

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

MAY 22 12 47 PM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)			2. FEC IDENTIFICATION NUMBER	
C00002089	120597	F 264	C00002089	
BARBARA J EASTERLING CHA-COPE POLITICAL CONTRIBUTIO NS COMMITTEE 501 THIRD STREET NW WASHINGTON DC 20001			3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)	

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report
- Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31
- 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	COLUMN B
5. Covering Period		This Period	Calendar Year-to-Date
4/1/98 through 4/30/98			
6. (a)	Cash on Hand January 1, 19 98		\$1,188,638.12
(b)	Cash on Hand at Beginning of Reporting Period	\$1,249,857.10	
(c)	Total Receipts (from Line 19)	\$124,881.46	\$529,415.20
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(b) and 6(c) for Column B)	\$1,374,738.56	\$1,718,053.32
7.	Total Disbursements (from Line 30)	\$88,845.98	\$432,160.74
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$1,285,892.58	\$1,285,892.58
9.	Debits and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 1101 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-218-3428
10.	Debits 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

BARBARA J. EASTERLING, TREASURER

Signature of Treasurer

Barbara J. Easterling

Date

5/18/98

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 6437g.

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FEC FORM 3X

(revised 9/98)

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

(revised 1/1/97)

NAME OF COMMITTEE CWA - COPE PCC		REPORT COVERING PERIOD FROM 4-1-98 TO 4-30-98	
Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
1. Itemized (see Schedule A)		4,652.86	38,895.08
2. Unitemized		117,177.03	478,569.28
ii. Total	(add i and ii) >	121,829.89	517,464.36
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions (add a ii, b and c) >			
		121,829.89	517,464.36
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.)			
		3,051.57	11,950.84
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >			
		124,881.46	529,415.20
20. Total Federal Receipts (subtract line 18 from line 19) >			
		124,881.46	529,415.20
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			
		945.98	3,704.47
c. Total Operating Expenditures (add a i, a ii, and b) >			
		945.98	3,704.47
22. Transfers to Affiliated/Other Party Committees			
		10,000.00	60,000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees			
		63,450.00	301,500.00
24. Independent Expenditures (see Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (see Schedule F)			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			
		-0-	281.00
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contribution Refunds (add a, b and c) >			
		-0-	281.00
29. Other Disbursements			
		14,450.00	66,675.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >			
		88,845.98	432,160.74
31. Total Federal Disbursements (subtract line 27 a ii from line 30) >			
		88,845.98	432,160.74
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 line 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 line 35) >			

SCHEDULE A

ITEMIZED RECEIPTS

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

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

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

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

A. Full Name, Mailing Address and ZIP Code JERRAM, WILLIAM J 34 MENDUM AVE KITTERY, ME 03904-1505 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 > \$ 220.00	Date (month, day, year) 4/ 8/98	Amount of Each Receipt this Period \$30.00
B. Full Name, Mailing Address and ZIP Code MUEHLKE, RICHARD V. 109 COMMON STREET GROTON, MA 01450-1328 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NEW YORK TEL CO Occupation AD ACCT REPRESENTATI Aggregate Year-to-Date > \$ 480.00	Date (month, day, year) 4/ 8/98	Amount of Each Receipt this Period \$30.00
C. Full Name, Mailing Address and ZIP Code POWERS, BRIAN 51 GOLDEN MEADOW HAMPSTEAD, NH 03841-2389 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 > \$ 420.00	Date (month, day, year) 4/ 8/98	Amount of Each Receipt this Period \$30.00
D. Full Name, Mailing Address and ZIP Code CONCANNON, KEVIN M. 131 HOLMAN ST SHREWSBURY, MA 01545-2004 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) 4/ 8/98	Amount of Each Receipt this Period \$20.00
E. Full Name, Mailing Address and ZIP Code RYAN, JUDITH L 12 EAST PINE ST PLAISTOW, NH 03865-2620 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NEW YORK TEL CO Occupation AD ACCT REPRESENTATI Aggregate Year-to-Date > \$ 370.00	Date (month, day, year) 4/ 8/98	Amount of Each Receipt this Period \$30.00
F. Full Name, Mailing Address and ZIP Code DYER, DEBORAH 14 LANCASTER LN. BEDFORD, NH 03110-4518 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 > \$ 370.00	Date (month, day, year) 4/ 8/98	Amount of Each Receipt this Period \$30.00
G. Full Name, Mailing Address and ZIP Code POMROY, COLIN 1 GOVERNOR ANDREW RD HINGHAM, MA 02043-4511 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 > \$ 420.00	Date (month, day, year) 4/ 8/98	Amount of Each Receipt this Period \$30.00

