

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEDERAL ELECTION COMMISSION
OCT 21 11 04 AM '98

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full) _____
 C00002089 120597 P 264
 BARBARA J EASTERLING
 CWA-COPE POLITICAL CONTRIBUTIO
 NS COMMITTEE
 501 THIRD STREET NW
 WASHINGTON DC 20001

2. FEC IDENTIFICATION NUMBER
 C00002089
 3. This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

6. 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 21

- 12-Day Pre-Election Report for the GENERAL
 (Type of Election)
 election on 11/03/98 in the State of VARIOUS
 30-Day Post-Election 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>10/01/98</u> through <u>10/31/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>			\$1,188,638.12
(b) Cash on Hand at Beginning of Reporting Period		\$1,076,972.91	
(c) Total Receipts (from Line 19)		\$ 76,857.07	\$1,221,721.67
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$1,153,829.98	\$2,410,359.79
7. Total Disbursements (from Line 30)		\$ 247,733.11	\$1,504,262.92
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 906,096.87	\$ 906,096.87
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 20483 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 <i>Loretta Bowen</i>			Date 10/19/98

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

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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 CWA COPE PCC		REPORT COVERING PERIOD FROM 10/1/98 TO 10/14/98	
		COLUMN A Total This Period	COLUMN B Calendar Year
Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees:			
i. Itemized (use Schedule A)	4,257.85	153,145.48	11400
ii. Unitemized	72,599.22	1,034,075.76	11400
iii. Total (add i and ii) >	76,857.07	1,187,221.24	11400
b. Political Party Committees			11400
c. Other Political Committees (such as PACs)			11400
d. Total Contributions (add a ii, b and c) >	76,857.07	1,187,221.24	11400
12. Transfers From Affiliated/Other Party Committees			2
13. All Loans Received			3
14. Loan Repayments Received			4
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-0-	7,515.93	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			15
17. Other Federal Receipts (Dividends, Interest, etc.)	-0-	26,984.50	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	76,857.07	1,221,721.67	19
20. Total Federal Receipts (subtract line 18 from line 19) >	76,857.07	1,221,721.67	20
Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4):			
i. Federal Share			21400
ii. Non-Federal Share			21400
b. Other Federal Operating Expenditures	-0-	7,515.93	21400
c. Total Operating Expenditures (add a i, a ii, and b) >	-0-	7,515.93	21400
22. Transfers to Affiliated/Other Party Committees	10,000.00	147,000.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	177,041.56	930,378.35	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	-0-	281.00	28400
b. Political Party Committees	-0-	281.00	28400
c. Other Political Committees (such as PACs)	-0-	281.00	28400
d. Total Contribution Refunds (add a, b and c) >	-0-	281.00	28400
29. Other Disbursements	60,691.55	419,087.64	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	247,733.11	1,504,262.92	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	247,733.11	1,504,262.92	31
Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)			32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)			34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) >			37

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>A. Full Name, Mailing Address and ZIP Code WHITE, DIANE O 1403 RANSCO RD RICHMOND, VA 23235-6230</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer C & P VIRGINIA</p> <p>Occupation CONSULTANT</p> <p>Aggregate Year-to-Date > \$ 225.00</p>	<p>Date (month, day, year) 10/ 6/98</p>	<p>Amount of Each Receipt this Period \$22.50</p>
<p>B. Full Name, Mailing Address and ZIP Code JOHNSON JR., OTIS C. 487 AMSTERDAM AVE NEW YORK, NY 10024</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer NYC GVT ADM TTLS EMP</p> <p>Occupation PRINCIPLE ADMN ASSOC</p> <p>Aggregate Year-to-Date > \$ 209.20</p>	<p>Date (month, day, year) 10/ 1/98</p>	<p>Amount of Each Receipt this Period \$19.92</p>
<p>C. Full Name, Mailing Address and ZIP Code TARLAU, JAMES 8 AUTUM LANE TRENTON, NJ 08638-2318</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer CWA LOCAL 1032</p> <p>Occupation LOCAL OFFICER</p> <p>Aggregate Year-to-Date > \$ 325.00</p>	<p>Date (month, day, year) 10/ 6/98</p>	<p>Amount of Each Receipt this Period \$30.00</p>
<p>D. Full Name, Mailing Address and ZIP Code MORRISON-MONDEZ, PAMELA 1458 E 94TH ST BROOKLYN, NY 11236</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer NYC GVT ADM TTLS EMP</p> <p>Occupation PRINCIPAL ADM ASSOC</p> <p>Aggregate Year-to-Date > \$ 209.20</p>	<p>Date (month, day, year) 10/ 1/98</p>	<p>Amount of Each Receipt this Period \$19.92</p>
<p>E. Full Name, Mailing Address and ZIP Code WELKER, GEORGE C 19A THIRD STREET RONKONKOMA, NY 11779-7901</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 FIELD TECHNICIAN</p> <p>Aggregate Year-to-Date > \$ 294.00</p>	<p>Date (month, day, year) 10/ 6/98</p>	<p>Amount of Each Receipt this Period \$20.00</p>
<p>F. Full Name, Mailing Address and ZIP Code DAVIS, BEVERLY 4837 C STREET PHILADELPHIA, PA 19120</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer BELL OF PENNSYLVANIA</p> <p>Occupation CONSULTANT</p> <p>Aggregate Year-to-Date > \$ 215.00</p>	<p>Date (month, day, year) 10/ 6/98</p>	<p>Amount of Each Receipt this Period \$20.00</p>
<p>G. Full Name, Mailing Address and ZIP Code TRACY, WILLIAM J 1275 NE 199TH ST N MIAMI BCH, FL 33179</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer SO BELL/BELSOUTH SER</p> <p>Occupation ELECTRONIC TECH</p> <p>Aggregate Year-to-Date > \$ 270.00</p>	<p>Date (month, day, year) 10/ 1/98</p>	<p>Amount of Each Receipt this Period \$30.00</p>

SUBTOTAL of Receipts This Page (optional) **162.34**

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 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 CODY, VINCENT 7371 CROWN LN WARRENTON, VA 20187-9046</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer C & P VIRGINIA</p> <p>Occupation CAB SPLG TECH</p> <p>Aggregate Year-to-Date > \$ 200.00</p>	<p>Date (month, day, year) 10/ 6/98</p>	<p>Amount of Each Receipt this Period \$20.00</p>
<p>B. Full Name, Mailing Address and ZIP Code TORNES JR, LUIS APT 7101 15050 SW 103RD TER MIAMI, FL 33196-3756</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer SO BELL/BELSOUTH SER</p> <p>Occupation SERVICE TECH.</p> <p>Aggregate Year-to-Date > \$ 270.00</p>	<p>Date (month, day, year) 10/ 1/98</p>	<p>Amount of Each Receipt this Period \$30.00</p>
<p>C. Full Name, Mailing Address and ZIP Code MORROW, ROBERT M 143 BAYVIEW DRIVE MASTIC BEACH, NY 11951</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 FIELD TECHNICIAN</p> <p>Aggregate Year-to-Date > \$ 217.00</p>	<p>Date (month, day, year) 10/ 6/98</p>	<p>Amount of Each Receipt this Period \$20.00</p>
<p>D. Full Name, Mailing Address and ZIP Code LAWSON, JUDITH APT 6A 65 EAST 112TH ST NEW YORK, NY 10029-2622</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer NYC GVT ADM TTLS EMP</p> <p>Occupation PRINCIPAL ADM ASSOC</p> <p>Aggregate Year-to-Date > \$ 209.20</p>	<p>Date (month, day, year) 10/ 1/98</p>	<p>Amount of Each Receipt this Period \$19.92</p>
<p>E. Full Name, Mailing Address and ZIP Code FENTON, BARBARA UNIT #417 360 ATLANTIC AVE BROOKLYN, NY 11217-1703</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer NYC GVT ADM TTLS EMP</p> <p>Occupation PRINCIPAL ADM ASSOC</p> <p>Aggregate Year-to-Date > \$ 209.20</p>	<p>Date (month, day, year) 10/ 1/98</p>	<p>Amount of Each Receipt this Period \$19.92</p>
<p>F. Full Name, Mailing Address and ZIP Code HOLLAND, BANA APT #1 479 JEFFERSON AVE BROOKLYN, NY 11221-1005</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer NYC GVT ADM TTLS EMP</p> <p>Occupation PRINCIPAL ADM ASSOC</p> <p>Aggregate Year-to-Date > \$ 209.20</p>	<p>Date (month, day, year) 10/ 1/98</p>	<p>Amount of Each Receipt this Period \$19.92</p>
<p>G. Full Name, Mailing Address and ZIP Code RHUSCH, SABINA M 39 NORMANDY DRIVE HOLBROOK, NY 11741-5812</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 CENTRAL OFFICE TECHN</p> <p>Aggregate Year-to-Date > \$ 239.00</p>	<p>Date (month, day, year) 10/ 6/98</p>	<p>Amount of Each Receipt this Period \$20.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>149.76</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 1 OF 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 CHELIOTES, ARTHUR 5 LAKESIDE DRIVE RICKVILLE CTR, NY 11570</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer NYC GVT ADM TTLS EMP</p> <p>Occupation LOCAL OFFICER</p> <p>Aggregate Year-to-Date > \$ 210.00</p>	<p>Date (month, day, year) 10/ 1/98</p>	<p>Amount of Each Receipt this Period \$30.00</p>
<p>B. Full Name, Mailing Address and ZIP Code SLATTERY, R J 103 SHADOWMOSS PKY CHARLESTON, SC 29414-6855</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer SO BELL/BELSOUTH SER</p> <p>Occupation SERVICE REP.</p> <p>Aggregate Year-to-Date > \$ 270.00</p>	<p>Date (month, day, year) 10/ 1/98</p>	<p>Amount of Each Receipt this Period \$30.00</p>
<p>C. Full Name, Mailing Address and ZIP Code JENKINS, LINDA APT #11-C 135 ASHLAND PLACE BROOKLYN, NY 11201-3975</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer NYC GVT ADM TTLS EMP</p> <p>Occupation LOCAL OFFICER</p> <p>Aggregate Year-to-Date > \$ 210.00</p>	<p>Date (month, day, year) 10/ 1/98</p>	<p>Amount of Each Receipt this Period \$30.00</p>
<p>D. Full Name, Mailing Address and ZIP Code STOCKTON, ANNEMARIE L 347 GOVERNORS GRANT BLVD LEXINGTON, SC 29072-7525</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer SO BELL/BELSOUTH SER</p> <p>Occupation SERVICE REP.</p> <p>Aggregate Year-to-Date > \$ 285.00</p>	<p>Date (month, day, year) 10/ 1/98</p>	<p>Amount of Each Receipt this Period \$30.00</p>
<p>E. Full Name, Mailing Address and ZIP Code RICE, DON 45 D PHELPS AVE NEW BRUNSWICK NJ 08901</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer CWA LOCAL 1082</p> <p>Occupation LOCAL OFFICER</p> <p>Aggregate Year-to-Date > \$ 341.00</p>	<p>Date (month, day, year) 10/ 6/98</p>	<p>Amount of Each Receipt this Period \$41.00</p>
<p>F. Full Name, Mailing Address and ZIP Code PRICE, JANICE 20A KING CIRCLE NEWARK, DE 19702</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer BELL ATLNTC NTWK</p> <p>Occupation CONSULTANT</p> <p>Aggregate Year-to-Date > \$ 220.00</p>	<p>Date (month, day, year) 10/ 6/98</p>	<p>Amount of Each Receipt this Period \$25.00</p>
<p>G. Full Name, Mailing Address and ZIP Code POWELL, JOELBA CT 1071-A VILLA RICCA BIRMINGHAM, AL 35215-6805</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer SO BELL/BELSOUTH SER</p> <p>Occupation ENGINEERING CLERK</p> <p>Aggregate Year-to-Date > \$ 270.00</p>	<p>Date (month, day, year) 10/ 1/98</p>	<p>Amount of Each Receipt this Period \$30.00</p>

