

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) CWA GOPE - PCC	APR 21 2 45 PM '97
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 501 Third Street N.W.	2. FEC IDENTIFICATION NUMBER C00002089
CITY, STATE and ZIP CODE 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:
- | | | |
|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input checked="" type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____
- Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>03/01/97</u> through <u>03/31/97</u>		
6. (a) Cash on Hand January 1, 19 <u>97</u>		\$ 431,133.22
(b) Cash on Hand at Beginning of Reporting Period	\$ 540,940.48	
(c) Total Receipts (from Line 19)	\$ 128,217.30	\$ 355,920.61
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 669,157.78	\$ 787,053.83
7. Total Disbursements (from Line 30)	\$ 110,964.30	\$ 228,860.35
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 558,193.48	\$ 558,193.48
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 988 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	Date 4-15-97
Signature of Treasurer 	

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

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
CWA COPE - PCC	FROM 3/1/97	TO 3/31/97	
I Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	11,174.00	28,073.50	11(a)(i)
ii. Unitemized	114,462.47	323,709.31	11(a)(ii)
iii. Total (add i and ii) >	125,636.47	351,782.81	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a ii, b and c) >	125,636.47	351,782.81	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	1,500.00	1,500.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	1,080.83	2,637.80	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	128,217.30	355,920.61	19
20. Total Federal Receipts (subtract line 18 from line 19) >	128,217.30	355,920.61	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (From Schedule H4)			21(a)(i)
i. Federal Share			21(a)(ii)
ii. Non-Federal Share			21(b)
b. Other Federal Operating Expenditures	881.35	1,364.00	21(c)
c. Total Operating Expenditures (add a i, a ii, and b) >	881.35	1,364.00	22
22. Transfers to Affiliated/Other Party Committees	25,000.00	45,000.00	23
23. Contributions to Federal Candidates/Committees and Other Political Committees	68,500.00	142,900.00	24
24. Independent Expenditures (use Schedule E)			25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			26
26. Loan Repayments Made			27
27. Loans Made			28(a)
28. Refunds of Contributions To:			28(b)
a. Individual/Persons Other Than Political Committees	-0-	149.30	28(c)
b. Political Party Committees			28(d)
c. Other Political Committees (such as PACs)			28(e)
d. Total Contribution Refunds (add a, b and c) >	-0-	149.30	28
29. Other Disbursements	16,582.95	39,447.05	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	110,964.30	228,860.35	30
31. Total Federal Disbursements (subtract line 21 a, ii from line 30) >	110,964.30	228,860.35	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)			32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)			34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from line 35) >			37

SCHEDULE A

ITEMIZED RECEIPTS

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

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

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 WALKER, ROSA P O BOX 12727 AUSTIN, TX 78711-2727 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer TEXAS AFL-CIO Occupation STAFF Aggregate Year-to-Date > \$ 360.00	Date (month, day, year) 3/ 3/97	Amount of Each Receipt this Period \$360.00
B. Full Name, Mailing Address and ZIP Code GUNN, JOE D. P O BOX 12727 AUSTIN, TX 78711-2727 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer TEXAS AFL-CIO Occupation PRESIDENT Aggregate Year-to-Date > \$ 360.00	Date (month, day, year) 3/ 3/97	Amount of Each Receipt this Period \$360.00
C. Full Name, Mailing Address and ZIP Code CONCANNON, KEVIN M. 111 PROSPECT ST SHREWSBURY, MA 01545-2044 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NEW YORK TEL CO Occupation AD ACCT REPRESENTATIVE Aggregate Year-to-Date > \$ 420.00	Date (month, day, year) 3/ 4/97	Amount of Each Receipt this Period \$40.00
D. 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 REPRESENTATIVE Aggregate Year-to-Date > \$ 315.00	Date (month, day, year) 3/ 4/97	Amount of Each Receipt this Period \$10.00
E. 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 REPRESENTATIVE Aggregate Year-to-Date > \$ 217.50	Date (month, day, year) 3/ 4/97	Amount of Each Receipt this Period \$5.00
F. Full Name, Mailing Address and ZIP Code SMITH, KENTON A 228 RUGGLES STREET WESTBORO, MA 01581-3628 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 REPRESENTATIVE Aggregate Year-to-Date > \$ 240.00	Date (month, day, year) 3/ 4/97	Amount of Each Receipt this Period \$40.00
G. Full Name, Mailing Address and ZIP Code SMITH, JAMES A 11 CALLAHAN STREET BILLERICA, MA 01821-6332 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 REPRESENTATIVE Aggregate Year-to-Date > \$ 360.00	Date (month, day, year) 3/ 4/97	Amount of Each Receipt this Period \$40.00