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

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

<p>A. Full Name, Mailing Address and ZIP Code GREER, DONALD 148 WINONA ST W PEABODY, MA 01960-4656</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 KEY ACCT SALES REP</p> <p>Aggregate Year-to-Date > \$ 420.00</p>	<p>Date (month, day, year) 4/ 8/98</p>	<p>Amount of Each Receipt This Period \$30.00</p>
<p>B. Full Name, Mailing Address and ZIP Code RICHARDS, NICHOLAS G. 24 BERRYWOOD LANE HAMILTON, MA 01982-1504</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 > \$ 220.00</p>	<p>Date (month, day, year) 4/ 8/98</p>	<p>Amount of Each Receipt This Period \$30.00</p>
<p>C. Full Name, Mailing Address and ZIP Code GRIMSHAW, MICHAEL 295 LUCAS ROAD MANCHESTER, NH 03109-5117</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 > \$ 220.00</p>	<p>Date (month, day, year) 4/ 8/98</p>	<p>Amount of Each Receipt This Period \$30.00</p>
<p>D. Full Name, Mailing Address and ZIP Code MCKENZIE, JANE MEROLA 16 MARIAN ST BURLINGTON, VT 05401-4825</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 > \$ 220.00</p>	<p>Date (month, day, year) 4/ 8/98</p>	<p>Amount of Each Receipt This Period \$30.00</p>
<p>E. Full Name, Mailing Address and ZIP Code CLIFFORD, PAULA F 24 PUTNAM ROAD HOLDEN, MA 01520-1106</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 > \$ 200.00</p>	<p>Date (month, day, year) 4/ 8/98</p>	<p>Amount of Each Receipt This Period \$20.00</p>
<p>F. Full Name, Mailing Address and ZIP Code BROWN, ROBERT S 705 POND STREET FRANKLIN, MA 02038-2709</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 > \$ 220.00</p>	<p>Date (month, day, year) 4/ 8/98</p>	<p>Amount of Each Receipt This Period \$30.00</p>
<p>G. Full Name, Mailing Address and ZIP Code FRIEDMAN, BEATRICE 11 SHANNON CIR WESTFORD, MA 01886-3943</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer NEW YORK TEL CO</p> <p>Occupation AD ACCT REPRESENTATI</p> <p>Aggregate Year-to-Date > \$ 420.00</p>	<p>Date (month, day, year) 4/ 8/98</p>	<p>Amount of Each Receipt This Period \$30.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>200.00</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 OF
FOR LINE NUMBER I(A) (I)

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NAME OF COMMITTEE (in Full)
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<p>A. Full Name, Mailing Address and ZIP Code STRAZZERO, LAURIA 7 PARISH LN BOXFORD, MA 01921-1226</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 > \$ 220.00</p>	<p>Date (month, day, year) 4/ 8/98</p>	<p>Amount of Each Receipt this Period \$30.00</p>
<p>B. Full Name, Mailing Address and ZIP Code CUSHING, PAMELA J. 28 WEYLAND CIR 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 > \$ 300.00</p>	<p>Date (month, day, year) 4/ 8/98</p>	<p>Amount of Each Receipt this Period \$30.00</p>
<p>C. Full Name, Mailing Address and ZIP Code SACCO, TROY 104 MCEVOY DR AUBURN, NH 03032-1929</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 > \$ 320.00</p>	<p>Date (month, day, year) 4/ 8/98</p>	<p>Amount of Each Receipt this Period \$30.00</p>
<p>D. Full Name, Mailing Address and ZIP Code MACDONALD, RICHARD 33 WAYSIDE ROAD WESTBOROUGH, MA 01581</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 > \$ 230.00</p>	<p>Date (month, day, year) 4/ 8/98</p>	<p>Amount of Each Receipt this Period \$30.00</p>
<p>E. Full Name, Mailing Address and ZIP Code CARNEY, PAUL J. 22 EDEN STREET FRAMINGHAM, MA 01702-6321</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 > \$ 200.00</p>	<p>Date (month, day, year) 4/ 8/98</p>	<p>Amount of Each Receipt this Period \$20.00</p>
<p>F. Full Name, Mailing Address and ZIP Code WHITE, ROGER E. 2 RYANS LN DUXBURY, MA 02332-3550</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer NEW YORK TEL CO</p> <p>Occupation AD ACCT REPRESENTATI</p> <p>Aggregate Year-to-Date > \$ 420.00</p>	<p>Date (month, day, year) 4/ 8/98</p>	<p>Amount of Each Receipt this Period \$30.00</p>
<p>G. Full Name, Mailing Address and ZIP Code CASHMAN, DENNIS J. 49 TEDESCO ST MARBLEHEAD, MA 01945-1039</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 > \$ 320.00</p>	<p>Date (month, day, year) 4/ 8/98</p>	<p>Amount of Each Receipt this Period \$30.00</p>