SUBTOTAL of Receipts This Page (optional)

216.00

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 PCC

<p>A. Full Name, Mailing Address and ZIP Code DALOISIO, JULIA 931 N EVANS STREET POTTSTOWN, PA 19464-4009</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer BELL OF PENNSYLVANIA</p> <p>Occupation CONSULTANT</p> <p>Aggregate Year-to-Date > \$ 220.00</p>	<p>Date (month, day, year) 10/ 6/98</p>	<p>Amount of Each Receipt this Period \$25.00</p>
<p>B. Full Name, Mailing Address and ZIP Code SNOWDEN, ANNA MARI 3618 COUNTRY CLUB RD ALLENTOWN, PA 18103-6983</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer BELL OF PENNSYLVANIA</p> <p>Occupation CONSULTANT</p> <p>Aggregate Year-to-Date > \$ 294.00</p>	<p>Date (month, day, year) 10/ 6/98</p>	<p>Amount of Each Receipt this Period \$21.00</p>
<p>C. Full Name, Mailing Address and ZIP Code WILSON, JAMES 422 GLASGOW ROAD WILLIAMSTOWN, NJ 08094</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer BELL ATLNTC NTWK</p> <p>Occupation CONSULTANT</p> <p>Aggregate Year-to-Date > \$ 220.00</p>	<p>Date (month, day, year) 10/ 6/98</p>	<p>Amount of Each Receipt this Period \$25.00</p>
<p>D. Full Name, Mailing Address and ZIP Code PORTER, MICHELLE APT B-3 331 E MT AIRY AVE PHILADELPHIA, PA 19119</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer BELL OF PENNSYLVANIA</p> <p>Occupation CONSULTANT</p> <p>Aggregate Year-to-Date > \$ 210.00</p>	<p>Date (month, day, year) 10/ 6/98</p>	<p>Amount of Each Receipt this Period \$20.00</p>
<p>E. Full Name, Mailing Address and ZIP Code KEEGAN, MONICA 2640 S CHADWICK ST PHILADELPHIA, PA 19145</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer BELL ATLNTC NTWK</p> <p>Occupation SVC REP</p> <p>Aggregate Year-to-Date > \$ 220.00</p>	<p>Date (month, day, year) 10/ 6/98</p>	<p>Amount of Each Receipt this Period \$25.00</p>
<p>F. Full Name, Mailing Address and ZIP Code FOX, SUZANNE 6232 BUIST AVE PHILADELPHIA, PA 19142</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer BELL ATLNTC NTWK</p> <p>Occupation CONSULTANT</p> <p>Aggregate Year-to-Date > \$ 264.00</p>	<p>Date (month, day, year) 10/ 6/98</p>	<p>Amount of Each Receipt this Period \$30.00</p>
<p>G. Full Name, Mailing Address and ZIP Code NEED, LINDA 258 ZERALDA STREET PHILADELPHIA, PA 19144</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer BELL OF PENNSYLVANIA</p> <p>Occupation COIN TEL CLKTR</p> <p>Aggregate Year-to-Date > \$ 220.00</p>	<p>Date (month, day, year) 10/ 6/98</p>	<p>Amount of Each Receipt this Period \$25.00</p>

SUBTOTAL of Receipts This Page (optional)

171.00

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**

<p>A. Full Name, Mailing Address and ZIP Code KINTZER, VICTORIA 302-2 GOLD COURT SHILLINGTON, PA 19607</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer BELL OF PENNSYLVANIA</p> <p>Occupation CONSULTANT</p> <p>Aggregate Year-to-Date > \$ 245.00</p>	<p>Date (month, day, year) 10/ 6/98</p>	<p>Amount of Each Receipt this Period \$28.00</p>
<p>B. Full Name, Mailing Address and ZIP Code DELAUDER, HAROLD 17418 TEAGUES POINT RD HUGHESVILLE, MD 20637</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer C & P TELEPHONE</p> <p>Occupation CAB SPLG TECH</p> <p>Aggregate Year-to-Date > \$ 200.00</p>	<p>Date (month, day, year) 10/ 6/98</p>	<p>Amount of Each Receipt this Period \$20.00</p>
<p>C. Full Name, Mailing Address and ZIP Code MURRAY II, ROBERT J 1201 SCHINDLER DR SILVER SPRING, MD 20903</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer C & P TELEPHONE</p> <p>Occupation CAB SPLG TECH</p> <p>Aggregate Year-to-Date > \$ 200.00</p>	<p>Date (month, day, year) 10/ 6/98</p>	<p>Amount of Each Receipt this Period \$20.00</p>
<p>D. Full Name, Mailing Address and ZIP Code CROWE, JANICE A 729 EDDY RD CROWNSVILLE, MD 21032</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer BELL ATLNTC NTWK</p> <p>Occupation SVC REP</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year) 10/ 6/98</p>	<p>Amount of Each Receipt this Period \$30.00</p>
<p>E. Full Name, Mailing Address and ZIP Code HELLO, MICHAEL W 9213 BURLEY LN LAUREL, MD 20723-5818</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer C & P TELEPHONE</p> <p>Occupation CAB SPLG TECH</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year) 10/ 6/98</p>	<p>Amount of Each Receipt this Period \$30.00</p>
<p>F. Full Name, Mailing Address and ZIP Code SONNIK III, G W 510 RICHARD ST MARTINSBURG, WV 25401</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer C & P TELEPHONE</p> <p>Occupation ENG ASST</p> <p>Aggregate Year-to-Date > \$ 200.00</p>	<p>Date (month, day, year) 10/ 6/98</p>	<p>Amount of Each Receipt this Period \$20.00</p>
<p>G. Full Name, Mailing Address and ZIP Code SYLVESTER, JENNY K 5317 LORETTA DR MOUNT AIRY, MD 21771-8728</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer C & P TELEPHONE</p> <p>Occupation SVCS TECH</p> <p>Aggregate Year-to-Date > \$ 200.00</p>	<p>Date (month, day, year) 10/ 6/98</p>	<p>Amount of Each Receipt this Period \$20.00</p>

SUBTOTAL of Receipts This Page (optional)

168.00

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 6 OF 11
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 SMITH, WILLIAM E 115 E PROSPERITY AVE LEESBURG, VA 20175-4168 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer C & P VIRGINIA	Date (month, day, year) 10/ 6/98	Amount of Each Receipt this Period \$20.00
	Occupation SVCS TECH	Aggregate Year-to-Date > \$ 200.00	

B. Full Name, Mailing Address and ZIP Code WHETZEL, ALAN 611 ROSS ST BALTIMORE, MD 21221-6621 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer C & P TELEPHONE	Date (month, day, year) 10/ 6/98	Amount of Each Receipt this Period \$20.00
	Occupation C O TECH	Aggregate Year-to-Date > \$ 200.00	

