

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

APR 19 10 56 AM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (In full)
C00002089 120597 P 264
BARBARA J EASTERLING
CHA-CAPE 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)

4. TYPE OF REPORT

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

Monthly Report Due On:

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

- 12-Day Pre-Election Report for the _____
(Type of Election)
election on _____ in the State of _____
 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: 03/01/98 through 03/31/98		
6. (a) Cash on Hand January 1, 19 98		\$ 1,188,638.12
(b) Cash on Hand at Beginning of Reporting Period	\$ 1,254,629.47	
(c) Total Receipts (from Line 19)	\$ 113,786.09	\$ 404,533.74
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 1,368,415.56	\$ 1,593,171.86
7. Total Disbursements (from Line 20)	\$ 118,558.46	\$ 343,314.76
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 1,249,857.10	\$ 1,249,857.10
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	

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

Type or Print Name of Treasurer
LORETTA BOWEN, ASSISTANT TREASURER

Signature of Treasurer
Loretta Bowen

Date
4/14/98

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 9/93)

**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 3/1/98 TO 3/31/98	
		COLUMN A Total This Period	COLUMN B Calendar Year
I Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		2,357.44	34,242.22
ii. Unitemized		108,275.54	361,392.25
iii. Total (add i and ii) >		110,632.98	395,634.47
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions (add a, b and c) >		110,632.98	395,634.47
12. Transfers From Affiliated/Other Party Committees			
13. All Loans Received			
14. Loan Repayments Received			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			
17. Other Federal Receipts (Dividends, Interest, etc.)		3,153.11	8,899.27
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		113,786.09	404,533.74
20. Total Federal Receipts (subtract line 18 from line 19) >		113,786.09	404,533.74
II Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			
ii. Non-Federal Share			
b. Other Federal Operating Expenditures		977.46	2,758.76
c. Total Operating Expenditures (add a, a i, and b) >		977.46	2,758.76
22. Transfers to Affiliated/Other Party Committees		-0-	50,000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees		99,050.00	238,050.00
24. Independent Expenditures (use Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees		281.00	281.00
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contribution Refunds (add a, b and c) >		281.00	281.00
29. Other Disbursements		18,250.00	52,225.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		118,558.46	343,314.76
31. Total Federal Disbursements (subtract line 21 a, ii from line 30) >		118,558.46	343,314.76
III Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)			
33. Total Contribution Refunds (from line 28d)			
34. Net Contributions (other than loans) (subtract line 33 from 32)			
35. Total Federal Operating Expenditures (add 21 a, i and 21 b) >			
36. Offsets to Operating Expenditures (from line 15)			
37. Net Operating Expenditures (subtract line 36 from 35) >			

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)
CWA COPE-PCC

<p>A. Full Name, Mailing Address and ZIP Code CRESTAR BANK, N.A. WASHINGTON, DC</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Interest Earned on Money Market Acct</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 03/31/98</p>	<p>Amount of Each Receipt this Period \$3,153.11</p>
<p>B. 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>C. 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>D. 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>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>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p></p>
<p>TOTAL This Period (last page this line number only)</p>	<p>\$3,153.11</p>

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule for each category of the Detailed Summary Page

1 | 1
FOR LINE NUMBER
21 (b)

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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
CRESTAR BANK, N.A. WASHINGTON, D.C.	FEDERAL INCOME TAX WITHHELD Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/31/98 #	977.46
B. 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
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 (on page this line number only)	977.46

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 115
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

CWA - COPE FCC

A. 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
B. Full Name, Mailing Address and ZIP Code ROBERT WEXLER FOR CONGRESS 2500 N MILITARY TRAIL, #288 BOCA RATON, FL 33431	Purpose of Disbursement US Congress FL 019 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/02/98 # 9301	Amount of Each Disbursement This Period 500.00
C. Full Name, Mailing Address and ZIP Code FRIENDS OF CONG. CORRINE BROWN 3109 RIVER BEND CT. LAUREL, MD 20724	Purpose of Disbursement US Congress FL 003 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/02/98 # 9302	Amount of Each Disbursement This Period 1,000.00
D. Full Name, Mailing Address and ZIP Code MICHAEL COLES FOR SENATE PO BOX 78464 ATLANTA, GA 30357	Purpose of Disbursement US Senate GA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/03/98 # 9304	Amount of Each Disbursement This Per. 4,000.00
E. Full Name, Mailing Address and ZIP Code FRIEND'S OF LOIS CAPPS 25 W. AWAPAMU SANTA BARBARA, CA 93101	Purpose of Disbursement US Congress CA 022 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/03/98 # 9305	Amount of Each Disbursement This Perio: 5,000.00
F. Full Name, Mailing Address and ZIP Code MALONEY FOR CONGRESS (CAROLYN) 1208 C STREET S WASHINGTON, DC 20003	Purpose of Disbursement US Congress NY 014 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/05/98 # 9306	Amount of Each Disbursement This Period 500.00
G. Full Name, Mailing Address and ZIP Code FRIENDS OF ROSA DeLAURO 5501 CHEROKEE AVE STE 112 ALEXANDRIA, VA 22312	Purpose of Disbursement US Congress VA 003 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/05/98 # 9307	Amount of Each Disbursement This Period 550.00
H. Full Name, Mailing Address and ZIP Code CONG. JIM TURNER FOR CONGRESS 603 E GOLIAD CROCKETT, TX 75835	Purpose of Disbursement US Congress TX 002 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/09/98 # 9309	Amount of Each Disbursement This Period 3,500.00
I. Full Name, Mailing Address and ZIP Code SHEILA JACKSON-LEE FOR CONGRES P.O. BOX 75214 WASHINGTON, DC 20013-5214	Purpose of Disbursement US Congress TX 018 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/09/98 # 9313	Amount of Each Disbursement This Period 1,000.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page plus line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE **2** OF **5**
 FOR LINE NUMBER **25**