SUBTOTAL of Receipts This Page (optional) 200.00

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 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 > \$ 400.00	Date (month, day, year) 4/ 8/98	Amount of Each Receipt This Period \$30.00
B. Full Name, Mailing Address and ZIP Code GILARDI, MICHAEL G 54 VOSE HILL RD WESTFORD, MA 01886-4535 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NEW YORK TEL CO Occupation AD ACCT REPRESENTATI Aggregate Year-to-Date > \$ 220.00	Date (month, day, year) 4/ 8/98	Amount of Each Receipt This Period \$2.50
C. Full Name, Mailing Address and ZIP Code BRADY, JAMES J. 407 WHITNEY ST. NORTHBROUGH, MA 01532 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 > \$ 220.00	Date (month, day, year) 4/ 8/98	Amount of Each Receipt This Period \$30.00
D. Full Name, Mailing Address and ZIP Code BROWN, SCOTT 39 FELT RD KEENE, NH 03431-2103 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 > \$ 320.00	Date (month, day, year) 4/ 8/98	Amount of Each Receipt This Period \$30.00
E. Full Name, Mailing Address and ZIP Code GARLAND, KEITH 55 MEYER ST ROSLINDALE, MA 02131-2232 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 > \$ 320.00	Date (month, day, year) 4/ 8/98	Amount of Each Receipt This Period \$5.00
F. Full Name, Mailing Address and ZIP Code MAROTTA, JOSEPH P. 34 LONGFELLOW ROAD READING, MA 01867-2109 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 > \$ 320.00	Date (month, day, year) 4/ 8/98	Amount of Each Receipt This Period \$20.00
G. Full Name, Mailing Address and ZIP Code DOWNEY, JOHN 323 CENTER STREET GROVELAND, MA 01834-2107 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 > \$ 220.00	Date (month, day, year) 4/ 8/98	Amount of Each Receipt This Period \$30.00

SUBTOTAL of Receipts This Page (optional) 147.50

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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CLIFFORD, TIMOTHY F 4 BEACON STREET DANVERS, MA 01923-3002 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	NEW YORK TEL CO Occupation: AD ACCT REPRESENTATI Aggregate Year-to-Date \$ 240.00	4/ 8/98	\$30.00
DYER, ROBERT 14 LANCASTER LN BEDFORD, NH 03110-4518 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	NEW YORK TEL CO Occupation: AD ACCT REPRESENTATI Aggregate Year-to-Date \$ 220.00	4/ 8/98	\$30.00
MURPHY, EDWARD 6 ALPINE DRIVE HAVERHILL, MA 01830-1458 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	NEW YORK TEL CO Occupation: AD ACCT REPRESENTATI Aggregate Year-to-Date \$ 220.00	4/ 8/98	\$30.00
FINKELSTEIN, MICHAEL 66 PLEASANT APT 13 N OXFORD, MA 01537-1038 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	NEW YORK TEL CO Occupation: AD ACCT REPRESENTATI Aggregate Year-to-Date \$ 200.00	4/ 8/98	\$20.00
CRONIN, CHERYL PO BOX 984 NORTH ANDOVER, MA 01845 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	NEW YORK TEL CO Occupation: AD ACCT REPRESENTATI Aggregate Year-to-Date \$ 420.00	4/ 8/98	\$30.00
PATRICKS, SAINE 8 MORGAN DR DANVERS, MA 01923-1752 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	NEW YORK TEL CO Occupation: AD ACCT REPRESENTATI Aggregate Year-to-Date \$ 320.00	4/ 8/98	\$5.00
WEBB-CANTONE, NANCY 123 ADAMS RD CONCORD, MA 01742-1602 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	NEW YORK TEL CO Occupation: AD ACCT REPRESENTATI Aggregate Year-to-Date \$ 200.00	4/ 8/98	\$5.00

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**
FORM 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 EVANGELISTA, STEVEN 15 BUTTERNUT RD WAKEFIELD, MA 01880-5133 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 > \$ 381.00	Date (month, day, year) 4/ 8/98	Amount of Each Receipt this Period \$30.00
B. Full Name, Mailing Address and ZIP Code NADWORNY, 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 > \$ 240.00	Date (month, day, year) 4/ 8/98	Amount of Each Receipt this Period \$30.00
C. 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 > \$ 320.00	Date (month, day, year) 4/ 8/98	Amount of Each Receipt this Period \$3.00
D. 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 > \$ 320.00	Date (month, day, year) 4/ 8/98	Amount of Each Receipt this Period \$5.00
E. 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 > \$ 320.00	Date (month, day, year) 4/ 8/98	Amount of Each Receipt this Period \$30.00
F. Full Name, Mailing Address and ZIP Code FERRIS, PABE 2 GRAND TURK WAY SALEM, MA 01970 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 > \$ 320.00	Date (month, day, year) 4/ 8/98	Amount of Each Receipt this Period \$30.00
G. Full Name, Mailing Address and ZIP Code SOLEO, DONALD D 24 MAPLE ROAD SAUGUS, MA 01906-2476 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 > \$ 220.00	Date (month, day, year) 4/ 8/98	Amount of Each Receipt this Period \$30.00

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

A. Full Name, Mailing Address and ZIP Code MCDONALD, SHAUNA 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 > \$ 420.00	Date (month, day, year) 4/8/98	Amount of Each Receipt this Period \$30.00
B. 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 > \$ 420.00	Date (month, day, year) 4/8/98	Amount of Each Receipt this Period \$30.00
C. Full Name, Mailing Address and ZIP Code HUSKING, 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 > \$ 480.00	Date (month, day, year) 4/8/98	Amount of Each Receipt this Period \$30.00
D. Full Name, Mailing Address and ZIP Code MARTIN, ROBERT E 14 ROBINSON CT MANSFIELD, MA 02048-1749 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) 4/8/98	Amount of Each Receipt this Period \$20.00
E. Full Name, Mailing Address and ZIP Code MADDEN, DONALD J 4 CLEVELAND AVE IPSWICH, MA 01938-1717 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 > \$ 420.00	Date (month, day, year) 4/8/98	Amount of Each Receipt this Period \$30.00
F. Full Name, Mailing Address and ZIP Code CONNERTY, JOHN E 11 GABLES CIRCLE SALEM, MA 01970-1217 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) 4/8/98	Amount of Each Receipt this Period \$30.00
G. Full Name, Mailing Address and ZIP Code MORTON, ALLAN 28 CONCORD GREENE APT 6 CONCORD, MA 01742-3178 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 > \$ 420.00	Date (month, day, year) 4/8/98	Amount of Each Receipt this Period \$30.00