SUBTOTAL of Receipts This Page (optional)	855.00
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 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
GARLAND, KEITH 55 MEYER ST ROSLINDALE, MA 02131-2232	NEW YORK TEL CO	3/ 4/97	\$10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation AD ACCT REPRESENTATI	Aggregate Year-to-Date > \$ 315.00	
LENO, RONALD J. 101 BOWKER ST WORCESTER, MA 01604-2101	NEW YORK TEL CO	3/ 4/97	\$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation AD ACCT REPRESENTATI	Aggregate Year-to-Date > \$ 420.00	
PATRIKAS, JAYNE 8 MORGAN DR DANVERS, MA 01923-1752	NEW YORK TEL CO	3/ 4/97	\$10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation AD ACCT REPRESENTATI	Aggregate Year-to-Date > \$ 315.00	
NADWORN, RICHARD C 65 BOREN LANE BOXFORD, MA 01921-2125	NEW YORK TEL CO	3/ 4/97	\$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation AD ACCT REPRESENTATI	Aggregate Year-to-Date > \$ 360.00	
GRDIES, RICHARD J 23 MEADOW BROOK LN READING, MA 01867-1236	NEW YORK TEL CO	3/ 4/97	\$10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation AD ACCT REPRESENTATI	Aggregate Year-to-Date > \$ 315.00	
HALSBAND, HARVEY 2 GASLIGHT LANE N EASTON, MA 02356-2721	NEW YORK TEL CO	3/ 4/97	\$10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation AD ACCT REPRESENTATI	Aggregate Year-to-Date > \$ 315.00	
ZOLLO, DONALD J 24 MAPLE ROAD SAUGUS, MA 01906-2476	NEW YORK TEL CO	3/ 4/97	\$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation AD ACCT REPRESENTATI	Aggregate Year-to-Date > \$ 310.00	