C. Full Name, Mailing Address and ZIP Code HALLOCK, GEORGE 1602 WHITEFORD PL EDGEWATER, MD 21037-1735 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer C & P TELEPHONE	Date (month, day, year) 10/ 6/98	Amount of Each Receipt this Period \$20.00
	Occupation CAB SPLG TECH	Aggregate Year-to-Date > \$ 200.00	

D. Full Name, Mailing Address and ZIP Code AIT, ROBERTA 6810 SILLIMAN DR CHESTERFIELD, VA 23832 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer C & P VIRGINIA	Date (month, day, year) 10/ 6/98	Amount of Each Receipt this Period \$20.00
	Occupation MAINT ADMSTR	Aggregate Year-to-Date > \$ 200.00	

E. Full Name, Mailing Address and ZIP Code DICOSTANZA JR, M 131 ESTES COURT NEWARK, DE 19702-2831 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer DIAMOND STATE TEL CO	Date (month, day, year) 10/ 6/98	Amount of Each Receipt this Period \$25.00
	Occupation SPLG TECH	Aggregate Year-to-Date > \$ 220.00	

F. Full Name, Mailing Address and ZIP Code PAYTON, KERRY PO BOX 492 TOWNSEND, DE 19734-0492 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer DIAMOND STATE TEL CO	Date (month, day, year) 10/ 6/98	Amount of Each Receipt this Period \$25.00
	Occupation CONSULTANT	Aggregate Year-to-Date > \$ 220.00	

G. Full Name, Mailing Address and ZIP Code TAYLOR, SANDRA 2906 WASHINGTON STREET WILMINGTON, DE 19802-3115 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer DIAMOND STATE TEL CO	Date (month, day, year) 10/ 6/98	Amount of Each Receipt this Period \$23.75
	Occupation SWTG EQP TECH	Aggregate Year-to-Date > \$ 209.00	

SUBTOTAL of Receipts This Page (optional) 153.75

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 7 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 MORGAN, SUSAN L APT 2005 9354 CASTLE YORK CT GLEN ALLEN, VA 23060-3719</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer C & P VIRGINIA</p> <p>Occupation CONSULTANT</p> <p>Aggregate Year-to-Date > \$ 292.50</p>	<p>Date (month, day, year) 10/ 6/98</p>	<p>Amount of Each Receipt this Period \$22.50</p>
<p>B. Full Name, Mailing Address and ZIP Code ARMENTROUT III, E E 16235 WOODGROVE RD ROUND HILL, VA 20141</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer C & P VIRGINIA</p> <p>Occupation SYS TECH</p> <p>Aggregate Year-to-Date > \$ 200.00</p>	<p>Date (month, day, year) 10/ 6/98</p>	<p>Amount of Each Receipt this Period \$20.00</p>
<p>C. Full Name, Mailing Address and ZIP Code WIGHT, MARY ANN 804 EARLY FOREST CIR SANDSTON, VA 23150-1113</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer BELL ATLNTC NTWK</p> <p>Occupation OPR</p> <p>Aggregate Year-to-Date > \$ 200.00</p>	<p>Date (month, day, year) 10/ 6/98</p>	<p>Amount of Each Receipt this Period \$20.00</p>
<p>D. Full Name, Mailing Address and ZIP Code LAYMAN, DAVID V RT 3, BOX 125 BUCHANAN, VA 24066-9115</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer C & P VIRGINIA</p> <p>Occupation SYS TECH</p> <p>Aggregate Year-to-Date > \$ 260.00</p>	<p>Date (month, day, year) 10/ 6/98</p>	<p>Amount of Each Receipt this Period \$15.00</p>
<p>E. Full Name, Mailing Address and ZIP Code WILLS III, J R 1202 GRAYDON AVE NORFOLK, VA 23507-1007</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer C & P VIRGINIA</p> <p>Occupation SYS TECH</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year) 10/ 6/98</p>	<p>Amount of Each Receipt this Period \$22.50</p>
<p>F. Full Name, Mailing Address and ZIP Code WEST, DREAMA A 2811 29TH ST UNIT P PARKERSBURG, WV 26104</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer BELL ATLNTC NTWK</p> <p>Occupation OPR</p> <p>Aggregate Year-to-Date > \$ 247.50</p>	<p>Date (month, day, year) 10/ 6/98</p>	<p>Amount of Each Receipt this Period \$30.00</p>
<p>G. Full Name, Mailing Address and ZIP Code NEWMAN, PAUL 13601 CANNONADE LN MIDLOTHIAN, VA 23112-6179</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer C & P VIRGINIA</p> <p>Occupation CAB SPLG TECH</p> <p>Aggregate Year-to-Date > \$ 217.50</p>	<p>Date (month, day, year) 10/ 6/98</p>	<p>Amount of Each Receipt this Period \$30.00</p>

SUBTOTAL of Receipts This Page (optional) 160.00

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

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

A. 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
HUMPHREY, J R 141 BUSH DR WINCHESTER, VA 22602-4602	C & P VIRGINIA CAB SPLG TECH 200.00	10/ 6/98	\$20.00
DECKER, ROBERT E 130 IVY HILL DR WARRENTON, VA 20187-9429	C & P VIRGINIA CAB SPLG TECH 380.00	10/ 6/98	\$40.00
JOLLENSTEN, MARCIA 1912 CORLISS COURT MCLEAN, VA 22101-5504	C & P VIRGINIA C O TECH 200.00	10/ 6/98	\$20.00
DUPREE, CAROLYN 9511 FOX RUN DR CLINTON, MD 20735-3060	C & P TELEPHONE MAINT ADMSTR 200.00	10/ 6/98	\$20.00
WINKLER, MELVIN J APT 109 232 WOODBERRY LN WINCHESTER, VA 22601-3591	C & P VIRGINIA CAB SPLG TECH 200.00	10/ 6/98	\$20.00
GIBSON, REBECCA C P.O. BOX 697 SALEM, VA 24153-0697	C & P VIRGINIA CONSULTANT 290.00	10/ 6/98	\$30.00
CROCKER, LARRY E 512 ST MATTHEW ST PETERSBURG, VA 23803-2628	C & P VIRGINIA CONSULTANT 292.50	10/ 6/98	\$30.00

SUBTOTAL of Receipts This Page (optional) **180.00**

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) (I)

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

<p>A. Full Name, Mailing Address and ZIP Code COLVIN III, J RT 2 BOX 25C BARBOURSVILLE, VA 22923</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer C & P VIRGINIA</p> <p>Occupation C O TECH</p> <p>Aggregate Year-to-Date > \$ 200.00</p>	<p>Date (month, day, year) 10/ 6/98</p>	<p>Amount of Each Receipt this Period \$20.00</p>
<p>B. Full Name, Mailing Address and ZIP Code LEAMAN, CYNTHIA J 9616 HASTINGS MILL DR GLEN ALLEN, VA 23060-3266</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer C & P VIRGINIA</p> <p>Occupation CONSULTANT</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year) 10/ 6/98</p>	<p>Amount of Each Receipt this Period \$30.00</p>
<p>C. Full Name, Mailing Address and ZIP Code LOUGHRY, BRENT 9110 HUBER CT BURKE, VA 22015-3524</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer C & P VIRGINIA</p> <p>Occupation CAB SPLG TECH</p> <p>Aggregate Year-to-Date > \$ 200.00</p>	<p>Date (month, day, year) 10/ 6/98</p>	<p>Amount of Each Receipt this Period \$20.00</p>
<p>D. Full Name, Mailing Address and ZIP Code FLEMING, WILLIAM 5931 SARA KAY DR RICHMOND, VA 23237-3165</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer C & P VIRGINIA</p> <p>Occupation MAINT ADMSTR</p> <p>Aggregate Year-to-Date > \$ 200.00</p>	<p>Date (month, day, year) 10/ 6/98</p>	<p>Amount of Each Receipt this Period \$20.00</p>
<p>E. Full Name, Mailing Address and ZIP Code FREEMAN, HOPE 419 POCAHONTAS DR RUTHER GLEN, VA 22546</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer C & P VIRGINIA</p> <p>Occupation CONSULTANT</p> <p>Aggregate Year-to-Date > \$ 200.00</p>	<p>Date (month, day, year) 10/ 6/98</p>	<p>Amount of Each Receipt this Period \$20.00</p>
<p>F. Full Name, Mailing Address and ZIP Code GRAHAM, LISA 204 EASTLAWN DR HAMPTON, VA 23664-1847</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer C & P VIRGINIA</p> <p>Occupation CONSULTANT</p> <p>Aggregate Year-to-Date > \$ 200.00</p>	<p>Date (month, day, year) 10/ 6/98</p>	<p>Amount of Each Receipt this Period \$20.00</p>
<p>G. Full Name, Mailing Address and ZIP Code RANKIN, ROBERT C RT 600 BROAD RUN, VA 22014</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer C & P VIRGINIA</p> <p>Occupation C O TECH</p> <p>Aggregate Year-to-Date > \$ 200.00</p>	<p>Date (month, day, year) 10/ 6/98</p>	<p>Amount of Each Receipt this Period \$20.00</p>