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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 TOM REED P.O. BOX 157 EAGLE LAKE, TX 77434-0157	US Congress TX 014 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/09/98 # 9314	2,500.00
B. Full Name, Mailing Address and ZIP Code SHAKOWSKY FOR CONGRESS 1101 RIDGE AVE. EVANSTON, IL 60202	US Congress IL 009 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/10/98 # 9322	1,000.00
C. 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/10/98 # 9323	2,000.00
D. Full Name, Mailing Address and ZIP Code BLAGOJEVICH FOR CONGRESS 900 N MICHIGAN AVENUE ST 2004 CHICAGO, IL 60611	US Congress IL 005 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/10/98 # 9324	1,000.00
E. Full Name, Mailing Address and ZIP Code BRAUN FOR U.S. SENATE COMM 819 S WALSH AVENUE STE 505 CHICAGO, IL 60606	US Senate IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/10/98 # 9325	2,000.00
F. Full Name, Mailing Address and ZIP Code DOGGETT FOR U.S. CONGRESS P.O. BOX 5843 AUSTIN, TX 78763	US Congress TX 010 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/10/98 # 9326	2,500.00
G. Full Name, Mailing Address and ZIP Code LOUISE SLAUGHTER RE-ELECT COMM 422 C STREET N.W. LOWER LEVEL WASHINGTON, DC 20002	US Congress NY 028 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/11/98 # 9329	1,000.00
H. Full Name, Mailing Address and ZIP Code RALPH WAITE FOR CONGRESS 44-850 LOS PALMAS AVE STE A PALM DESERT, CA 92260	US Congress CA 044 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/12/98 # 9330	2,500.00
I. Full Name, Mailing Address and ZIP Code CHRISTINE KEHOE FOR CONG *98 1010 UNIVERSITY AVE BOX 1998 SAN DIEGO, CA 92103-3310	US Congress CA 049 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/12/98 # 9331	2,500.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 5
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
THURMAN FOR CONGRESS COMM 3610 38TH STREET NW #270 WASHINGTON, DC 20016	US Congress FL 005 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/13/98 # 9332	500.00
JULIA CARSON FOR CONGRESS COMM 54 MONUMENT CIR, STE 600 INDIANAPOLIS, IN 46204	US Congress IN 010 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/13/98 # 9333	1,000.00
GAIL RIECKEN FOR CONGRESS COM P.O. BOX 3897 EVANSVILLE, IN 47737	US Congress IN 008 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/13/94 # 9334	1,000.00
JOHN OLVER FOR CONGRESS 38 IVY STREET S.E. WASHINGTON, DC 20003	US Congress MA 001 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/13/98 # 9335	500.00
CHARLIE JONES CAMPAIGN 1800 SAN PEDRO SAN ANTONIO, TX 78212	US Congress TX 023 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/18/98 # 9336	1,000.00
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)	3/23/98 # 9337	1,000.00
THE ADAM SMITH FOR CONG. COMM. 27030 47TH AVE. SOUTH #104 KENT, WA 98032	US Congress WA 009 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/23/98 # 9338	1,000.00
SPOTTSWOOD FOR CONGRESS P.O. BOX 1096 KENOSHA, WI 53141-1096	US Congress WI 001 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/23/98 # 9339	2,000.00
KIND FOR CONGRESS COMMITTEE P.O. BOX 184REET LACROSSE, WI 54602	US Congress WI 003 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/23/98 # 9340	1,000.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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PAGE 4 OF 5
FORM 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
BRIAN BAIRD FOR CONGRESS PO BOX 1189 OLYMPIA, WA 98508	US Congress WA 003 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/24/98 # 9341	5,000.00
FRIENDS OF MAJOR OWENS P.O. BOX 2265 BROOKLYN, NY 11202	US Congress NY 011 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/25/98 # 9342	500.00
ACKERMAN FOR CONGRESS 1645 SOUTH BARTON STREET ARLINGTON, VA 22204	US Congress NY 005 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/25/98 # 9343	500.00
CLAYTON FOR CONGRESS PO BOX 479 WARRENTON, NC 27589	US Congress NC 001 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/25/98 # 9344	4,000.00
JAY JOHNSON FOR CONGRESS PO BOX 8053 GREEN BAY, WI 54308	US Congress WI 008 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/25/98 # 9345	500.00
HOOBIERS FOR TIM ROEMER 988 NORTH ROYAL STREET ALEXANDRIA, VA 22314	US Congress IN 003 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/25/98 # 9346	2,000.00
PEOPLE FOR BERRYMAN 101 E MAMMOO ADRIAN, MI 49221	US Congress MI 007 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/25/98 # 9347	2,500.00
DEMOCRATIC NATIONAL COMMITTEE 430 S. CAPITOL ST., SE WASHINGTON, DC 20003	RAC Contributions Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	3/25/98 # 9348	15,000.00
TOM SAWYER COMMITTEE 1655 WEST MARKET ST STE J AKRON, OH 44313	US Congress OH 014 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/25/98 # 9349	500.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 5 OF 5
FORM 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
RAPAPORT FOR THE FIRST 38 WOODLAND STREET HARTFORD, CT 06105	US Congress CT 001 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/26/98 # 9350	5,000.00
B. Full Name, Mailing Address and ZIP Code MALONEY FOR CONGRESS (JIM) 240 MAIN ST DANBURY, CT 06810	US Congress CT 005 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/26/98 # 9351	3,000.00
C. Full Name, Mailing Address and ZIP Code NIXON CAMPAIGN FUND PO BOX 143 JEFFERSON CITY, MO 65102	US Senate MO Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/30/98 # 9352	5,000.00
D. Full Name, Mailing Address and ZIP Code MOORE FOR CONGRESS (DENNIS) 8319 MALLEN ROAD LENEXA, KS 66215	US Congress KS 003 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/30/98 # 9353	5,000.00
E. Full Name, Mailing Address and ZIP Code FRIENDS OF CHARLOTTE KOSKOFF PO BOX 7094 PLAINVILLE, CT 06062	US Congress CT 006 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/30/98 # 9354	2,500.00
F. Full Name, Mailing Address and ZIP Code CAMPAIGN TO ELECT TOM REED P.O. BOX 157 EAGLE LAKE, TX 77434-0157	US Congress TX 014 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <i>BUOFF</i>	3/30/98 # 9359	2,500.00
G. Full Name, Mailing Address and ZIP Code BENNIE THOMPSON FOR CONGRESS PO BOX 100 BOLTON, MS 39041-0100	US Congress MS 002 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/31/98 # 9360	2,500.00
H. Full Name, Mailing Address and ZIP Code HILLIARD FOR CONGRESS PO BOX 11705 BIRMINGHAM, AL 35202	US Congress AL 007 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/31/98 # 9361	1,500.00
I. Full Name, Mailing Address and ZIP Code FRIENDS OF DON BEVILL P.O. BOX 3165 JASPER, AL 35501	US Congress AL 004 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/31/98 # 9362	500.00