SUBTOTAL of Receipts This Page (optional)	200.00
TOTAL This Period (last page this line number only)	200.00

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 PIPER, CHARLES A 3 W WOODBINE DR LONDONDERRY, NH 03053 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 > \$ 326.00	Date (month, day, year) 4/ 8/98	Amount of Each Receipt this Period \$30.00
B. Full Name, Mailing Address and ZIP Code BERNARD, CAROL A 201 OLIPHANT LN MIDDLETOWN, RI 02842-4665 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) 4/ 8/98	Amount of Each Receipt this Period \$20.00
C. Full Name, Mailing Address and ZIP Code SILVERMAN, DEBRA A 6 WHITTIER PLACE APT 4-0 BOSTON, MA 02114-1443 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 > \$ 320.00	Date (month, day, year) 4/ 8/98	Amount of Each Receipt this Period \$5.00
D. Full Name, Mailing Address and ZIP Code BRONSKI, JOHN 54 PARK AVE NEEDHAM, MA 02194-1627 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 > \$ 340.00	Date (month, day, year) 4/ 8/98	Amount of Each Receipt this Period \$2.50
E. Full Name, Mailing Address and ZIP Code CAGGIANO, MARC R 1A PENNY LN PEABODY, MA 01960-3634 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 > \$ 420.00	Date (month, day, year) 4/ 8/98	Amount of Each Receipt this Period \$30.00
F. Full Name, Mailing Address and ZIP Code BATES, THOMAS 3 FLINT ST MARBLEHEAD, MA 01945-3716 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 > \$ 420.00	Date (month, day, year) 4/ 8/98	Amount of Each Receipt this Period \$30.00
G. Full Name, Mailing Address and ZIP Code SASLAW, DUBB 21 BENEVENTO CIR PEABODY, MA 01960-1270 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 > \$ 323.20	Date (month, day, year) 4/ 8/98	Amount of Each Receipt this Period \$4.60

SUBTOTAL of Receipts This Page (optional)	122.10
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**
FORM 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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KELLEY, RALPH 26 VINE STREET N ATTLEBORO, MA 02760 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	NEW YORK TEL CO Occupation: AD ACCT REPRESENTATI Aggregate Year-to-Date > \$ 220.00	4/8/98	\$30.00
ONELL, PATRICK 35 EDES RD CUMBERLAND, ME 04021-9347 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	NEW YORK TEL CO Occupation: AD ACCT REPRESENTATI Aggregate Year-to-Date > \$ 220.00	4/8/98	\$30.00
RODY, MICHAEL 10 HOLLY LN BRADFORD, MA 01835-8257 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	NEW YORK TEL CO Occupation: AD ACCT REPRESENTATI Aggregate Year-to-Date > \$ 220.00	4/8/98	\$30.00
TELLIER, JOHN 7 STONEHAVEN RD NASHUA, NH 03062-2043 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	NEW YORK TEL CO Occupation: AD ACCT REPRESENTATI Aggregate Year-to-Date > \$ 220.00	4/8/98	\$30.00
POBLY, ERICA N 164 BURLINGAME RD CHARLTON, MA 01507-5201 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	NEW YORK TEL CO Occupation: AD ACCT REPRESENTATI Aggregate Year-to-Date > \$ 200.00	4/8/98	\$20.00
FERRIN, THOMAS 5 BUTT HINGE RD CHELMSFORD, MA 01824-2141 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	NEW YORK TEL CO Occupation: AD ACCT REPRESENTATI Aggregate Year-to-Date > \$ 240.00	4/8/98	\$30.00
SHEDD, CHRISTOPHER R 64 GOVERNOR LONG RD HINGHAM, MA 02043-4516 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	NEW YORK TEL CO Occupation: AD ACCT REPRESENTATI Aggregate Year-to-Date > \$ 336.00	4/8/98	\$3.00