SUBTOTAL of Receipts This Page (optional) 150.00

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)
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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HOUCHINS, R W 7140 BROOKING WAY MECHANICSVILL, VA 23111	C & P VIRGINIA Occupation CONSULTANT	10/ 6/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	200.00	
B. Full Name, Mailing Address and ZIP Code ORRISON, RONALD L RT 1 BOX 373 ROUND HILL, VA 22141	C & P VIRGINIA Occupation CAB SPLG TECH	10/ 6/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	200.00	
C. Full Name, Mailing Address and ZIP Code SUMMERLYN, CAROL L 909 STANLEY RD PORTSMOUTH, VA 23701-1918	C & P VIRGINIA Occupation CONSULTANT	10/ 6/98	\$15.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	282.50	
D. Full Name, Mailing Address and ZIP Code HARTON, S. M. 7280 NARROWRIDGE RD RICHMOND, VA 23231-7233	C & P VIRGINIA Occupation CONSULTANT	10/ 6/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	200.00	
E. Full Name, Mailing Address and ZIP Code HANDY, KENNETH B 952 ROCK RIDGE RD CALLAWAY, VA 24067-5718	C & P VIRGINIA Occupation ENG ASST	10/ 6/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	200.00	
F. Full Name, Mailing Address and ZIP Code WHITE, V L PO BOX 5 THAXTON, VA 24174-0005	C & P VIRGINIA Occupation MAINT ADMSTR	10/ 6/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	200.00	
G. Full Name, Mailing Address and ZIP Code MITCHELL, ROBERT W 4645 STONEBRIDGE LANE VIRGINIA BEACH, VA 23462	C & P VIRGINIA Occupation SVCS TECH	10/ 6/98	\$32.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	320.00	

SUBTOTAL of Receipts This Page (optional) 147.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 11 OF
 FOR LINE NUMBER 1(A) (1)

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NAME OF COMMITTEE (in Full)
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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CARTER, D V RTE 1 BOX 2034 GERRARDSTOWN, WV 25420	C & P VIRGINIA	10/ 6/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CAB SPLG TECH	Aggregate Year-to-Date > \$ 200.00	
B. Full Name, Mailing Address and ZIP Code SHUMAKER, ROY 16089 POUNCEY TRACT ROAD ROCKVILLE, VA 23146-1908	C & P VIRGINIA	10/ 6/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SVCS TECH	Aggregate Year-to-Date > \$ 200.00	
C. Full Name, Mailing Address and ZIP Code BOUCHER, JEFFREY 4146 FIERY RUN RD LINDEN, VA 22642-1814	C & P VIRGINIA	10/ 6/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation M BLDG EQP MEC	Aggregate Year-to-Date > \$ 200.00	
D. Full Name, Mailing Address and ZIP Code LEWIS, JEFFREY 2012 10TH AVE PARKERSBURG, WV 26101	C & P WEST VIRGINIA	10/ 6/98	\$15.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CAB SPLG TECH	Aggregate Year-to-Date > \$ 222.50	
E. Full Name, Mailing Address and ZIP Code PELFRY, GREGORY A 3279 HOLLAND BRANCH ROAD BARBOURSVILLE, WV 25504	C & P WEST VIRGINIA	10/ 6/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SVCS TECH	Aggregate Year-to-Date > \$ 200.00	
F. Full Name, Mailing Address and ZIP Code MILLER, REX 1009 NORTON LANE CULLODEN, WV 25510-9522	C & P WEST VIRGINIA	10/ 6/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CONSULTANT	Aggregate Year-to-Date > \$ 200.00	
G. Full Name, Mailing Address and ZIP Code WRIGHT, DONALD P O BOX 252 ORANGE, VA 22960-0144	C & P VIRGINIA	10/ 6/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CAB SPLG TECH	Aggregate Year-to-Date > \$ 200.00	

SUBTOTAL of Receipts This Page (optional) 135.00

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 01 OF 01
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 HANNA, CAROL A RT 2 BOX 312 LOT 1 PARKERSBURG, WV 26101 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer BELL ATLNTC NTWK Occupation OPR Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 10/ 6/98	Amount of Each Receipt This Period \$20.00
B. Full Name, Mailing Address and ZIP Code HEAVNER, R L PO BOX 348 FLEMINGTON, WV 26347-0348 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer C & P WEST VIRGINIA Occupation C O TECH Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 10/ 6/98	Amount of Each Receipt This Period \$20.00
C. Full Name, Mailing Address and ZIP Code BOHN, G W RT 8 BOX 350B FAIRMONT, WV 26554-9808 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer C & P WEST VIRGINIA Occupation CAB SPLG TECH Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 10/ 6/98	Amount of Each Receipt This Period \$20.00
D. Full Name, Mailing Address and ZIP Code COLLIER, CHARLIE 7484 EMERALD DR MANASSAS, VA 20109-6439 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer C & P VIRGINIA Occupation ENG ASST Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 10/ 6/98	Amount of Each Receipt This Period \$20.00
E. Full Name, Mailing Address and ZIP Code MCCORMICK, R P 4010 ROGERS ST OAK HILL, WV 25901-9542 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer C & P WEST VIRGINIA Occupation CAB SPLG TECH Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 10/ 6/98	Amount of Each Receipt This Period \$20.00
F. Full Name, Mailing Address and ZIP Code SMITH, M S 5709 8TH AVE VIENNA, WV 26105-3253 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer C & P WEST VIRGINIA Occupation SYS TECH Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 10/ 6/98	Amount of Each Receipt This Period \$20.00
G. Full Name, Mailing Address and ZIP Code WOOD, ROGER H 10814 LONDON DR GLEN ALLEN, VA 23060-2117 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer C & P VIRGINIA Occupation SVCS TECH Aggregate Year-to-Date > \$ 350.00	Date (month, day, year) 10/ 6/98	Amount of Each Receipt This Period \$35.00

SUBTOTAL of Receipts This Page (optional)

155.00

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 13 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 Barnes, Elizabeth L RM 507 400 LAUREL ST COLA, SC 29201 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SO BELL/BELSOUTH SER10/ Occupation MAINTENANCE ADM. Aggregate Year-to-Date > \$ 270.00	Date (month, day, year) 10/ 1/98	Amount of Each Receipt this Period \$30.00
B. Full Name, Mailing Address and ZIP Code RICH, KATHLEEN NE 9232 HIGHLAND HLS DR LELAND, NC 28451-8326 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SO BELL/BELSOUTH SER10/ Occupation SERV. REP. Aggregate Year-to-Date > \$ 270.00	Date (month, day, year) 10/ 1/98	Amount of Each Receipt this Period \$30.00
C. Full Name, Mailing Address and ZIP Code THOMAS, JOE K 203 NOTTINGHAM WAY ANDERSON, SC 29621-3433 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SO BELL/BELSOUTH SER10/ Occupation NET WORK TECH. Aggregate Year-to-Date > \$ 270.00	Date (month, day, year) 10/ 1/98	Amount of Each Receipt this Period \$30.00
D. Full Name, Mailing Address and ZIP Code ENTWISTLE, PAULA M. APT 124 7965 SW 86 ST MIAMI, FL 33143-7011 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SO BELL/BELSOUTH SER10/ Occupation SERVICE REP. Aggregate Year-to-Date > \$ 315.00	Date (month, day, year) 10/ 1/98	Amount of Each Receipt this Period \$40.00
E. Full Name, Mailing Address and ZIP Code GENOBLE, M D 225 SHADY LN MOORE, SC 29369-9146 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SO BELL/BELSOUTH SER10/ Occupation FACILITIES TECH. Aggregate Year-to-Date > \$ 270.00	Date (month, day, year) 10/ 1/98	Amount of Each Receipt this Period \$30.00
F. Full Name, Mailing Address and ZIP Code OAKMAN, GARY G 4016 COLUMBIA HWY N RIDGESPRING, SC 29129 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SO BELL/BELSOUTH SER10/ Occupation MATERIAL SERV. Aggregate Year-to-Date > \$ 216.00	Date (month, day, year) 10/ 1/98	Amount of Each Receipt this Period \$24.00
G. Full Name, Mailing Address and ZIP Code DUANE, MARTIN 1092 KINGSWOOD DR CHARLESTON, SC 29412-9344 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SO BELL/BELSOUTH SER10/ Occupation SERVICE REP. Aggregate Year-to-Date > \$ 270.00	Date (month, day, year) 10/ 1/98	Amount of Each Receipt this Period \$30.00