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	99,050.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 28

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NAME OF COMMITTEE (in Full)

CWA-GOPE PCC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement REFUND - DUES SENT TO WRONG ACCT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/6/98 #9308	Amount of Each Disbursement This Period \$281.00
B. 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
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)

\$281.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 112 OF
FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)
CWA - COPE PCC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
COMMUNICATIONS WORKERS OF AMER 501 THIRD STREET, N.W. WASHINGTON, DC 20001	L/P CONF FEE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/02/98 # 9303	1,050.00
IGNACIO SALINAS CAMPAIGN 505 S VICTORIA STREET SAN DIEGO, TX 78384	STATE REP TX 044 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/09/98 # 9310	250.00
RENE OLIVERA CAMPAIGN 105 CALLE JACORANDA BROWNSVILLE, TX 78520	STATE REP TX 037 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/09/98 # 9311	250.00
ZEB ZBRANEK CAMPAIGN COMMITTEE PO BOX 1982 WINNIE, TX 77665	STATE REP TX 020 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/09/98 # 9312	250.00
COMM TO ELECT GEORGE ELLIS 1911 FOUNTAINVIEW #68 HOUSTON, TX 77057	JUSTICE ^{1st Court} of Appeals TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/09/98 # 9315	500.00
RICK NORIEGA CAMPAIGN P.O. BOX 230324 HOUSTON, TX 77023	STATE REP TX 145 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/09/98 # 9316	1,000.00
RON WILSON CAMPAIGN 4003 REDWIN CIR. HOUSTON, TX 77047	STATE REP TX 131 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/09/98 # 9317	1,000.00
COM TO RE-ELEC SENFRO THOMPSON 8611 PEACHTREE HOUSTON, TX 77016	STATE REP TX 141 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/09/98 # 9318	1,000.00
COMM. TO ELECT DAVID VAN OS P.O. BOX 33448 AUSTIN, TX 78764	TX Supreme Court Place 3 TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/09/98 # 9320	250.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (can page this line number only)