SUBTOTAL of Receipts This Page (optional) 173.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)		COPE PCC		
A. Full Name, Mailing Address and ZIP Code GLEASON, PAUL M 425 LINWOOD ST ABINGTON, MA 02351-1532		Name of Employer NEW YORK TEL CO	Date (month, day, year) 4/ 8/98	Amount of Each Receipt this Period \$5.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation AD ACCT REPRESENTATI	Aggregate Year-to-Date > \$ 320.00	
B. Full Name, Mailing Address and ZIP Code GIBBS, KEVIN 21 HAWK DR BEDFORD, NH 03110-4805		Name of Employer NEW YORK TEL CO	Date (month, day, year) 4/ 8/98	Amount of Each Receipt this Period \$30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation AD ACCT REPRESENTATI	Aggregate Year-to-Date > \$ 320.00	
C. Full Name, Mailing Address and ZIP Code AVELLA, JOHN PO BOX 532 WORCESTER, MA 01613-0532		Name of Employer NEW YORK TEL CO	Date (month, day, year) 4/ 8/98	Amount of Each Receipt this Period \$30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation AD ACCT REPRESENTATI	Aggregate Year-to-Date > \$ 240.00	
D. Full Name, Mailing Address and ZIP Code GIBLIN, BRENDAN 125 MARNOCH DRIVE SEEKONK, MA 02771-3809		Name of Employer NEW YORK TEL CO	Date (month, day, year) 4/ 8/98	Amount of Each Receipt this Period \$4.60
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation AD ACCT REPRESENTATI	Aggregate Year-to-Date > \$ 218.40	
E. Full Name, Mailing Address and ZIP Code KOSTKA, EDWARD 65 TORREY RD CUMBERLAND, RI 02864-1220		Name of Employer NEW YORK TEL CO	Date (month, day, year) 4/ 8/98	Amount of Each Receipt this Period \$30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation AD ACCT REPRESENTATI	Aggregate Year-to-Date > \$ 300.00	
F. Full Name, Mailing Address and ZIP Code SOUSA, LORI 59 SOUTHPARK LN MANSFIELD, MA 02048-1769		Name of Employer NEW YORK TEL CO	Date (month, day, year) 4/ 8/98	Amount of Each Receipt this Period \$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation AD ACCT REPRESENTATI	Aggregate Year-to-Date > \$ 200.00	
G. Full Name, Mailing Address and ZIP Code FROST, JONATHAN 25 MEACHAM RD CAMBRIDGE, MA 02140-1214		Name of Employer NEW YORK TEL CO	Date (month, day, year) 4/ 8/98	Amount of Each Receipt this Period \$5.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation AD ACCT REPRESENTATI	Aggregate Year-to-Date > \$ 300.00	
SUBTOTAL of Receipts This Page (optional)				124.60
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

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

A. Full Name, Mailing Address and ZIP Code BENTON, SUSANN 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 > \$ 420.00	Date (month, day, year) 4/ 8/98	Amount of Each Receipt this Period \$30.00
B. 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 > \$ 280.00	Date (month, day, year) 4/ 8/98	Amount of Each Receipt this Period \$20.00
C. Full Name, Mailing Address and ZIP Code SCHMITT, 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 > \$ 320.00	Date (month, day, year) 4/ 8/98	Amount of Each Receipt this Period \$30.00
D. Full Name, Mailing Address and ZIP Code CHRISTENSON, BRIAN 188 GROVE ST RUTLAND, VT 05701-2904 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) 4/ 8/98	Amount of Each Receipt this Period \$30.00
E. Full Name, Mailing Address and ZIP Code CONNELLY, 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 > \$ 344.00	Date (month, day, year) 4/ 8/98	Amount of Each Receipt this Period \$1.00
F. Full Name, Mailing Address and ZIP Code JAGGERS, SUSAN 110 EAST MAIN STREET MERRIMAC, MA 01860-1612 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 > \$ 420.00	Date (month, day, year) 4/ 8/98	Amount of Each Receipt this Period \$30.00
G. Full Name, Mailing Address and ZIP Code BAIR, MORTON 2737 DEVONSHIR PL NW WASHINGTON DC 20008 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CWA Occupation PRESIDENT Aggregate Year-to-Date > \$ 238.50	Date (month, day, year) 4/ 2/98	Amount of Each Receipt this Period \$52.14

SUBTOTAL of Receipts This Page (optional)	193.14
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

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

A. Full Name, Mailing Address and ZIP Code HUNTE, A S 2003 TURF CLB DR ARLINGTON, TX 76017-4437 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SOUTH WESTERN BELL Occupation LOCAL OFFICER Aggregate Year-to-Date > \$ 240.00	Date (month, day, year) 4/ 8/98	Amount of Each Receipt this Period \$50.00
B. Full Name, Mailing Address and ZIP Code TWOMEY, STEVEN T 6 JOHN STREET LONDONDERRY, NH 03053 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 > \$ 220.00	Date (month, day, year) 4/ 8/98	Amount of Each Receipt this Period \$30.00
C. Full Name, Mailing Address and ZIP Code NIVEN, PATRICIA A. P O BOX 121 ALLENWOOD NJ 08720 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CWA Occupation CWA REP. Aggregate Year-to-Date > \$ 251.84	Date (month, day, year) 4/ 2/98	Amount of Each Receipt this Period \$31.84
D. Full Name, Mailing Address and ZIP Code MURPHY, CHARLES APT 5A 41 BROOKSIDE AVE SOMERVILLE, NJ 08876-5611 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer AT&T COMMUNICATIONS Occupation SR. RECORDS CLERK Aggregate Year-to-Date > \$ 210.00	Date (month, day, year) 4/ 8/98	Amount of Each Receipt this Period \$60.00
E. Full Name, Mailing Address and ZIP Code SCANLON, PATRICK M. 501 3RD ST NW WASHINGTON, D. C. 20001 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer C.W.A. Occupation ATTORNEY Aggregate Year-to-Date > \$ 215.30	Date (month, day, year) 4/ 2/98	Amount of Each Receipt this Period \$48.10
F. Full Name, Mailing Address and ZIP Code CREWS, SUSAN S RT 9 BOX 614 LAKE CITY, FL 32024-8952 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SO BELL/BELSOUTH SER Occupation 2ND REQUEST Aggregate Year-to-Date > \$ 240.00	Date (month, day, year) 4/ 22/98	Amount of Each Receipt this Period \$60.00
G. Full Name, Mailing Address and ZIP Code GOODFRIENDS, HARRY 24 WARD ROAD SOUTHBORO, MA 01772-1016 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) 4/ 8/98	Amount of Each Receipt this Period \$30.00