SUBTOTAL of Receipts This Page (optional) 214.00

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 1 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 Huggins, Deborah L 736 TARA TRAIL COLUMBIA, SC 29210-5068</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer SO BELL/BELSOUTH SER</p> <p>Occupation SERVICE REP</p> <p>Aggregate Year-to-Date > \$ 268.00</p>	<p>Date (month, day, year) 10/ 1/98</p>	<p>Amount of Each Receipt This Period \$30.00</p>
<p>B. Full Name, Mailing Address and ZIP Code SMITH, DENNIS R 747 LAKE WELLINGTON DR WELLINGTON, FL 33414-7971</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer SO BELL/BELSOUTH SER</p> <p>Occupation SERVICES TECH.</p> <p>Aggregate Year-to-Date > \$ 270.00</p>	<p>Date (month, day, year) 10/ 1/98</p>	<p>Amount of Each Receipt This Period \$30.00</p>
<p>C. Full Name, Mailing Address and ZIP Code BRAZELL, SHIRLEY Y 270 OBERLIN RD COLUMBIA, SC 29212-3324</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer SO BELL/BELSOUTH SER</p> <p>Occupation TESTING TECH.</p> <p>Aggregate Year-to-Date > \$ 270.00</p>	<p>Date (month, day, year) 10/ 1/98</p>	<p>Amount of Each Receipt This Period \$45.00</p>
<p>D. Full Name, Mailing Address and ZIP Code LYNCH, D M 5753 ST ANGELA DR NO CHARLESTON, SC 29418</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer SO BELL/BELSOUTH SER</p> <p>Occupation SERVICE TECH.</p> <p>Aggregate Year-to-Date > \$ 240.00</p>	<p>Date (month, day, year) 10/ 1/98</p>	<p>Amount of Each Receipt This Period \$30.00</p>
<p>E. Full Name, Mailing Address and ZIP Code WILKINS, PERRI T 3868 SUMMERLEIGH CT LOGANVILLE, GA 30052-5434</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer SO BELL/BELSOUTH SER</p> <p>Occupation SERVICE TECH</p> <p>Aggregate Year-to-Date > \$ 270.00</p>	<p>Date (month, day, year) 10/ 1/98</p>	<p>Amount of Each Receipt This Period \$30.00</p>
<p>F. Full Name, Mailing Address and ZIP Code HARTLEY, DIANN J 129 HARALSON DR EATONTON, GA 31024-7627</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer SO BELL/BELSOUTH SER</p> <p>Occupation SERVICE REP.</p> <p>Aggregate Year-to-Date > \$ 270.00</p>	<p>Date (month, day, year) 10/ 1/98</p>	<p>Amount of Each Receipt This Period \$30.00</p>
<p>G. Full Name, Mailing Address and ZIP Code MCCOMMONS, WANDA R 223MAXWELL ST DECATR, GA 30030-4210</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer SO BELL/BELSOUTH SER</p> <p>Occupation ADMN. REPORTS CLERK</p> <p>Aggregate Year-to-Date > \$ 200.00</p>	<p>Date (month, day, year) 10/ 1/98</p>	<p>Amount of Each Receipt This Period \$20.00</p>

SUBTOTAL of Receipts This Page (optional)

215.00

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 1 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 CREWS, SUSAN G RT 9 BOX 614 LAKE CITY, FL 32024-8952</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer SO BELL/BELSOUTH SER10/</p> <p>Occupation SERVICE REP.</p> <p>Aggregate Year-to-Date > \$ 540.00</p>	<p>Date (month, day, year) 10/ 1/98</p>	<p>Amount of Each Receipt this Period \$60.00</p>
<p>B. Full Name, Mailing Address and ZIP Code PETERSON, ALICE A 748 BERNICE CT ORLANDO, FL 32825-6605</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer SO BELL/BELSOUTH SER10/</p> <p>Occupation FAS</p> <p>Aggregate Year-to-Date > \$ 270.00</p>	<p>Date (month, day, year) 10/ 1/98</p>	<p>Amount of Each Receipt this Period \$30.00</p>
<p>C. Full Name, Mailing Address and ZIP Code OSTROVSKY, BRYNA R 8721 SW 54 ST MIAMI, FL 33165-6722</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer SO BELL/BELSOUTH SER10/</p> <p>Occupation CUST. SERV. REP.</p> <p>Aggregate Year-to-Date > \$ 215.00</p>	<p>Date (month, day, year) 10/ 1/98</p>	<p>Amount of Each Receipt this Period \$10.00</p>
<p>D. Full Name, Mailing Address and ZIP Code JOHNSTON, G. MARK 27 CHMOIS DRIVE FAIRFIELD OH 45014</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer CIN SUB & CTZNS BELL10/</p> <p>Occupation SPLICER</p> <p>Aggregate Year-to-Date > \$ 220.00</p>	<p>Date (month, day, year) 10/ 6/98</p>	<p>Amount of Each Receipt this Period \$30.00</p>
<p>E. Full Name, Mailing Address and ZIP Code KIDWELL, MARGARET P. 729 ELBERON APT 2 CINCINNATI, OH 45205-2303</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer CIN SUB & CTZNS BELL10/</p> <p>Occupation LOCAL OFFICER</p> <p>Aggregate Year-to-Date > \$ 240.00</p>	<p>Date (month, day, year) 10/ 6/98</p>	<p>Amount of Each Receipt this Period \$45.00</p>
<p>F. Full Name, Mailing Address and ZIP Code LAXTON, ROBERT E. 585 ROCKWELL RD CINCINNATI OH 45238</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer CIN SUB & CTZNS BELL10/</p> <p>Occupation S.E.T.</p> <p>Aggregate Year-to-Date > \$ 220.00</p>	<p>Date (month, day, year) 10/ 6/98</p>	<p>Amount of Each Receipt this Period \$30.00</p>
<p>G. Full Name, Mailing Address and ZIP Code JONES, MICHAEL D 1365 PK DR CASSELBERRY, FL 32707</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer SO BELL/BELSOUTH SER10/</p> <p>Occupation SERVICE TECH.</p> <p>Aggregate Year-to-Date > \$ 255.00</p>	<p>Date (month, day, year) 10/ 1/98</p>	<p>Amount of Each Receipt this Period \$15.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>220.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER (1)

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

A. Full Name, Mailing Address and ZIP Code MITCHELL, KAREN J PO BOX 729 NEW ALBANY, IN 47151-0729 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SO BELL/BELSOUTH SERIO Occupation SERVICE REP Aggregate Year-to-Date > \$ 900.00	Date (month, day, year) 10/1/98	Amount of Each Receipt This Period \$100.00
B. Full Name, Mailing Address and ZIP Code GRAY, NOLA D 2347 WILLIAN LN NEW ALBANY, IN 47150-6151 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SO BELL/BELSOUTH SERIO Occupation PAC ASSIGN SPEC Aggregate Year-to-Date > \$ 270.00	Date (month, day, year) 10/1/98	Amount of Each Receipt This Period \$30.00
C. Full Name, Mailing Address and ZIP Code JONES, E D 611 COUNTY RD 271 TOWNCREEK, AL 35672-3651 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SO BELL/BELSOUTH SERIO Occupation CABLE SPLICER Aggregate Year-to-Date > \$ 270.00	Date (month, day, year) 10/1/98	Amount of Each Receipt This Period \$30.00
D. Full Name, Mailing Address and ZIP Code COUTEE, SHIRLEY M 3125 PINES RD SHREVEPORT, LA 71119-3503 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SO BELL/BELSOUTH SERIO Occupation SERVICE REP. Aggregate Year-to-Date > \$ 270.00	Date (month, day, year) 10/1/98	Amount of Each Receipt This Period \$30.00
E. Full Name, Mailing Address and ZIP Code MARKETTI, JAMES 609 LEE AVE NORTH BRUNSWICK, NJ 08902 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CWA LOCAL 1032 Occupation LOCAL OFFICER Aggregate Year-to-Date > \$ 315.00	Date (month, day, year) 10/6/98	Amount of Each Receipt This Period \$30.00
F. Full Name, Mailing Address and ZIP Code MCNEARY, A.M. 1221 SUNFIELD #3 SUN PRAIRIE WI 53590 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer GEN TEL CO OF WISC Occupation CLERK Aggregate Year-to-Date > \$ 401.00	Date (month, day, year) 10/6/98	Amount of Each Receipt This Period \$401.00
G. Full Name, Mailing Address and ZIP Code MAYFIELD, ANN E 1721 BRIDGEVIEW LN APT 5 LOUISVILLE, KY 40242-3948 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SO BELL/BELSOUTH SERIO Occupation CLERICAL Aggregate Year-to-Date > \$ 330.00	Date (month, day, year) 10/1/98	Amount of Each Receipt This Period \$10.00

SUBTOTAL of Receipts This Page (optional)

631.00

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 7 OF 11
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
TERRY, DIXIE A FLOOR 1 4919 S 2ND ST LOUISVILLE, KY 40214-2201	SO BELL/BELSOUTH SER	10/ 1/98	\$30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation FAC. ASSIGNMENT SPEC	Aggregate Year-to-Date > \$ 270.00	
B. Full Name, Mailing Address and ZIP Code PUGH, PHYLLIS M 303 ELBERTA ST NASHVILLE, TN 37210-4929	SO BELL/BELSOUTH SER	10/ 1/98	\$60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SERVICE REP.	Aggregate Year-to-Date > \$ 380.00	
C. Full Name, Mailing Address and ZIP Code BONE, JENNIFER LEA OLD HWY 7 RT 1 BOX 159A WATERFORD, MS 38685-9801	SO BELL/BELSOUTH SER	10/ 1/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SERVICE REP	Aggregate Year-to-Date > \$ 205.00	
D. Full Name, Mailing Address and ZIP Code Davenport, John M 86 FOX HOLW RD ESTILL SPRING, TN 37330	SO BELL/BELSOUTH SER	10/ 1/98	\$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SERVICE TECH	Aggregate Year-to-Date > \$ 360.00	
E. Full Name, Mailing Address and ZIP Code WOMBLE, R D INDIAN HILLS MOUND 505 GOODLETTSVILLE, TN 37072	SO BELL/BELSOUTH SER	10/ 1/98	\$30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CABLE REPAIR TECH.	Aggregate Year-to-Date > \$ 225.00	
F. Full Name, Mailing Address and ZIP Code GRIMES, BARBARA K 212 CONNARE DR MADISON, TN 37115-2309	SO BELL/BELSOUTH SER	10/ 1/98	\$80.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SERVICE REP	Aggregate Year-to-Date > \$ 300.00	
G. Full Name, Mailing Address and ZIP Code Sweett, Glenda C 4810 CUMBERLAND RD TUSCALOOSA, AL 35404-4415	SO BELL/BELSOUTH SER	10/ 1/98	\$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CUSTOMER REP.	Aggregate Year-to-Date > \$ 360.00	