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
COMM. TO ELECT DAVID VAN OS P.O. BOX 33448 AUSTIN, TX 78764	Supreme Court TX JUSTICE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) TX	3/09/98 # 9321	4,000.00
COMMUNICATIONS WORKERS OF AMER 501 THIRD STREET, N.W. WASHINGTON, DC 20001	L/P CONF FEE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) CA	3/11/98 # 9327	700.00
COMMUNICATIONS WORKERS OF AMER 501 THIRD STREET, N.W. WASHINGTON, DC 20001	L/P CONF FEE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) CA	3/11/98 # 9328	1,750.00
COMMUNICATIONS WORKERS OF AMER 501 THIRD STREET, N.W. WASHINGTON, DC 20001	L/P CONF FEES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) CA	3/30/98 # 9355	750.00
GAYLE APPLEBY LEDBETTER FOR STATE REPRESENTATIVE, DIST 58 P.O. BOX 972 GRANDVIEW, TX 76050	STATE REP TX 058 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) TX	3/30/98 # 9356	2,000.00
COMM. TO ELECT DAVID VAN OS P.O. BOX 33448 AUSTIN, TX 78764	Supreme Court JUSTICE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) TX Place 3	3/30/98 # 9357	3,000.00
HAIRD 98 CAMPAIGN P.O. BOX 2214 AUSTIN TX 78768-2214	Court of Criminal Appeals JUSTICE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) TX	3/30/98 # 9358	500.00

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	18,250.00

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

A. Full Name, Mailing Address and ZIP Code CUSHING, PAMELA J. 28 WEYLAND CIR NORTH ANDOVER, MA 01845 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NEW YORK TEL CO Occupation AD ACCT REPRESENTATI Aggregate Year-to-Date > \$ 350.00	Date (month, day, year) 3/11/98	Amount of Each Receipt this Period \$30.00
B. Full Name, Mailing Address and ZIP Code SACCO, TROY 104 MCEVOY DR AUBURN, NH 03032-1929 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NEW YORK TEL CO Occupation AD ACCT REPRESENTATI Aggregate Year-to-Date > \$ 290.00	Date (month, day, year) 3/11/98	Amount of Each Receipt this Period \$30.00
C. Full Name, Mailing Address and ZIP Code MACDONALD, RICHARD 33 WAYSIDE ROAD WESTBOROUGH, MA 01581 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NEW YORK TEL CO Occupation AD ACCT REPRESENTATI Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 3/11/98	Amount of Each Receipt this Period \$30.00
D. Full Name, Mailing Address and ZIP Code WHITE, ROGER E. 2 RYANS LN DUXBURY, MA 02332-3550 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NEW YORK TEL CO Occupation AD ACCT REPRESENTATI Aggregate Year-to-Date > \$ 390.00	Date (month, day, year) 3/11/98	Amount of Each Receipt this Period \$30.00
E. Full Name, Mailing Address and ZIP Code CASHMAN, DENNIS 49 TEDESCO ST MARBLEHEAD, MA 01945-1039 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NEW YORK TEL CO Occupation AD ACCT REPRESENTATI Aggregate Year-to-Date > \$ 390.00	Date (month, day, year) 3/11/98	Amount of Each Receipt this Period \$30.00
F. Full Name, Mailing Address and ZIP Code COSTA, GERALD E. 617 MARVEL ST SWANSEA, MA 02777-3634 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NEW YORK TEL CO Occupation AD ACCT REPRESENTATI Aggregate Year-to-Date > \$ 450.00	Date (month, day, year) 3/11/98	Amount of Each Receipt this Period \$30.00
G. Full Name, Mailing Address and ZIP Code SILVERMAN, MICHAEL 54 VOSE HILL RD WESTFORD, MA 01886-4535 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NEW YORK TEL CO Occupation AD ACCT REPRESENTATI Aggregate Year-to-Date > \$ 217.50	Date (month, day, year) 3/11/98	Amount of Each Receipt this Period \$2.50