SUBTOTAL of Receipts This Page (optional)	319.94
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE OF
FORM NUMBER

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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
RYATT, DAVID ERIC 669 ERIE RD EASTLAKE, OH 44094 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	AMERITECH Occupation: SPLICER	4/ 8/98 250.00 Aggregate Year-to-Date > \$	\$150.00
BASTERLING, BARBARA 6101 EDSALL RD 612 ALEXANDRIA VA 22304 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	CWA Occupation: SECT. TREAS.	4/ 2/98 209.43 Aggregate Year-to-Date > \$	\$46.54
RECHENBACH, JEFFREY 22711 BRISCOE DR RM 400 ROCKY RIVER OH 44116 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	CWA Occupation: ADMIN. ASST. TO VP	4/ 2/98 367.65 Aggregate Year-to-Date > \$	\$81.08
BAKER, P. F. 502 CAPRICE DRIVE MIDDLEBURG, IN 46540 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	GEN TEL CO OF IND Occupation: INSTALLER/REPAIR	4/ 2/98 200.00 Aggregate Year-to-Date > \$	\$80.00
MITCHELL, BAKEN J PO BOX 729 NEW ALBANY, IN 47151-0729 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SO BELL/BELSouth SER Occupation: SERVICE REP	4/22/98 400.00 Aggregate Year-to-Date > \$	\$100.00
MILLER, MATTHEW M. 448 E CARLISLE ST MOORESVILLE, IN 46158 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	AMERITECH Occupation: JOB TITLE REQUESTED	4/ 8/98 315.00 Aggregate Year-to-Date > \$	\$140.00
MURPHY, BONNIE E. 3679 S 32ND ST GREENFIELD, WI 53221 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	REQUESTED Occupation: JOB TITLE REQUESTED	4/25/98 265.00 Aggregate Year-to-Date > \$	\$265.00

SUBTOTAL of Receipts This Page (optional)	862.62
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

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

<p>A. Full Name, Mailing Address and ZIP Code MODJESKI, JULIAN A. 3679 S 32ND ST GREENFIELD, WI 53221</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 > \$</p>	<p>Date (month, day, year) 4/28/98</p> <p>265.00</p>	<p>Amount of Each Receipt This Period \$265.00</p>
<p>B. 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 > \$</p>	<p>Date (month, day, year) 4/8/98</p> <p>680.00</p>	<p>Amount of Each Receipt This Period \$180.00</p>
<p>C. Full Name, Mailing Address and ZIP Code SARACENO 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 > \$</p>	<p>Date (month, day, year) 4/8/98</p> <p>240.00</p>	<p>Amount of Each Receipt This Period \$30.00</p>
<p>D. Full Name, Mailing Address and ZIP Code SMITH, JOHN C 4106 AMEILA PLACE HIRAM, GA 30141-2987</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 CONSULTANT</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 4/22/98</p> <p>340.00</p>	<p>Amount of Each Receipt This Period \$60.00</p>
<p>E. Full Name, Mailing Address and ZIP Code GOY, JEFF 2857 PERRINE PLACE GRAND PRAIRIE, TX 75052</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 > \$</p>	<p>Date (month, day, year) 4/8/98</p> <p>240.00</p>	<p>Amount of Each Receipt This Period \$60.00</p>
<p>F. Full Name, Mailing Address and ZIP Code DENSEN, ROBT GANE 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 > \$</p>	<p>Date (month, day, year) 4/8/98</p> <p>400.00</p>	<p>Amount of Each Receipt This Period \$100.00</p>
<p>G. Full Name, Mailing Address and ZIP Code EYSEL, BURGESS 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 > \$</p>	<p>Date (month, day, year) 4/8/98</p> <p>275.00</p>	<p>Amount of Each Receipt This Period \$10.00</p>

