month, day, year) 2/ 5/99</p>	<p>Amount of Each Receipt this Period \$250.00</p>

SUBTOTAL of Receipts This Page (optional) .....

2,125.00

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 2 OF  
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 <b>SASLAW, JOEL</b>  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 <b>NEW YORK TEL CO</b></p> <p>Occupation <b>AD ACCT REPRESENTATIVE</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>314.00</b></p>	<p>Date (month, day, year) <b>2/ 5/99</b></p>	<p>Amount of Each Receipt this Period <b>\$309.40</b></p>
<p>B. Full Name, Mailing Address and ZIP Code <b>FREEDA, WILLIAM J.</b>  58 RUTH CT WANTAGH, NY 11793-1904</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>NBC</b></p> <p>Occupation <b>VIDEO TAPE ENGINEER</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>360.00</b></p>	<p>Date (month, day, year) <b>2/ 1/99</b></p>	<p>Amount of Each Receipt this Period <b>\$360.00</b></p>
<p>C. Full Name, Mailing Address and ZIP Code <b>BELLUARDO, PAULA M.</b>  16 WOODLAND AVE POUGHKEEPSIE, NY 12603</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>REQUESTED</b></p> <p>Occupation <b>JOB TITLE REQUESTED</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>360.00</b></p>	<p>Date (month, day, year) <b>2/25/99</b></p>	<p>Amount of Each Receipt this Period <b>\$560.00</b></p>
<p>D. Full Name, Mailing Address and ZIP Code <b>GRACE, MICHAEL</b>  400 BRIGHTON KNOLLS DR BRINKLOW, MD 20862</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>REQUESTED</b></p> <p>Occupation <b>CONSULTANT</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>360.00</b></p>	<p>Date (month, day, year) <b>2/ 1/99</b></p>	<p>Amount of Each Receipt this Period <b>\$360.00</b></p>
<p>E. Full Name, Mailing Address and ZIP Code <b>TIDWELL, SALLY M.</b>  2200 MALVERN CT CONYERS, GA 30094</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>AT&amp;T</b></p> <p>Occupation <b>COMM TECH.</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>360.00</b></p>	<p>Date (month, day, year) <b>2/25/99</b></p>	<p>Amount of Each Receipt this Period <b>\$360.00</b></p>
<p>F. Full Name, Mailing Address and ZIP Code <b>RECHENBACH, JEFFREY</b>  22711 BRISCOE DR RM 400 ROCKY RIVER OH 44116</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>CWA</b></p> <p>Occupation <b>ADMIN. ASST. TO VP</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>218.31</b></p>	<p>Date (month, day, year) <b>2/25/99</b></p>	<p>Amount of Each Receipt this Period <b>\$218.31</b></p>
<p>G. Full Name, Mailing Address and ZIP Code <b>MITCHELL, KAREN J</b>  PO BOX 729 NEW ALBANY, IN 47151-0729</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>SO BELL/BELSOUTH SER</b></p> <p>Occupation <b>SERVICE REP</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>200.00</b></p>	<p>Date (month, day, year) <b>2/17/99</b></p>	<p>Amount of Each Receipt this Period <b>\$200.00</b></p>

SUBTOTAL of Receipts This Page (optional) ..... **2,367.71**

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 <b>HOLBROOK, JAMES W.</b>  6554 KINGSBURY DALLAS TX 75231</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>SOUTH WESTERN BELL</b></p> <p>Occupation <b>RETIRED MEMBER</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>360.00</b></p>	<p>Date (month, day, year) <b>2/ 1/99</b></p>	<p>Amount of Each Receipt this Period <b>\$360.00</b></p>
<p>B. Full Name, Mailing Address and ZIP Code <b>CROW, FRANK W.</b>  8531 SAN BENITO WAY DALLAS TX 75218</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>SOUTH WESTERN BELL</b></p> <p>Occupation <b>RETIRED MEMBER</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>360.00</b></p>	<p>Date (month, day, year) <b>2/ 1/99</b></p>	<p>Amount of Each Receipt this Period <b>\$360.00</b></p>
<p>C. Full Name, Mailing Address and ZIP Code <b>KINNAN, MARGARET</b>  PO BOX 140778 DALLAS, TX 75214-0778</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>SOUTH WESTERN BELL</b></p> <p>Occupation <b>FORCE ADJ. CLERK.</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>360.00</b></p>	<p>Date (month, day, year) <b>2/ 1/99</b></p>	<p>Amount of Each Receipt this Period <b>\$360.00</b></p>
<p>D. Full Name, Mailing Address and ZIP Code <b>MACEY, LARRY B</b>  3712 NE 77TH ST GLADSTONE, MO 64119-4362</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>LUCENT TECHNOLOGIES</b></p> <p>Occupation <b>JOB TITLE REQUESTED</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>220.84</b></p>	<p>Date (month, day, year) <b>2/17/99</b></p>	<p>Amount of Each Receipt this Period <b>\$226.84</b></p>
<p>E. Full Name, Mailing Address and ZIP Code <b>BAUER, RODGER E.</b>  995 PIONEER RD DALLAS, OR 97338-9687</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>US WEST COMM.</b></p> <p>Occupation <b>NETWORK TECH.</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>360.00</b></p>	<p>Date (month, day, year) <b>2/17/99</b></p>	<p>Amount of Each Receipt this Period <b>\$360.00</b></p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