SUBTOTAL of Receipts This Page (optional) 182.50

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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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 BROWN, SCOTT 39 FELT RD KEENE, NH 03431-2103</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer NEW YORK TEL CO</p> <p>Occupation AD ACCT REPRESENTATI</p> <p>Aggregate Year-to-Date > \$ 298.00</p>	<p>Date (month, day, year) 3/11/98</p>	<p>Amount of Each Receipt this Period \$30.00</p>
<p>B. Full Name, Mailing Address and ZIP Code GARLAND, KEITH 55 MEYER ST ROSLINDALE, MA 02131-2232</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer NEW YORK TEL CO</p> <p>Occupation AD ACCT REPRESENTATI</p> <p>Aggregate Year-to-Date > \$ 315.00</p>	<p>Date (month, day, year) 3/11/98</p>	<p>Amount of Each Receipt this Period \$5.00</p>
<p>C. Full Name, Mailing Address and ZIP Code MAROTTA, JOSEPH T. 34 LONGFELLOW ROAD READING, MA 01867-2109</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer NEW YORK TEL CO</p> <p>Occupation AD ACCT REPRESENTATI</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year) 3/11/98</p>	<p>Amount of Each Receipt this Period \$20.00</p>
<p>D. Full Name, Mailing Address and ZIP Code CLIFFORD, TIMOTHY P. 4 BEACON STREET DANVERS, MA 01923-3002</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer NEW YORK TEL CO</p> <p>Occupation AD ACCT REPRESENTATI</p> <p>Aggregate Year-to-Date > \$ 210.00</p>	<p>Date (month, day, year) 3/11/98</p>	<p>Amount of Each Receipt this Period \$30.00</p>
<p>E. Full Name, Mailing Address and ZIP Code CRONIN, CHERYL PO BOX 984 NORTH ANDOVER, MA 01845</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer NEW YORK TEL CO</p> <p>Occupation AD ACCT REPRESENTATI</p> <p>Aggregate Year-to-Date > \$ 390.00</p>	<p>Date (month, day, year) 3/11/98</p>	<p>Amount of Each Receipt this Period \$30.00</p>
<p>F. Full Name, Mailing Address and ZIP Code PATRIKAS, JAYNE 8 MORGAN DR DANVERS, MA 01923-1752</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer NEW YORK TEL CO</p> <p>Occupation AD ACCT REPRESENTATI</p> <p>Aggregate Year-to-Date > \$ 315.00</p>	<p>Date (month, day, year) 3/11/98</p>	<p>Amount of Each Receipt this Period \$5.00</p>
<p>G. Full Name, Mailing Address and ZIP Code EVANGELISTA, SILVER 15 BUTTERNUT RD WAKEFIELD, MA 01880-5133</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer NEW YORK TEL CO</p> <p>Occupation AD ACCT REPRESENTATI</p> <p>Aggregate Year-to-Date > \$ 351.00</p>	<p>Date (month, day, year) 3/11/98</p>	<p>Amount of Each Receipt this Period \$30.00</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 1 OF 1
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 NADWORN, RICHARD C 65 BOREN LANE BOXFORD, MA 01921-2125 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NEW YORK TEL CO Occupation AD ACCT REPRESENTATI Aggregate Year-to-Date > \$ 210.00	Date (month, day, year) 3/11/98	Amount of Each Receipt this Period \$30.00
B. Full Name, Mailing Address and ZIP Code GEDIES, RICHARD J 23 MEADOW BROOK LN READING, MA 01867-1236 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NEW YORK TEL CO Occupation AD ACCT REPRESENTATI Aggregate Year-to-Date > \$ 315.00	Date (month, day, year) 3/11/98	Amount of Each Receipt this Period \$5.00
C. Full Name, Mailing Address and ZIP Code HALSBAND, HARVEY 2 GASLIGHT LANE N EASTON, MA 02356-2721 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NEW YORK TEL CO Occupation AD ACCT REPRESENTATI Aggregate Year-to-Date > \$ 315.00	Date (month, day, year) 3/11/98	Amount of Each Receipt this Period \$5.00
D. Full Name, Mailing Address and ZIP Code HARRINGTON, JOHN 109 COACH LN BARNSTABLE, MA 02630-1504 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NEW YORK TEL CO Occupation AD ACCT REPRESENTATI Aggregate Year-to-Date > \$ 290.00	Date (month, day, year) 3/11/98	Amount of Each Receipt this Period \$30.00
E. Full Name, Mailing Address and ZIP Code MCDONALD, SHARNA 5 RATLIN RD MARBLEHEAD, MA 01945-2210 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NEW YORK TEL CO Occupation KEY ACCT SALES REP Aggregate Year-to-Date > \$ 390.00	Date (month, day, year) 3/11/98	Amount of Each Receipt this Period \$30.00
F. Full Name, Mailing Address and ZIP Code MEISTER, MICHELE B. 3 BURNHAM DR N READING, MA 01864-2459 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NEW YORK TEL CO Occupation KEY ACCT SALES REP Aggregate Year-to-Date > \$ 390.00	Date (month, day, year) 3/11/98	Amount of Each Receipt this Period \$30.00
G. Full Name, Mailing Address and ZIP Code HOSKING, JOHN 20 ENDICOTT AVE MARBLEHEAD, MA 01945-1617 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NEW YORK TEL CO Occupation AD ACCT REPRESENTATI Aggregate Year-to-Date > \$ 450.00	Date (month, day, year) 3/31/98	Amount of Each Receipt this Period \$390.00