SUBTOTAL of Receipts This Page (optional) 300.00

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 PCC

A. Full Name, Mailing Address and ZIP Code MORGAN, NANCY W 406 MARGARETE DR SW DECATUR, AL 35603-9128 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SO BELL/BELSOUTH SER10/ Occupation SERVICE REP. Aggregate Year-to-Date > \$ 270.00	Date (month, day, year) 10/ 1/98	Amount of Each Receipt this Period \$30.00
B. Full Name, Mailing Address and ZIP Code PRATT JR, PRESTON 1362 MIAMI TRL BIRMINGHAM, AL 35214-3857 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SO BELL/BELSOUTH SER10/ Occupation CABLE REPAIR TECH. Aggregate Year-to-Date > \$ 270.00	Date (month, day, year) 10/ 1/98	Amount of Each Receipt this Period \$30.00
C. Full Name, Mailing Address and ZIP Code SARRADET JR, A L 5352 E DOGWOOD CT MOBILE, AL 36693-3208 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SO BELL/BELSOUTH SER10/ Occupation CA REPAIRMAN Aggregate Year-to-Date > \$ 270.00	Date (month, day, year) 10/ 1/98	Amount of Each Receipt this Period \$30.00
D. Full Name, Mailing Address and ZIP Code CARTER, HERBERT T 2360 RAINBOW DR ANNISTON, AL 36207-0325 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SO BELL/BELSOUTH SER10/ Occupation CABLE REPAIR TECH. Aggregate Year-to-Date > \$ 270.00	Date (month, day, year) 10/ 1/98	Amount of Each Receipt this Period \$30.00
E. Full Name, Mailing Address and ZIP Code BRADLEY, MARGARET B P O BOX 191423 MOBILE, AL 36619-6423 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SO BELL/BELSOUTH SER10/ Occupation ELEC. TECH. Aggregate Year-to-Date > \$ 270.00	Date (month, day, year) 10/ 1/98	Amount of Each Receipt this Period \$30.00
F. Full Name, Mailing Address and ZIP Code KELLOM, SHERRY A RD 617 AUSTINVILLE-FLINT DECATUR, AL 35603-9805 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SO BELL/BELSOUTH SER10/ Occupation SERVICE REP. Aggregate Year-to-Date > \$ 270.00	Date (month, day, year) 10/ 1/98	Amount of Each Receipt this Period \$30.00
G. Full Name, Mailing Address and ZIP Code HUBSON, MARY C 143 CTY RD 255 THAXTON, MS 38871-9801 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SO BELL/BELSOUTH SER10/ Occupation SERVICE REP Aggregate Year-to-Date > \$ 270.00	Date (month, day, year) 10/ 1/98	Amount of Each Receipt this Period \$30.00

SUBTOTAL of Receipts This Page (optional) 210.00

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 19 OF
FOR LINE NUMBER
1(A) (I)

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

<p>A. Full Name, Mailing Address and ZIP Code GOODSON, SUSAN W PO BOX 7063 TUPELO, MS 38802-7063</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer SO BELL/BELSOUTH SER10/ 1/98</p> <p>Occupation SERVICE REP.</p> <p>Aggregate Year-to-Date > \$ 270.00</p>	<p>Date (month, day, year) 1/98</p>	<p>Amount of Each Receipt this Period \$30.00</p>
<p>B. Full Name, Mailing Address and ZIP Code STANLEY, MARY F 721 SANDERS ML RD STEENS, MS 39766-9604</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer SO BELL/BELSOUTH SER10/ 1/98</p> <p>Occupation COLLECTION REP</p> <p>Aggregate Year-to-Date > \$ 270.00</p>	<p>Date (month, day, year) 1/98</p>	<p>Amount of Each Receipt this Period \$30.00</p>
<p>C. Full Name, Mailing Address and ZIP Code BOUTWELL, A D PO BOX 549 SOSO, MS 39480-0549</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer SO BELL/BELSOUTH SER10/ 1/98</p> <p>Occupation CABLE REPAIR TECH.</p> <p>Aggregate Year-to-Date > \$ 270.00</p>	<p>Date (month, day, year) 1/98</p>	<p>Amount of Each Receipt this Period \$30.00</p>
<p>D. Full Name, Mailing Address and ZIP Code COX, E D 80 OAKRIDGE DR ELLENWOOD, GA 30294-2554</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer SO BELL/BELSOUTH SER10/ 1/98</p> <p>Occupation ELEC. TECH.</p> <p>Aggregate Year-to-Date > \$ 270.00</p>	<p>Date (month, day, year) 1/98</p>	<p>Amount of Each Receipt this Period \$30.00</p>
<p>E. Full Name, Mailing Address and ZIP Code MADDEN, L C PO BOX 1209 GRENADA, MS 38902-1209</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer SO BELL/BELSOUTH SER10/ 1/98</p> <p>Occupation CABLE REPAIRMAN</p> <p>Aggregate Year-to-Date > \$ 270.00</p>	<p>Date (month, day, year) 1/98</p>	<p>Amount of Each Receipt this Period \$30.00</p>
<p>F. Full Name, Mailing Address and ZIP Code DEAR, DEARLD 159 JOE DEAR RD HARRISVILLE, MS 39082</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer SO BELL/BELSOUTH SER10/ 1/98</p> <p>Occupation NETWORK TECH.</p> <p>Aggregate Year-to-Date > \$ 270.00</p>	<p>Date (month, day, year) 1/98</p>	<p>Amount of Each Receipt this Period \$30.00</p>
<p>G. Full Name, Mailing Address and ZIP Code SHOALS, CLARA 9607 WINKLER DR DELLWOOD, MO 63136</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer REQUESTED</p> <p>Occupation COMPUTER TECH.</p> <p>Aggregate Year-to-Date > \$ 260.00</p>	<p>Date (month, day, year) 10/ 6/98</p>	<p>Amount of Each Receipt this Period \$20.00</p>

SUBTOTAL of Receipts This Page (optional) 200.00

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 20 OF
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>A. Full Name, Mailing Address and ZIP Code STEWART, PHILODEEN B APT A 322 COLLEGE ST SHREVEPORT, LA 71104-2452</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer SO BELL/BELSOUTH SER</p> <p>Occupation SERVICE REP.</p> <p>Aggregate Year-to-Date > \$ 240.00</p>	<p>Date (month, day, year) 10/ 1/98</p>	<p>Amount of Each Receipt this Period \$30.00</p>
<p>B. Full Name, Mailing Address and ZIP Code SMITH, KATHERINE E 38226 PAT SMITH RD PEARL RIVER, LA 70452</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer SO BELL/BELSOUTH SER</p> <p>Occupation SERVICE REP</p> <p>Aggregate Year-to-Date > \$ 225.00</p>	<p>Date (month, day, year) 10/ 1/98</p>	<p>Amount of Each Receipt this Period \$25.00</p>
<p>C. Full Name, Mailing Address and ZIP Code LAURENT, TERRY H 875 DALEEN RD HAUGHTON, LA 71037-8974</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer SO BELL/BELSOUTH SER</p> <p>Occupation TOLL TESTER</p> <p>Aggregate Year-to-Date > \$ 225.00</p>	<p>Date (month, day, year) 10/ 1/98</p>	<p>Amount of Each Receipt this Period \$25.00</p>
<p>D. Full Name, Mailing Address and ZIP Code BUCHERT JR, ERNEST W 1107 WYNNEWOOD DRIVE CASTALIAN SPRS, TN 37031</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer SO BELL/BELSOUTH SER</p> <p>Occupation CA. ST.</p> <p>Aggregate Year-to-Date > \$ 270.00</p>	<p>Date (month, day, year) 10/ 1/98</p>	<p>Amount of Each Receipt this Period \$30.00</p>
<p>E. Full Name, Mailing Address and ZIP Code MC CASLAND, JIM 2609 RUSTOWN MESQUITE TX 75150</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer DALLAS AFL-CIO</p> <p>Occupation COMM. SALES</p> <p>Aggregate Year-to-Date > \$ 200.00</p>	<p>Date (month, day, year) 10/ 1/98</p>	<p>Amount of Each Receipt this Period \$80.00</p>
<p>F. Full Name, Mailing Address and ZIP Code JONES, BARLINE 12756 COACHLIGHT SQ FLORISSANT, MO 63033-5120</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer AT&T</p> <p>Occupation LOCAL OFFICER</p> <p>Aggregate Year-to-Date > \$ 390.00</p>	<p>Date (month, day, year) 10/ 6/98</p>	<p>Amount of Each Receipt this Period \$30.00</p>
<p>G. Full Name, Mailing Address and ZIP Code COBB, GILLIAN 5204 WALTON CT VIRGINIA BEAC, VA 23464</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer C & P VIRGINIA</p> <p>Occupation SVCS TECH</p> <p>Aggregate Year-to-Date > \$ 200.00</p>	<p>Date (month, day, year) 10/ 6/98</p>	<p>Amount of Each Receipt this Period \$20.00</p>

SUBTOTAL of Receipts This Page (optional) 240.00

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 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 FCC**