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

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

<p>A. Full Name, Mailing Address and ZIP Code RICHARDS, CLAUDIA T 14 BEACON STREET MATTAPOISETT, MA 02739</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer NEW YORK TEL CO</p> <p>Occupation AD ACCT REPRESENTATI</p> <p>Aggregate Year-to-Date > \$ 375.00</p>	<p>Date (month, day, year) 3/ 4/97</p>	<p>Amount of Each Receipt this Period \$10.00</p>
<p>B. Full Name, Mailing Address and ZIP Code BRONSKI, JOHN 54 PARK AVE NEEDHAM, MA 02194-1627</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer NEW YORK TEL CO</p> <p>Occupation AD ACCT REPRESENTATI</p> <p>Aggregate Year-to-Date > \$ 337.50</p>	<p>Date (month, day, year) 3/ 4/97</p>	<p>Amount of Each Receipt this Period \$5.00</p>
<p>C. Full Name, Mailing Address and ZIP Code CAGGIANO, MARC R 1A PENNY LN PEABODY, MA 01960-3634</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer NEW YORK TEL CO</p> <p>Occupation AD ACCT REPRESENTATI</p> <p>Aggregate Year-to-Date > \$ 315.00</p>	<p>Date (month, day, year) 3/ 4/97</p>	<p>Amount of Each Receipt this Period \$10.00</p>
<p>D. Full Name, Mailing Address and ZIP Code TANEY, CECILIA F. 323 DALE ST 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 NIRC</p> <p>Occupation SALES REP</p> <p>Aggregate Year-to-Date > \$ 600.00</p>	<p>Date (month, day, year) 3/ 3/97</p>	<p>Amount of Each Receipt this Period \$360.00</p>
<p>E. Full Name, Mailing Address and ZIP Code SHEDD, CHRISTOPHER R APT B 5 BEALS COVE RD HINGHAM, MA 02043-2306</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/ 4/97</p>	<p>Amount of Each Receipt this Period \$6.00</p>
<p>F. Full Name, Mailing Address and ZIP Code HYNES, MARY 1594 INDEPENDANCE AVENUE BROOKLYN, NY 112283934</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 DIR-CUSTOMER RELATIO</p> <p>Aggregate Year-to-Date > \$ 360.00</p>	<p>Date (month, day, year) 3/ 4/97</p>	<p>Amount of Each Receipt this Period \$60.00</p>
<p>G. Full Name, Mailing Address and ZIP Code FORZANO, MICHAEL B. 7940 MISSION CTR CT SAN DIEGE, CA 92108</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer CWA LOCAL 9400</p> <p>Occupation EXEC. BOARD MEMBER</p> <p>Aggregate Year-to-Date > \$ 280.00</p>	<p>Date (month, day, year) 3/12/97</p>	<p>Amount of Each Receipt this Period \$240.00</p>

SUBTOTAL of Receipts This Page (optional)

691.00

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 HEIMBOEGER, MARY ELLEN 3905 TEACHERS LANE APT 6 ORCHARD PARK, NY 14127</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer MERLY HOSPITAL</p> <p>Occupation REGISTERED NURSE</p> <p>Aggregate Year-to-Date > \$ 360.00</p>	<p>Date (month, day, year) 3/13/97</p>	<p>Amount of Each Receipt this Period \$360.00</p>
<p>B. Full Name, Mailing Address and ZIP Code BANKS, WILHELMINA M 3333 BROADWAY TWR D 28E NEW YORK, NY 10031-8726</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 OPERATOR</p> <p>Aggregate Year-to-Date > \$ 246.00</p>	<p>Date (month, day, year) 3/ 4/97</p>	<p>Amount of Each Receipt this Period \$244.00</p>
<p>C. Full Name, Mailing Address and ZIP Code BURGESS, BILL 19 BOONE TRAIL SEVERNA PARK, MD 21146</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer CWA LOCAL 14200</p> <p>Occupation LOCAL OFFICER</p> <p>Aggregate Year-to-Date > \$ 360.00</p>	<p>Date (month, day, year) 3/ 3/97</p>	<p>Amount of Each Receipt this Period \$360.00</p>
<p>D. Full Name, Mailing Address and ZIP Code LEAMAN, JAMES R. 9616 HASTINGS MILL DR GLEN ALLEN, VA 23060-3266</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer ATT COMM</p> <p>Occupation COMMUNICATIONS TECH</p> <p>Aggregate Year-to-Date > \$ 390.00</p>	<p>Date (month, day, year) 3/ 3/97</p>	<p>Amount of Each Receipt this Period \$390.00</p>
<p>E. Full Name, Mailing Address and ZIP Code GRIZZLE JR., C. H. P O BOX 174 COVINGTON, GA 30209</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer AT&T</p> <p>Occupation LOCAL OFFICER</p> <p>Aggregate Year-to-Date > \$ 405.00</p>	<p>Date (month, day, year) 3/ 3/97</p>	<p>Amount of Each Receipt this Period \$360.00</p>
<p>F. Full Name, Mailing Address and ZIP Code PEREZ, JUDY 7061 STANISLAUS PL RANCHO CCMNGA, CA 91701</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer REQUESTED</p> <p>Occupation JOB TITLE REQUESTED</p> <p>Aggregate Year-to-Date > \$ 240.00</p>	<p>Date (month, day, year) 3/12/97</p>	<p>Amount of Each Receipt this Period \$240.00</p>
<p>G. Full Name, Mailing Address and ZIP Code DAVIS, CAPIOLA 7844 ROSECRANS AVE PARAMOUNT, CA 90723</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer REQUESTED</p> <p>Occupation JOB TITLE REQUESTED</p> <p>Aggregate Year-to-Date > \$ 240.00</p>	<p>Date (month, day, year) 3/12/97</p>	<p>Amount of Each Receipt this Period \$240.00</p>