SUBTOTAL of Receipts This Page (optional)

520.00

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 MADDEN, DONALD J 4 CLEVELAND AVE IPSWICH, MA 01938-1717</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer NEW YORK TEL CO</p> <p>Occupation AD ACCT REPRESENTATI</p> <p>Aggregate Year-to-Date > \$ 390.00</p>	<p>Date (month, day, year) 3/11/98</p>	<p>Amount of Each Receipt this Period \$30.00</p>
<p>B. Full Name, Mailing Address and ZIP Code CONNELLY, JOHN C 11 GABLES CIRCLE SALEM, MA 01970-1217</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer NEW YORK TEL CO</p> <p>Occupation AD ACCT REPRESENTATI</p> <p>Aggregate Year-to-Date > \$ 360.00</p>	<p>Date (month, day, year) 3/11/98</p>	<p>Amount of Each Receipt this Period \$30.00</p>
<p>C. Full Name, Mailing Address and ZIP Code MORTON, ALLAN 28 CONCORD GREENE APT 6 CONCORD, MA 01742-3178</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer NEW YORK TEL CO</p> <p>Occupation AD ACCT REPRESENTATI</p> <p>Aggregate Year-to-Date > \$ 390.00</p>	<p>Date (month, day, year) 3/11/98</p>	<p>Amount of Each Receipt this Period \$30.00</p>
<p>D. Full Name, Mailing Address and ZIP Code PIPER, CHARLES A 3 W WOODBINE DR LONDONDERRY, NH 03053</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer NEW YORK TEL CO</p> <p>Occupation AD ACCT REPRESENTATI</p> <p>Aggregate Year-to-Date > \$ 290.00</p>	<p>Date (month, day, year) 3/11/98</p>	<p>Amount of Each Receipt this Period \$30.00</p>
<p>E. Full Name, Mailing Address and ZIP Code SILVERMAN, DEBRA A 6 WHITTIER PLACE APT 4-0 BOSTON, MA 02114-1443</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer NEW YORK TEL CO</p> <p>Occupation AD ACCT REPRESENTATI</p> <p>Aggregate Year-to-Date > \$ 315.00</p>	<p>Date (month, day, year) 3/11/98</p>	<p>Amount of Each Receipt this Period \$5.00</p>
<p>F. Full Name, Mailing Address and ZIP Code BRUNSKI, JOHN 54 PARK AVE NEEDHAM, MA 02194-1627</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer NEW YORK TEL CO</p> <p>Occupation AD ACCT REPRESENTATI</p> <p>Aggregate Year-to-Date > \$ 337.50</p>	<p>Date (month, day, year) 3/11/98</p>	<p>Amount of Each Receipt this Period \$2.50</p>
<p>G. Full Name, Mailing Address and ZIP Code CAGGLIANO, MARC A 1A PENNY LN PEABODY, MA 01960-3634</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer NEW YORK TEL CO</p> <p>Occupation AD ACCT REPRESENTATI</p> <p>Aggregate Year-to-Date > \$ 390.00</p>	<p>Date (month, day, year) 3/11/98</p>	<p>Amount of Each Receipt this Period \$30.00</p>

SUBTOTAL of Receipts This Page (optional)