<p>A. Full Name, Mailing Address and ZIP Code GIROUARD, NELLIE BOX 656 BRIDGETON, MO 63044</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer AT&T</p> <p>Occupation CNA II</p> <p>Aggregate Year-to-Date > \$ 280.00</p>	<p>Date (month, day, year) 10/ 6/98</p>	<p>Amount of Each Receipt this Period \$20.00</p>
<p>B. Full Name, Mailing Address and ZIP Code TILSON, S J RT 1 BOX 46 VOLGA, WV 26238-9022</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer C & P WEST VIRGINIA</p> <p>Occupation CAB SPLG TECH</p> <p>Aggregate Year-to-Date > \$ 200.00</p>	<p>Date (month, day, year) 10/ 6/98</p>	<p>Amount of Each Receipt this Period \$20.00</p>
<p>C. Full Name, Mailing Address and ZIP Code THORPE, GARNET E 3904 S 8TH ST ARLINGTON, VA 22204-1550</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer C & P VIRGINIA</p> <p>Occupation CAB SPLG TECH</p> <p>Aggregate Year-to-Date > \$ 200.00</p>	<p>Date (month, day, year) 10/ 6/98</p>	<p>Amount of Each Receipt this Period \$20.00</p>
<p>D. Full Name, Mailing Address and ZIP Code KROK, MATTHEW 3910 26TH ST PO BOX 982 CHESAPEAKE BC, MD 20732</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer C & P TELEPHONE</p> <p>Occupation OPT</p> <p>Aggregate Year-to-Date > \$ 200.00</p>	<p>Date (month, day, year) 10/ 6/98</p>	<p>Amount of Each Receipt this Period \$20.00</p>
<p>E. 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 > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</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 > \$</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 > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional) 80.00

TOTAL This Period (last page this line number only) 4,257.85

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
 FORM LINE NUMBER 22

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 OR FUND
 CWA - COPE PCC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Transfer to Affiliate Comm for purpose of Non-Federal Contributions	Date (month, day, year)	Amount of Each Disbursement This Period
CWA-COPE 501 3RD STREET, NW WASHINGTON, DC 20001	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	10/05/98	10,000.00
B. 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)		
C. 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)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Per.
	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 (see page this line number only)	10,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

CWA - CORE PCC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
WV STATE DEMOCRATIC EXEC COMM (WVSDEC) 122 CAPITOL STREET CHARLESTON, W VIRGINIA 25301	PAC Contributions Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	10/01/98 # 9666	2,500.00
B. Full Name, Mailing Address and ZIP Code LEONARD BOSWELL FOR CONGRESS P.O. BOX 823 INDIANOLA, IA 50125	Purpose of Disbursement US Congress IA 003 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/02/98 # 9668	541.56
C. Full Name, Mailing Address and ZIP Code CYNTHIA MCKINNEY FOR CONGRESS PO BOX 371125 DECATUR, GA 30037	Purpose of Disbursement US Congress GA 004 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/02/98 # 9670	2,000.00
D. Full Name, Mailing Address and ZIP Code DONALD PAYNE FOR CONGRESS P.O. BOX 75214 WASHINGTON, DC 20013-5214	Purpose of Disbursement US Congress NJ 010 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/05/98 # 9671	1,000.00
E. Full Name, Mailing Address and ZIP Code RUSH HOLT FOR CONGRESS P.O. BOX 782 PENNINGTON, NJ 08534	Purpose of Disbursement US Congress NJ 012 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/05/98 # 9672	5,000.00
F. Full Name, Mailing Address and ZIP Code COMM TO RE-ELECT CHRIST SMITH 2333 WHITEHORSE/MERCERVILLE RD HAMILTON, NJ 08619	Purpose of Disbursement US Congress NJ 004 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/05/98 # 9673	1,000.00
G. Full Name, Mailing Address and ZIP Code STEVE ROTHMAN FOR CONGRESS, INC PO BOX 714 HACKENSACK, NJ 07602	Purpose of Disbursement US Congress NJ 009 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/05/98 # 9674	3,000.00
H. Full Name, Mailing Address and ZIP Code MARK UDALL FOR CONGRESS 1871 FOLSOM STREET #105 BOULDER, CO 80302	Purpose of Disbursement US Congress CO 002 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/05/98 # 9675	5,000.00
I. Full Name, Mailing Address and ZIP Code MARK UDALL FOR CONGRESS 1871 FOLSOM STREET #105 BOULDER, CO 80302	Purpose of Disbursement US Congress <u>DEBT</u> CO 002 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>DEBT</u>	10/05/98 # 9676	2,500.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (do not page this line number only)

CHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 217 OF 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
DOTTIE LAMM '98 770 GRANT STREET STE 229 DENVER, CO 80203	US Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/05/98 # 9677	5,000.00
DOTTIE LAMM '98 770 GRANT STREET STE 229 DENVER, CO 80203.	US Senate DEBT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) DEBT	10/05/98 # 9678	5,000.00
IADLC 1275 K STREET N.W. STE 602 WASHINGTON, DC 20005	PAC Contributions Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	10/05/98 # 9680	1,000.00
VOLUNTEERS FOR VENTO P. O. BOX 65254 ST. PAUL, MN 55165	US Congress MN 004 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/06/98 # 9681	1,000.00
MINGE FOR CONGRESS PO BOX 71 GNANITE FALLS, MN 56241	US Congress MN 002 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/06/98 # 9682	1,000.00
FRIENDS OF ROSA DeLAURO 5501 CHEROKEE AVE STE 112 ALEXANDRIA, VA 22312	US Congress CT 003 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/06/98 # 9683	500.00
JOHN TIERNEY FOR CONGRESS '98 PO BOX 8013 SALEM, MA 01970	US Congress MA 006 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/06/98 # 9684	5,000.00
NADLER FOR CONGRESS P.O. BOX 2884 WASHINGTON, DC 20003	US Congress NY 008 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/06/98 # 9685	500.00
AALC - PAC 1155 21ST STREET NW STE 300 WASHINGTON, DC 20036-3308	PAC Contributions Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	10/06/98 # 9686	1,000.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (Use page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 317 OF 23
PAGE NUMBER

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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
LILY ESKELSON FOR CONGRESS 140 WEST 2100 SOUTH STE 102 SALT LAKE CITY, UT 84115	US Congress UT 002 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/06/98 # 9687	5,000.00
UDALL FOR US ALL (TOM) P.O. BOX 208 SANTA FE, NM 87504	US Congress NM 003 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/06/98 # 9688	5,000.00
VICTORY USA P.O. BOX 2888 WASHINGTON, DC 20013	PAC Contributions Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	10/06/98 # 9689	1,000.00
TOM LANTOS FOR CONGRESS COMM P.O. BOX 611 BURLINGAME, CA 94011	US Congress CA 012 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/06/98 # 9690	1,500.00
NCEC PAC 122 C STREET NW STE. 650 WASHINGTON, DC 20910	PAC Contributions Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	10/07/98 # 9691	5,000.00
FRIENDS OF CONG. CORRIE BROWN 40 EAST STATE STREET JACKSONVILLE, FL 32202	US Congress FL 003 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/07/98 # 9693	4,750.00
BARON HILL FOR CONGRESS PO BOX 1071 SEYMOUR, IN 47274	US Congress IN 009 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/07/98 # 9694	1,700.00
BARON HILL FOR CONGRESS PO BOX 1071 SEYMOUR, IN 47274	US Congress IN 009 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/07/98 # 9696	800.00
JULIA CARSON FOR CONGRESS COMM 54 MONUMENT CIR, STE 600 INDIANAPOLIS, IN 46204	US Congress IN 010 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/07/98 # 9695	2,500.00

TOTAL of Disbursements This Page (optional)

TOTAL This Period (do not use this line number entry)

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
TED STRICKLAND FOR CONGRESS PO BOX 580 LUCASVILLE, OH 45648	US Congress OH 006 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/07/98 # 9696	5,000.00
B. Full Name, Mailing Address and ZIP Code SPOTTSWOOD FOR CONGRESS P.O. BOX 1096 KENOSHA, WI 53141-1096	US Congress WI 001 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/07/98 # 9697	5,000.00
C. Full Name, Mailing Address and ZIP Code RE-ELECT CONG. DENNIS KUCINICH 10674 LORAIN AVENUE CLEVELAND, OH 44111	US Congress OH 010 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/07/98 # 9698	1,000.00
D. Full Name, Mailing Address and ZIP Code JAY JOHNSON FOR CONGRESS PO BOX 8053 GREEN BAY, WI 54308-8053	US Congress WI 008 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/07/98 # 9699	4,500.00
E. Full Name, Mailing Address and ZIP Code FRIENDS OF LANE EVANS COMM. P.O. BOX 5263 ROCK ISLAND, IL 61204-5263	US Congress IL 017 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/07/98 # 9700	5,000.00
F. Full Name, Mailing Address and ZIP Code ENGEL FOR CONGRESS 115 D STREET, SE, #102 WASHINGTON, DC 20003	US Congress NY 017 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/07/98 # 9712	500.00
G. Full Name, Mailing Address and ZIP Code BOB WISE FOR CONGRESS COMM. P.O. BOX 5336 CHARLESTON, WV 25361-0336	US Congress WV 002 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/08/98 # 9714	1,000.00
H. Full Name, Mailing Address and ZIP Code (JAY) INSLEE FOR CONGRESS 218 MAIN STREET KIRKLAND, WA 98033	US Congress WA 001 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/08/98 # 9715	3,000.00
I. Full Name, Mailing Address and ZIP Code BRIAN BAIRD FOR CONGRESS PO BOX 5016 VANCOUVER, WA 98668	US Congress WA 003 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/08/98 # 9716	5,000.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (do not page this line number off)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (to 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
PEOPLE FOR PATTY MURRAY U.S. SENATE CAMPAIGN PO BOX 3662 SEATTLE, WA 98124	US Senate WA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/08/98 # 9717	4,000.00
B. Full Name, Mailing Address and ZIP Code HOOLEY FOR CONGRESS 6545 FAILING STREET WEST LINN, OR 97068	US Congress OR 005 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/08/98 # 9718	5,000.00
C. Full Name, Mailing Address and ZIP Code EARL POMEROY FOR CONGRESS KENNEDY CTR/1902 E DIVIDE AVE BISMARCK, ND 58501	US Congress <i>AT-Large</i> ND A/L Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/08/98 # 9719	5,000.00
D. Full Name, Mailing Address and ZIP Code DAVID WU FOR U.S. CONGRESS 921 SW MORRISON STREET STE 310 PORTLAND, OR 97205	US Congress OR 001 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/08/98 # 9720	5,000.00
E. Full Name, Mailing Address and ZIP Code SHAKOWSKY FOR CONGRESS 1101 RIDGE AVE. EVANSTON, IL 60202	US Congress IL 009 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/09/98 # 9721	1,500.00
F. Full Name, Mailing Address and ZIP Code PHELPHS FOR CONGRESS (DAVID) 209 N VINE STREET HARRISBURG, IL 62946	US Congress IL 019 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/09/98 # 9722	5,000.00
G. Full Name, Mailing Address and ZIP Code (DON) BEVILL FOR CONGRESS P.O. BOX 3165 JASPER, AL 35501	US Congress AL 004 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/09/98 # 9723	2,500.00
H. Full Name, Mailing Address and ZIP Code SMALLEY FOR CONGRESS P.O. BOX 2192 GREENSBORO, AL 35403	US Congress AL 006 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/09/98 # 9724	250.00
I. Full Name, Mailing Address and ZIP Code JIM CLYBURN CAMPAIGN COMMITTEE PO BOX 12567 COLUMBIA, SC 29211	US Congress SC 006 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/09/98 # 9725	2,500.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (do not fill in this number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule for each category of the Detailed Summary Page