SUBTOTAL of Receipts This Page (optional)

2,194.00

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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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 MIRLKE, ARDIN A. 901 S 10TH ST WAUSAU, WI 54403</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer GTE</p> <p>Occupation SWITCHING TECH.</p> <p>Aggregate Year-to-Date > \$ 240.00</p>	<p>Date (month, day, year) 3/21/97</p>	<p>Amount of Each Receipt this Period \$240.00</p>
<p>B. Full Name, Mailing Address and ZIP Code SHEPLER, LARRY RR2 BOX 168 EAU CLAIRE, WI 54703-9541</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer AT&T-LUCENT</p> <p>Occupation INSTALLER</p> <p>Aggregate Year-to-Date > \$ 360.00</p>	<p>Date (month, day, year) 3/ 3/97</p>	<p>Amount of Each Receipt this Period \$360.00</p>
<p>C. Full Name, Mailing Address and ZIP Code HOLBROOK, JAMES W. 6554 KINGSBURY DALLAS TX 75231</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer SOUTH WESTERN BELL</p> <p>Occupation RETIRED MEMBER</p> <p>Aggregate Year-to-Date > \$ 360.00</p>	<p>Date (month, day, year) 3/ 3/97</p>	<p>Amount of Each Receipt this Period \$360.00</p>
<p>D. Full Name, Mailing Address and ZIP Code CROW, FRANK W. 8531 SAN BENITO WAY DALLAS TX 75218</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer SOUTH WESTERN BELL</p> <p>Occupation RETIRED MEMBER</p> <p>Aggregate Year-to-Date > \$ 360.00</p>	<p>Date (month, day, year) 3/ 3/97</p>	<p>Amount of Each Receipt this Period \$360.00</p>
<p>E. Full Name, Mailing Address and ZIP Code BARKER, DOROTHY 5421 BOBOLINK HOUSTON TX 77017</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 > \$ 360.00</p>	<p>Date (month, day, year) 3/ 3/97</p>	<p>Amount of Each Receipt this Period \$360.00</p>
<p>F. Full Name, Mailing Address and ZIP Code JENSEN, RUBY 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) 3/12/97</p>	<p>Amount of Each Receipt this Period \$200.00</p>
<p>G. 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 > \$ 265.00</p>	<p>Date (month, day, year) 3/12/97</p>	<p>Amount of Each Receipt this Period \$260.00</p>

SUBTOTAL of Receipts This Page (optional)

2,140.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 1 OF 1
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NAME OF COMMITTEE (In Full) **Communications Workers of America - COPE PCC**