157.50

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 5 OF 11
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 BATES, THOMAS 3 FLINT ST MARBLEHEAD, MA 01945-3716</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer NEW YORK TEL CO</p> <p>Occupation AD ACCT REPRESENTATI</p> <p>Aggregate Year-to-Date > \$ 390.00</p>	<p>Date (month, day, year) 3/11/98</p>	<p>Amount of Each Receipt this Period \$30.00</p>
<p>B. Full Name, Mailing Address and ZIP Code SASLAW, JOEL 21 BENEVENTO CIR PEABODY, MA 01960-1270</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer NEW YORK TEL CO</p> <p>Occupation AD ACCT REPRESENTATI</p> <p>Aggregate Year-to-Date > \$ 318.60</p>	<p>Date (month, day, year) 3/11/98</p>	<p>Amount of Each Receipt this Period \$4.60</p>
<p>C. Full Name, Mailing Address and ZIP Code TELLIER, JOHN 7 STONEHAVEN RD NASHUA, NH 03062-2043</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer NEW YORK TEL CO</p> <p>Occupation AD ACCT REPRESENTATI</p> <p>Aggregate Year-to-Date > \$ 390.00</p>	<p>Date (month, day, year) 3/11/98</p>	<p>Amount of Each Receipt this Period \$30.00</p>
<p>D. Full Name, Mailing Address and ZIP Code FERRIN, THOMAS 5 BUTT HINGE RD CHELMSFORD, MA 01824-2141</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer NEW YORK TEL CO</p> <p>Occupation AD ACCT REPRESENTATI</p> <p>Aggregate Year-to-Date > \$ 210.00</p>	<p>Date (month, day, year) 3/11/98</p>	<p>Amount of Each Receipt this Period \$30.00</p>
<p>E. Full Name, Mailing Address and ZIP Code SHEDD, CHRISTOPHER R 64 GOVERNOR LONG RD HINGHAM, MA 02043-4516</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer NEW YORK TEL CO</p> <p>Occupation AD ACCT REPRESENTATI</p> <p>Aggregate Year-to-Date > \$ 333.00</p>	<p>Date (month, day, year) 3/11/98</p>	<p>Amount of Each Receipt this Period \$3.00</p>
<p>F. Full Name, Mailing Address and ZIP Code GLEASON, PROL M 425 LINWOOD ST ABINGTON, MA 02351-1532</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer NEW YORK TEL CO</p> <p>Occupation AD ACCT REPRESENTATI</p> <p>Aggregate Year-to-Date > \$ 315.00</p>	<p>Date (month, day, year) 3/11/98</p>	<p>Amount of Each Receipt this Period \$5.00</p>
<p>G. Full Name, Mailing Address and ZIP Code AVELLA, JOHN PO BOX 532 WORCESTER, MA 01613-0532</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer NEW YORK TEL CO</p> <p>Occupation AD ACCT REPRESENTATI</p> <p>Aggregate Year-to-Date > \$ 210.00</p>	<p>Date (month, day, year) 3/11/98</p>	<p>Amount of Each Receipt this Period \$30.00</p>

SUBTOTAL of Receipts This Page (optional) 132.60

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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

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

A. Full Name, Mailing Address and ZIP Code GIBLIN, BRENDAN 125 MARNOCH DRIVE SEEKONK, MA 02771-3B09 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NEW YORK TEL CO Occupation AD ACCT REPRESENTATI Aggregate Year-to-Date > \$ 213.80	Date (month, day, year) 3/11/98	Amount of Each Receipt This Period \$4.00
B. Full Name, Mailing Address and ZIP Code KOSIKA, EDWARD 66 TORREY RD CUMBERLAND, RI 02864-1220 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NEW YORK TEL CO Occupation AD ACCT REPRESENTATI Aggregate Year-to-Date > \$ 270.00	Date (month, day, year) 3/11/98	Amount of Each Receipt This Period \$30.00
C. Full Name, Mailing Address and ZIP Code FROST, JONATHAN 26 MEACHAM RD CAMBRIDGE, MA 02140-1214 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NEW YORK TEL CO Occupation AD ACCT REPRESENTATI Aggregate Year-to-Date > \$ 175.00	Date (month, day, year) 3/11/98	Amount of Each Receipt This Period \$5.00
D. Full Name, Mailing Address and ZIP Code BENTON, SUSAN 41R LYNNFIELD ST PEABODY, MA 01960-5731 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NEW YORK TEL CO Occupation AD ACCT REPRESENTATI Aggregate Year-to-Date > \$ 390.00	Date (month, day, year) 3/11/98	Amount of Each Receipt This Period \$30.00
E. Full Name, Mailing Address and ZIP Code ROBERTS, JOHN J. 90 BISHOPS FOREST DR WALTHAM, MA 02154-8806 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NEW YORK TEL CO Occupation KEY ACCT SALES REP Aggregate Year-to-Date > \$ 260.00	Date (month, day, year) 3/11/98	Amount of Each Receipt This Period \$20.00
F. Full Name, Mailing Address and ZIP Code SCHMIDT, JAMES 139 WHITTEMORE HILL RD NEW IPSWICH, NH 03071 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NEW YORK TEL CO Occupation AD ACCT REPRESENTATI Aggregate Year-to-Date > \$ 280.00	Date (month, day, year) 3/11/98	Amount of Each Receipt This Period \$30.00
G. Full Name, Mailing Address and ZIP Code CONNELL, EDWARD W. 93 EVANS AVENUE OCEANSIDE, NY 11572-4013 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NEW YORK TEL CO Occupation FIELD TECHNICIAN Aggregate Year-to-Date > \$ 243.00	Date (month, day, year) 3/11/98	Amount of Each Receipt This Period \$1.00