SUBTOTAL of Receipts This Page (optional) **685.00**

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	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
WILLIAMS, J. D. 1501 S WESTMORELAND DESOTO, TX 75115-8517 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SOUTH WESTERN BELL Occupation LOCAL OFFICER	4/ 8/98 Aggregate Year-to-Date > \$ 400.00	\$100.00
MAGEE, CARROL N 8531 SAN BENITO WAY DALLAS, TX 75218-4316 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SOUTH WESTERN BELL Occupation LOCAL OFFICER	4/ 8/98 Aggregate Year-to-Date > \$ 400.00	\$100.00
ARMSTRONG, DEANE 17917 LAFAYETTE PARK RD JONESTOWN, TX 78645 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	RETIREE Occupation TRUSTEE	4/28/98 Aggregate Year-to-Date > \$ 400.00	\$400.00
PLY, STEVEN S 3409 SPRING WILLOW DR GRAPEVINE, TX 76051-6517 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	AT&T COMMUNICATIONS Occupation OPERATOR	4/ 8/98 Aggregate Year-to-Date > \$ 212.50	\$90.00
HALL, N M 1431 GARDENSIDE DR DALLAS, TX 75217-3325 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SOUTH WESTERN BELL Occupation SERVICE REP.	4/ 8/98 Aggregate Year-to-Date > \$ 240.00	\$80.00
NICHOLS, M. E. RT 5 BOX 1478 SPOTSYLVANIA, VA 22553 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	CWA Occupation EXEC. VICE PRES.	4/ 2/98 Aggregate Year-to-Date > \$ 200.68	\$42.96
MCCORMICK, SANDY, R D PO BOX 1395 GILBERT, AZ 85299-1395 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	AT&T COMMUNICATIONS Occupation CS55	4/ 8/98 Aggregate Year-to-Date > \$ 334.00	\$32.00

GUSTOTAL of Receipts This Page (optional)

784.96

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 11 OF 11
FOR LINE NUMBER (11)

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

A. Full Name, Mailing Address and ZIP Code ORR, LINDA 31 SPARROW LANE BEDFORD, NH 03110-4428 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NEW YORK TEL CO Occupation AD ACCT REPRESENTATI Aggregate Year-to-Date > \$ 240.00	Date (month, day, year) 4/8/98	Amount of Each Receipt this Period \$30.00
B. Full Name, Mailing Address and ZIP Code JONES, EARLINE 12756 COACHLIGHT SQ FLORISSANT, MO 63033-5120 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer AT&T Occupation LOCAL OFFICER Aggregate Year-to-Date > \$ 210.00	Date (month, day, year) 4/15/98	Amount of Each Receipt this Period \$30.00
C. Full Name, Mailing Address and ZIP Code MLASKA, CHERRIE 2035 NO 67TH ST OMAHA, NE 68104-4603 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer US WEST COMMUNICTINS Occupation ADMINISTRATIVE TECHN Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 4/3/98	Amount of Each Receipt this Period \$10.00
D. Full Name, Mailing Address and ZIP Code RUSSELL, WENDELL C PO BOX 420422 ATLANTA, GA 30342-0422 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SO BELL/BELSOUTH SER Occupation MATERIAL SERV. COOR. Aggregate Year-to-Date > \$ 240.00	Date (month, day, year) 4/22/98	Amount of Each Receipt this Period \$60.00
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	130.00
TOTAL This Period (last page this line number only)	4,652.86

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)
CWA COPE-PCC

A. Full Name, Mailing Address and ZIP Code CRESTAR BANK, N.A. WASHINGTON, DC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Interest Earned on Money Market Acct Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 04/30/98	Amount of Each Receipt this Period 3,051.57
B. 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
C. 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
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) _____

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

\$3,051.57

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 11 OF 11
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21 (6)

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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)	4/30/98 #	945.98
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 Per...
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)

945.98

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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-COPE STATE & LOCAL COMM. 501 THIRD STREET, N.W. WASHINGTON, DC 20001	Transfer to District PCC's for State & Local Non-Federal Contributions Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	4/14/98	10,000.00
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)	10,000.00

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)

CNA - COPE PCC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PALLONE FOR CONGRESS PO BOX 3176 LONG BRANCH, NJ 07740	US Congress NJ 006 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/02/98 # 9363	2,500.00
ELIZABETH KELLEY FOR CONGRESS P.O. BOX 24205 MAYFIELD HTS... OH 44124	US Congress OH 019 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/07/98 # 9364	1,000.00
EMILY'S LIST 805 15TH STREET, NW, #400 WASHINGTON, D.C. 20005	PAC Contributions Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	4/07/98 # 9367	5,000.00
MIKULSKI FOR SENATE 711 WEST 40TH STREET STE 460 BALTIMORE, MD 21211	US Senate - MD Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) \$4,500 \$500	4/09/98 # 9368	Gen 4,500.00 Pri 500.00
BOB ETHRIDGE FOR CONGRESS P.O. BOX 28001 RALEIGH, NC 27611	US Congress NC 002 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/09/98 # 9369	4,000.00
PRICE FOR CONGRESS PO BOX 1986 RALEIGH, NC 27602	US Congress NC 004 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/09/98 # 9379	5,000.00
RE-ELECT CONG. DENNIS KUCINICH 611 PENNSYLVANIA AVE SE #373 WASHINGTON, DC 20003	US Congress OH 010 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/13/98 # 9372	500.00
LUTHER FOR CONGRESS VOLUN COM 1399 GENEVA AVE, N #103 OAKDALE, MN 55128	US Congress MN 006 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/13/98 # 9372	500.00
MINGH FOR CONGRESS PO BOX 364 MONTEVIDEO, MN 56265	US Congress MN 002 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/13/98 # 9372	500.00