<p>A. Full Name, Mailing Address and ZIP Code WILLIAMS, J. D. R. 1501 S WESTMORELAND DESOTO, TX 75115-8517</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer SOUTH WESTERN BELL</p> <p>Occupation LOCAL OFFICER</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year) 3/12/97</p>	<p>Amount of Each Receipt This Period \$200.00</p>
<p>B. Full Name, Mailing Address and ZIP Code COLE, JOSEPHINE 7202 WERNER HOUSTON, TX 77076-1510</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer RETIRED</p> <p>Occupation RETIRED</p> <p>Aggregate Year-to-Date > \$ 360.00</p>	<p>Date (month, day, year) 3/ 3/97</p>	<p>Amount of Each Receipt This Period \$360.00</p>
<p>C. Full Name, Mailing Address and ZIP Code MAGEE, CAROL 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) 3/12/97</p>	<p>Amount of Each Receipt This Period \$200.00</p>
<p>D. Full Name, Mailing Address and ZIP Code GIBSON, ROBERTA JO 1515 JEFFERSON STREET HOUSTON, TX 77002-8313</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer REQUESTED</p> <p>Occupation REQUESTED</p> <p>Aggregate Year-to-Date > \$ 240.00</p>	<p>Date (month, day, year) 3/ 3/97</p>	<p>Amount of Each Receipt This Period \$240.00</p>
<p>E. Full Name, Mailing Address and ZIP Code KINNAN, MARGARET PO BOX 140778 DALLAS, TX 75214-0778</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer SOUTH WESTERN BELL</p> <p>Occupation FORCE ADJ. CLERK.</p> <p>Aggregate Year-to-Date > \$ 360.00</p>	<p>Date (month, day, year) 3/ 3/97</p>	<p>Amount of Each Receipt This Period \$360.00</p>
<p>F. Full Name, Mailing Address and ZIP Code HARTIGAN, MICHAEL J. 7844 ROSECRANS AVE PARAMOUNT, CA 90723</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer CWA LOCAL 9400</p> <p>Occupation JOB TITLE REQUESTED</p> <p>Aggregate Year-to-Date > \$ 240.00</p>	<p>Date (month, day, year) 3/12/97</p>	<p>Amount of Each Receipt This Period \$240.00</p>
<p>G. Full Name, Mailing Address and ZIP Code FRANKEN, M E 107 CLAY ST BOX 23 SMITHTON, MO 65350-0023</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer SOUTH WESTERN BELL</p> <p>Occupation CUST. SERV. TECH.</p> <p>Aggregate Year-to-Date > \$ 360.00</p>	<p>Date (month, day, year) 3/12/97</p>	<p>Amount of Each Receipt This Period \$364.00</p>

SUBTOTAL of Receipts This Page (optional)

1,964.00

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**
 FOLIO 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 BAUER, RODGER E. 995 PIONEER RD DALLAS, OR 97338-9687</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer US WEST COMM.</p> <p>Occupation NETWORK TECH.</p> <p>Aggregate Year-to-Date > \$ 350.00</p>	<p>Date (month, day, year) 3/ 3/97</p>	<p>Amount of Each Receipt this Period \$360.00</p>
<p>B. Full Name, Mailing Address and ZIP Code SHAMAS, ROBERT P O BOX 11825 ROANOKE, VA 24022</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer CWA LOCAL 9400</p> <p>Occupation LOCAL OFFICER</p> <p>Aggregate Year-to-Date > \$ 240.00</p>	<p>Date (month, day, year) 3/12/97</p>	<p>Amount of Each Receipt this Period \$240.00</p>
<p>C. Full Name, Mailing Address and ZIP Code DEMERS, WILLIAM L. 1149 STONEBRYN DR HARBOR CITY, CA 90710</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer CWA LOCAL 9400</p> <p>Occupation LOCAL OFFICER</p> <p>Aggregate Year-to-Date > \$ 240.00</p>	<p>Date (month, day, year) 3/12/97</p>	<p>Amount of Each Receipt this Period \$240.00</p>
<p>D. Full Name, Mailing Address and ZIP Code BIXLER, ANTHONY 9781 ORANGWOOD GARDEN GROVE, CA 92641</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer CWA</p> <p>Occupation VICE PRESIDENT</p> <p>Aggregate Year-to-Date > \$ 200.00</p>	<p>Date (month, day, year) 3/ 6/97</p>	<p>Amount of Each Receipt this Period \$170.00</p>
<p>F. Full Name, Mailing Address and ZIP Code HUMPHREY, ANITA 927 AROWHEAD TER CLAYTON, CA 94517</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer REQUESTED</p> <p>Occupation JOB TITLE REQUESTED</p> <p>Aggregate Year-to-Date > \$ 240.00</p>	<p>Date (month, day, year) 3/12/97</p>	<p>Amount of Each Receipt this Period \$240.00</p>
<p>F. Full Name, Mailing Address and ZIP Code CROSS, FRANK 128 WINDHOVER WY MARTINEZ, CA 94553</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer REQUESTED</p> <p>Occupation JOB TITLE REQUESTED</p> <p>Aggregate Year-to-Date > \$ 240.00</p>	<p>Date (month, day, year) 3/12/97</p>	<p>Amount of Each Receipt this Period \$240.00</p>
<p>D. Full Name, Mailing Address and ZIP Code TERPLINGER, MARJORIE 3219 WOLFE ST LAKEWOOD, CA 90712</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer REQUESTED</p> <p>Occupation JOB TITLE REQUESTED</p> <p>Aggregate Year-to-Date > \$ 240.00</p>	<p>Date (month, day, year) 3/12/97</p>	<p>Amount of Each Receipt this Period \$240.00</p>