SUBTOTAL of Receipts This Page (optional)	120.60
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 **8** OF **11**
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 JAGGERS, SUSAN 110 EAST MAIN STREET MERRIMAC, MA 01860-1612</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer NEW YORK TEL CO</p> <p>Occupation AD ACCT REPRESENTATI</p> <p>Aggregate Year-to-Date > \$ 390.00</p>	<p>Date (month, day, year) 3/11/98</p>	<p>Amount of Each Receipt This Period \$30.00</p>
<p>B. Full Name, Mailing Address and ZIP Code NIVEN, PATRICIA A. P O BOX 121 ALLENWOOD NJ 08720</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer CWA</p> <p>Occupation CWA REP.</p> <p>Aggregate Year-to-Date > \$ 220.00</p>	<p>Date (month, day, year) 3/ 6/98</p>	<p>Amount of Each Receipt This Period \$20.00</p>
<p>C. Full Name, Mailing Address and ZIP Code RECHENBACH, JEFFREY 22711 BRISCOE DR RM 400 ROCKY RIVER OH 44116</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer CWA</p> <p>Occupation ADMIN. ASST. TO VP</p> <p>Aggregate Year-to-Date > \$ 286.57</p>	<p>Date (month, day, year) 3/ 6/98</p>	<p>Amount of Each Receipt This Period \$82.24</p>
<p>D. Full Name, Mailing Address and ZIP Code MITCHELL, KAREN J PO BOX 729 NEW ALBANY, IN 47151-0729</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer SO BELL/BELSOUTH SER</p> <p>Occupation SERVICE REP</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year) 3/20/98</p>	<p>Amount of Each Receipt This Period \$100.00</p>
<p>E. Full Name, Mailing Address and ZIP Code DYERHOUSE, DAVID 15 W 6TH STREET CINCINNATI, OH 45202</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer AT&T COMMUNICATIONS</p> <p>Occupation COMM TECH</p> <p>Aggregate Year-to-Date > \$ 520.00</p>	<p>Date (month, day, year) 3/11/98</p>	<p>Amount of Each Receipt This Period \$160.00</p>
<p>F. Full Name, Mailing Address and ZIP Code FEINSTEIN, RICHARD S 8944 SAWYER BROWN RD NASHVILLE, TN 37221-2466</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 JOB TITLE REQUESTED</p> <p>Aggregate Year-to-Date > \$ 210.00</p>	<p>Date (month, day, year) 3/31/98</p>	<p>Amount of Each Receipt This Period \$90.00</p>
<p>G. Full Name, Mailing Address and ZIP Code SARGENT JR, PHILIP A. 3 CAMPBELL RD MIDDLETON, MA 01949-1800</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer NEW YORK TEL CO</p> <p>Occupation AD ACCT REPRESENTATI</p> <p>Aggregate Year-to-Date > \$ 210.00</p>	<p>Date (month, day, year) 3/11/98</p>	<p>Amount of Each Receipt This Period \$30.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>512.24</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 **2(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 JENSEN, ROBY JANE 2639 MONTICELLO DR HOUSTON, TX 77045-3709</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer SOUTH WESTERN BELL</p> <p>Occupation COMM. TECH.</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year) 3/11/98</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p>B. Full Name, Mailing Address and ZIP Code ETZEL, BURGESS J 10814 DUNCUM HOUSTON, TX 77013-5416</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer SOUTH WESTERN BELL</p> <p>Occupation LOCAL OFFICER</p> <p>Aggregate Year-to-Date > \$ 255.00</p>	<p>Date (month, day, year) 3/11/98</p>	<p>Amount of Each Receipt this Period \$10.00</p>
<p>C. Full Name, Mailing Address and ZIP Code WILLIAMS, J. D. 1501 S WESTMORELAND DESOTO, TX 75115-8517</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer SOUTH WESTERN BELL</p> <p>Occupation LOCAL OFFICER</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year) 3/11/98</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p>D. Full Name, Mailing Address and ZIP Code MAGEE, CARROL N 8531 SAN BENITO WAY DALLAS, TX 75218-4316</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer SOUTH WESTERN BELL</p> <p>Occupation LOCAL OFFICER</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year) 3/11/98</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p>E. Full Name, Mailing Address and ZIP Code MCCLINTOCK, SANDR, A PO BOX 1395 GILBERT, AZ 85299-1395</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer AT&T COMMUNICATIONS</p> <p>Occupation C555</p> <p>Aggregate Year-to-Date > \$ 302.00</p>	<p>Date (month, day, year) 3/11/98</p>	<p>Amount of Each Receipt this Period \$32.00</p>
<p>F. Full Name, Mailing Address and ZIP Code ORR, LINDA 31 SPARROW LANE BEDFORD, NH 03110-4428</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer NEW YORK TEL CO</p> <p>Occupation AD ACCT REPRESENTATI</p> <p>Aggregate Year-to-Date > \$ 210.00</p>	<p>Date (month, day, year) 3/11/98</p>	<p>Amount of Each Receipt this Period \$30.00</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) 372.00

TOTAL This Period (last page this line number only) 2,357.44

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 4/15/98
<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	

MO.
PREPARER

4/19/98
DATE PREPARED