<p><b>SUBTOTAL</b> of Receipts This Page (optional) .....</p>	<p><b>1,666.84</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><b>6,159.55</b></p>

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

CWA-COPE PCC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CRESTAR BANK, N.A. WASHINGTON, DC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	INTEREST EARNED ON MONEY MARKET ACCT Occupation Aggregate Year-to-Date > \$	2/26/99	\$1,608.53
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) .....

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

\$1,608.53

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
 FOLIO NUMBER 22

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NAME OF COMMITTEE (In Full)

CWA - COPE PCC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Transfer to District P.C.'s for State & Local Non-Federal Contributions 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
CWA-COPE STATE & LOCAL COMM. 501 THIRD STREET, N.W. WASHINGTON, DC 20001	Transfer to District P.C.'s for State & Local Non-Federal Contributions Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/03/99	8,300.00
CWA-COPE STATE & LOCAL COMM. 501 THIRD STREET, N.W. WASHINGTON, DC 20001	Transfer to District P.C.'s for State & Local Non-Federal Contributions Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/08/99	300.00
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 (See page this line number only) .....

8,600.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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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
LONE STAR FUND P.O. BOX 4219 DALLAS, TX 75208	PAC Contributions Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	2/03/99 # 9885	5,000.00
DEMOCRATIC SENATORIAL CAMO COM 430 S. CAPITOL STREET, SE WASHINGTON, DC 20003	PAC Contributions Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	2/05/99 # 9887	15,000.00
EVA CLAYTON FOR CONGRESS COMM 430 SOUTH CAPITOL STREE S.E. WASHINGTON, DC 20003	US Congress NC 001 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/11/99 # 9889	500.00
GEORGIANS FOR ISAKSON P.O. BOX 71955 MARIETTA, GA 30007-1955	US Congress GA 006 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/11/99 # 9890	1,000.00
FRIENDS OF PATRICK KENNEDY COM P.O. BOX 77047 WASHINGTON, D.C. 20013	US Congress RI 001 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/11/99 # 9891	5,000.00
NEW HAMPSHIRE STATE DEMO PARTY 43 CENTER STREET CONCORD, NE 03301	PAC Contributions Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	2/11/99 # 9892	1,500.00
PAC FOR A CHANGE 422 C STREET NE LOWER LEVEL WASHINGTON, DC 20002	PAC Contributions Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	2/11/99 # 9893	5,000.00
NAPOLITANO FOR CONGRESS 12123 FIRESTONE BOULEVARD NORWALK, CA 90650	US Congress CA 034 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) = 98 DEBT	2/11/99 # 9894	2,500.00
CITIZENS FOR DAVID OBEY COMM PO BOX 1322 WAUSAU, WI 54402-1322	US Congress WI 007 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/11/99 # 9896	1,000.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (for page this line number only)



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 2  
 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
WELLSTONE PRES EXPLORATORY COM P.O. BOX 26395 MINNEAPOLIS, MN 55426	PAC Contributions Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	2/18/99 # 9899	5,000.00
MAX SANDLIN FOR CONGRESS P.O. BOX 1281 MARSHALL, TX 75671	US Congress Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 96-DEBT	2/22/99 # 9900	2,500.00
TOM SAWYER COMMITTEE P.O. BOX 75214 WASHINGTON, DC 20013-5214	US Congress Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/26/99 # 9901	1,000.00
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 (see page this line number only) .....	45,000.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOOLINE 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
CWA DIST 3 COPE LOCAL FUNDS 3516 COVINGTON HIGHWAY DECATUR, GA 30032	STATE/LOC RACES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	2/03/99 # 9886	11,275.00
CWA DIST. 1 PEC 80 PINE STREET, 37TH FLOOR NEW YORK, NY 10005	STATE/LOC RACES NE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	2/11/99 # 9897	25,000.00
CWA DIST. 7 PEC 8085 E PRENTICE AVE. ENGLEWOOD, CO 80111	STATE/LOC RACES NE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	2/18/99 # 9898	3,400.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

39,675.00

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 3-18-99
<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
<input type="checkbox"/> Electronic Filing	
JMN PREPARER	3-22-99 DATE PREPARED