SUBTOTAL of Receipts This Page (optional) **1,730.00**

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

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

A. Full Name, Mailing Address and ZIP Code SPEED, GERALDINE 1301 BANKERS DR CARSON, CA 90746 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CWA LOCAL 9400 Occupation LOCAL OFFICER Aggregate Year-to-Date \gg 8	Date (month, day, year) 3/12/97 240.00	Amount of Each Receipt This Period \$240.00
B. Full Name, Mailing Address and ZIP Code THOMAS R. RONNION 552 PALM AVE MARTINEZ, CA 94553 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer REQUESTED Occupation JOB TITLE REQUESTED Aggregate Year-to-Date \gg 8	Date (month, day, year) 3/12/97 240.00	Amount of Each Receipt This Period \$240.00
C. Full Name, Mailing Address and ZIP Code CANDREY, RONALD A. 7844 ROSECRANS AVE PARAMOUNT, CA 90723 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer GENERAL TELE CO. Occupation JOB TITLE REQUESTED Aggregate Year-to-Date \gg 8	Date (month, day, year) 3/12/97 240.00	Amount of Each Receipt This Period \$240.00
D. Full Name, Mailing Address and ZIP Code BOSE, HERMAN 303 N GERTRUDA REDONCO BEACH, CA 90277 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PAC BELL Occupation SYSTEM TECH. Aggregate Year-to-Date \gg 8	Date (month, day, year) 3/12/97 240.00	Amount of Each Receipt This Period \$240.00
E. Full Name, Mailing Address and ZIP Code SMITH, ROBERT G. 7844 ROSECRANS AVE PARAMOUNT, CA 90723-2233 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CWA LOCAL 9400 Occupation JOB TITLE REQUESTED Aggregate Year-to-Date \gg 8	Date (month, day, year) 3/12/97 240.00	Amount of Each Receipt This Period \$240.00
F. Full Name, Mailing Address and ZIP Code RAMMONS, TIM 43-610 BUENA CIR PALM DESERT, CA 92260 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CWA LOCAL 9588 Occupation EQUIP INSTALLER Aggregate Year-to-Date \gg 6	Date (month, day, year) 3/10/97 240.00	Amount of Each Receipt This Period \$240.00
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 \gg 6	Date (month, day, year)	Amount of Each Receipt This Period

SUBTOTAL of Receipts This Page (optional) 1,440.00

TOTAL This Period (last page this line number only) 11,174.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 16

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NAME OF COMMITTEE (in Full)

CWA - COPE FCC

A. Full Name, Mailing Address and ZIP Code ANDREWS FOR CONGRESS COMM 20 Brace Road Suite 200 Cherry, NJ 08034	Name of Employer U.S. CONGRESS NJ - 01	Date (month, day, year) 3/11/97	Amount of Each Receipt this Period \$1,500.00
Receipt For: <input type="checkbox"/> Primary 96 <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Aggregate Year-to-Date > \$1,500.00	
B. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$1,500.00