SUBTOTAL of Disbursements This Page (include B)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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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
VOLUNTEERS FOR VENTO P. O. BOX 65254. ST. PAUL, MN 55165	US Congress MN 004 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	4/13/98 # 9374	500.00
WYNN FOR CONGRESS P.O. BOX 5323 CAPITOL HEIGHTS, MD 20791	US Congress MD 004 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	4/14/98 # 9375	2,500.00
BONIOR FOR CONGRESS 237 S GRATIOT MT. CLEMENS, MI 48043	US Congress MI 010 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	4/15/98 # 9377	2,000.00
DAN WILLIAMS FOR CONGRESS P. O. BOX 2837 BOISE, ID 83701	US Congress ID 001 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	4/15/98 # 9378	5,000.00
RICHARD STALLINGS FOR CONGRESS PO BOX 205 POCATELLO, ID 83204	US Congress ID 002 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) OPEN SEAT	4/15/98 # 9379	5,000.00
DIANA DEGETTE FOR CONGRESS 770 GRANT STREET STE 238 DENVER, CO 80203	US Congress CO 001 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	4/15/98 # 9381	2,500.00
NAPOLITANO FOR CONGRESS 12123 FIRESTONE BOULEVARD NORWALK, CA 90650	US Congress CA 034 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) OPEN SEAT	4/17/98 # 9382	5,000.00
ADAM MILLER FOR U.S. CONGRESS 797 S. WAVERLY COLUMBUS, OH 43227	US Congress OH 015 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	4/17/98 # 9383	1,000.00
FRIENDS OF BARON HILL PO BOX 1071 SEYMOUR, IN 47274	US Congress IN 009 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) OPEN SEAT	4/17/98 # 9384	1,500.00

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

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 FORM NUMBER 23

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NAME OF COMMITTEE (in Full)

CWA - COBE FCC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
QUALLS FOR CONGRESS COMMITTEE 860 RIDGEWAY AVE CINCINNATI, OH 45229	US Congress OH 001 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/17/98 # 9386	2,000.00
BOYLE FOR SENATE COMMITTEE P.O. BOX 6328 CLEVELAND, OH 44101	US Senate OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <i>OPEN SEAT</i>	4/17/98 # 9387	500.00
KEEP NICK RAHALL IN CONG COMM 1301 DELAWARE AVENUE SW N409 WASHINGTON, DC 20024	US Congress WV 003 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/17/98 # 9388	1,000.00
BARRETT FOR CONGRESS 2711 N. AVONDALE BOULEVARD MILWAUKEE, WI 53210	US Congress WI 005 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/20/98 # 9389	1,000.00
BONIOR FOR CONGRESS 237 S GRATIOT MT. CLEMENS, MI 48043	US Congress MI 010 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/20/98 # 9390	2,000.00
BILL MAUK FOR SENATE P.O. BOX 2068 BOISE, ID 83701	US Senate ID Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/27/98 # 9399	1,000.00
TOM SAWYER COMMITTEE 1655 WEST MARKET ST STR 201 AKRON, OH 44313	US Congress OH 014 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/28/98 # 9396	2,500.00
JAY JOHNSON FOR CONGRESS PO BOX 8053 GREEN BAY, WI 54308-8053	US Congress WI 008 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/29/98 # 9397	250.00
CUMMINGS FOR CONGRESS (ELIJAH) 2300 N CALVERT STREET BALITMORE, MD 21216	US Congress MD 007 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/30/98 # 9398	3,000.00

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FORM 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
DONALD PAYNE FOR CONGRESS P.O. BOX 75214 WASHINGTON, DC 20013-5214	US Congress NJ 010 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/30/98 # 9399	1,200.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Per...
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	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)			63,450.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 111
 OF 29
 FOLIO 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
JAIME CABELO CAMPAIGN FUND 717 COLEMAN CORPUS CHRISTI, TX 78401	STATE REP TX 034 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/07/98 # 9365	250.00
MIKE MARTINEZ FOR CO. COMMISS P.O. BOX 100523 FT. WORTH, TX 76185	COUNTY COMMISSIONER TX PL4 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/07/98 # 9366	1,200.00
HARDIN FOR CITY COUNCIL (DON) 741 GARY LANE ABILENE, TX 79601	CITY COUNCIL - P5 TX PL5 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) OPEN SEAT	4/14/98 # 9376	500.00
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)	4/15/98 # 9380	200.00
CWA DIST. -6 PEC 10820 SUNSET OFFICE DRIVE 302 SUNSET HILLS, MO 63127	STATE RACES MO Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	4/17/98 # 9385	2,000.00
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)	4/23/98 # 9391	100.00
JOHN COOK CAMPAIGN 109 NORTH OREGON 3RD FLOOR EL PASO, TX 79901	STATE REP TX 078 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/23/98 # 9392	200.00
JIM MATTOX FINANCE COMMITTEE PO BOX 3526 HOUSTON, TX 77253-3526 HOUSTON	ATT GEN - TX TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/23/98 # 9393	5,000.00
CWA DIST. 7 PEC 8085 E PRENTICE AVE. ENGLEWOOD, CO 80111	STATE RACE NE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	4/27/98 # 9394	5,000.00

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	14,450.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
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<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
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<i>AM</i> PREPARER	5-22-98 DATE PREPARED