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NAME OF COMMITTEE (in Full)

CWA - COPE FCC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRIENDS OF MAURICE HINCHEY P.O. BOX 4497 KINGSTON, NY 12402	US Congress NY 025 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/09/98 # 9727	5,000.00
FRIENDS OF CONG. MIKE FORBES P.O. BOX 505 FARMINGVILLE, NY 11738	US Congress NY 001 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/09/98 # 9728	500.00
ACKERMAN FOR CONGRESS 1645 SOUTH BARTON STREET ARLINGTON, VA 22204	US Congress NY 005 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/09/98 # 9729	1,000.00
FRIENDS OF JIM MALONEY 240 MAIN ST STE 3 DANBURY, CT 06810	US Congress CT 005 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/09/98 # 9730	3,000.00
BERKLEY FOR CONGRESS (SHELLEY) P.O. BOX 7397 LAS VEGAS, NV 89121	US Congress NV 001 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/09/98 # 9732	5,000.00
FRIENDS OF LOIS CAPPEL 25 W. AWAPAMU SANTA BARBARA, CA 93101	US Congress CA 022 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/09/98 # 9733	2,500.00
JANICE HAHN FOR CONGRESS P.O. BOX 812 TORRANCE, CA 90508	US Congress CA 036 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/09/98 # 9734	2,500.00
FRIENDS OF GEORGE BROWN PO BOX 1867 COLTON, CA 92324	US Congress CA 042 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/09/98 # 9735	2,500.00
SHERMAN FOR CONGRESS (BRAD) 20929 VENTURA BLVD., #615 WOODLAND HILLS, CA 91364	US Congress CA 024 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/09/98 # 9736	5,000.00

TOTAL of Disbursements This Page (optional)

A. This Period (see page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 717 OF 717
 FORM NO. 1041-108 (1-88)

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NAME OF COMMITTEE (in Full)
 CWA - CORE PCC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CIT. FOR ELEANOR HOLMES NORTON 1730 RHODE ISLAND AVENUE NE WASHINGTON, DC 20018	US Congress DC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/14/98 # 9739	5,000.00
B. Full Name, Mailing Address and ZIP Code CAMPAIGN '98 188 MAIN STREET SUITE 1 ANNAPOLIS, MD 21401	Purpose of Disbursement PAC Contributions Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	10/14/98 # 9740	5,000.00
C. Full Name, Mailing Address and ZIP Code JIM CLYBURN CAMPAIGN COMMITTEE PO BOX 12567 COLUMBIA, SC 29211	Purpose of Disbursement US Congress SC 006 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/14/98 # 9741	500.00
D. Full Name, Mailing Address and ZIP Code JON WILLIAMS FOR CONGRESS P.O. BOX 1934 GOLDSBORO, NC 27533-1934	Purpose of Disbursement US Congress NC 003 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/14/98 # 9742	1,500.00
E. Full Name, Mailing Address and ZIP Code CIT. COMM FOR ERNEST HOLLINGS 1722 MAIN STREET STE 230 COLUMBIA, SC 29201	Purpose of Disbursement US Senate SC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/14/98 # 9743	5,000.00
F. Full Name, Mailing Address and ZIP Code SO. DAKOTA DEMO. PARTY, COORD. 420 C STREET N.E. WASHINGTON, DC 20002	Purpose of Disbursement PAC Contributions Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	10/14/98 # 9744	2,500.00
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

TOTAL of Disbursements This Page (optional) 177,041.56

DTA: This Period (see 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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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. 7 PEC 8085 E PRENTICE AVE. ENGLEWOOD, CO 80111	LOCAL RACES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	10/02/98 # 9667	2,000.00
CWA DIST. 1 PEC 80 PINE STREET, 37TH FLOOR NEW YORK, NY 10005	STATE/LOC RACES NY Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	10/02/98 # 9669	2,500.00
CWA DIST. 7 PEC 8085 E PRENTICE AVE. ENGLEWOOD, CO 80111	STATE RACES CO Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	10/05/98 # 9679	541.55
CWA DIST. 9 PEC 411 AIRPORT BOULEVARD BURLINGAME, CA 94010	STATE/LOC RACES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	10/07/98 # 9692	25,000.00
DANNA BENNETT CAMPAIGN 2610 TURTLE CREEK SHERMAN, TX 75092	COUNTY COMMISS TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/07/98 # 9701	100.00
UNDERWOOD-CAMPAIGN P.O. BOX 151 BOWIE, TX 76230	STATE SENATE TX 030 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/07/98 # 9702	2,000.00
UNDERWOOD CAMPAIGN P.O. BOX 151 BOWIE, TX 76230	STATE SENATE TX 030 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/07/98 # 9703	100.00
UNDERWOOD CAMPAIGN P.O. BOX 151 BOWIE, TX 76230	STATE SENATE TX 30 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/07/98 # 9704	200.00
SAM THORPE CAMPAIGN P.O. BOX 2125 SHERMAN, TX 75091	STATE REP TX 062 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/07/98 # 9705	200.00

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 13 OF 29
FOR LINE NUMBER

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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
CAMPAIGN TO ELECT MIKE LASTER P.O. BOX 2724 BELLAIRE, TX 77401	STATE REP TX 134 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/07/98 # 9706	250.00
B. Full Name, Mailing Address and ZIP Code UNDERWOOD CAMPAIGN P.O. BOX 151 BOWIE, TX 76230	STATE SENATE TX 030 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/07/98 # 9707	300.00
C. Full Name, Mailing Address and ZIP Code JIM MATTOX FOR ATTORNEY GEN PO BOX 13223 AUSTIN, TX 78711	ATTORNEY GEN TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/07/98 # 9708	500.00
D. Full Name, Mailing Address and ZIP Code DAVID VAN OS CAMPAIGN P.O. BOX 33448 AUSTIN, TX 78764	JUDICIAL (SUPM) TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/07/98 # 9709	500.00
E. Full Name, Mailing Address and ZIP Code THE GARRY MAURO CAMPAIGN PO BOX 13083 AUSTIN, TX 78711	GOVERNOR TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/07/98 # 9710	300.00
F. Full Name, Mailing Address and ZIP Code TEXANS FOR JOHN SHARP PO BOX 236 AUSTIN, TX 78767	LT GOVERNOR TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/07/98 # 9711	200.00
G. Full Name, Mailing Address and ZIP Code CWA DISTRICT 2 PEC - MARYLAND 8611 SECOND AVENUE SILVER SPRING, MD 20910	STATE RACE MD Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	10/08/98 # 9713	6,000.00
H. Full Name, Mailing Address and ZIP Code CWA DIST. 1 PEC 80 PINE STREET, 37TH FLOOR NEW YORK, NY 10005	STATE/LOC RACES NY Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	10/09/98 # 9726	10,000.00
I. Full Name, Mailing Address and ZIP Code CWA DIST. 3 PEC 3516 COVINGTON HIGHWAY DECATUR, GA 30032	STATE RACE SC Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	10/09/98 # 9731	5,000.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (see page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 13 OF 29
 FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)
CWA - COPE FCC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CWA DISTRICT 2 PEC - MARYLAND 8611 SECOND AVENUE SILVER SPRING, MD 20910	STATE/LOC RACES MD Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	10/14/98 # 9737	3,000.00
CWA DIST. 2 PEC 8611 SECOND AVENUE SILVER SPRING, MD 20910	STATE/LOC RACES DC Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	10/14/98 # 9738	2,000.00
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)	60,691.55

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>10-19-98</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
<input type="checkbox"/> Electronic Filing	
<i>JMN</i> PREPARER	<i>10-21-98</i> DATE PREPARED