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	Name of Employer INTEREST EARNED ON MONEY MARKET ACCT Occupation	Date (month, day, year) 3/31/97	Amount of Each Receipt this Period \$1,080.83
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code			
Name of Employer		Date (month, day, year)	Amount of Each Receipt this Period
Occupation		Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code			
Name of Employer		Date (month, day, year)	Amount of Each Receipt this Period
Occupation		Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code			
Name of Employer		Date (month, day, year)	Amount of Each Receipt this Period
Occupation		Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code			
Name of Employer		Date (month, day, year)	Amount of Each Receipt this Period
Occupation		Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code			
Name of Employer		Date (month, day, year)	Amount of Each Receipt this Period
Occupation		Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code			
Name of Employer		Date (month, day, year)	Amount of Each Receipt this Period
Occupation		Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page line number only)

\$1,080.83

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

NAME OF COMMITTEE (In Full)
CWA - COPE FCC

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)	3/31/97	335.05
B. Full Name, Mailing Address and ZIP Code INTERNAL REVENUE SERVICE DEPARTMENT OF THE TREASURY PHILADELPHIA, PA 19255	Tax on Interest Earned Operating Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/04/97 9004	546.30
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)	881.35

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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

NAME OF COMMITTEE (in Full)
CWA - COPE PCC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Transfer to District PEC's for State & Local Non-Federal Contributions Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Date (month, day, year) # 3/27/97	Amount of Each Disbursement This Period: 25,000.00
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 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)	25,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

NAME OF COMMITTEE (in Full)
CWA - COPE PCC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
THE WEYGAND COMMITTEE P.O. BOX 28405 PROVIDENCE, RI 02908	US Congress RI 002 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/04/97 # 9002	500.00
MARTIN FROST CAMPAIGN COMM. P.O. BOX 4219 DALLAS, TX 75208	US Congress TX 024 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/04/97 # 9003	500.00
EARL POMEROY FOR CONGRESS P.O. BOX 75214 WASHINGTON, DC 20013	US Congress ND Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/04/97 # 9005	1,000.00
BLAGOJEVICH FOR CONGRESS 110 B EAST BROAD STREET FALLS CHURCH, VA 22046	US Congress IL 005 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/05/97 # 9006	500.00
CITIZENS FOR RON KLINK P.O. BOX 75214T WASHINGTON, DC 20013	US Congress PA 004 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/05/97 # 9007	500.00
FRIENDS OF KENT CONRAD 110 B EAST BROAD STREET FALLS CHURCH, VA 22046	US Senate ND Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/05/97 # 9008	1,000.00
WOMEN'S CAMPAIGN FUND 734 15TH STREET, NW SUITE 500 WASHINGTON, DC 20005	PAC Contributions Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	3/05/97 # 9009	5,000.00
FRIENDS OF BYRON DORGAN 420 C STREET, NE WASHINGTON, DC 20002	US Senate ND Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/06/97 # 9011	5,000.00
A LOT OF PEOPLE SUPPORTING TOM DASCHLE 424 C STREET, NE WASHINGTON, DC 20002	US Senate SD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/06/97 # 9012	5,000.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

CWA - COPE PCC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRIENDS OF PATRICK KENNEDY 530 7TH STREET, SE WASHINGTON, D.C. 20003	US Congress RI 001 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/06/97 # 9014	5,000.00
DEMOCRATIC NATIONAL COMMITTEE 430 S. CAPITOL ST., SE WASHINGTON, DC 20003	PAC Contributions Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	3/10/97 # 9015	15,000.00
HINOJOSA FOR CONGRESS (RUBEN) 3610 38TH ST., NW, F270 WASHINGTON, DC 20016	US Congress TX 015 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/10/97 # 9016	500.00
THE SANCHEZ RECOUNT FUND 38 IVY STREET, SE WASHINGTON, DC 20003	US Congress CA 046 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	3/14/97 # 9018	5,000.00
KIND FOR CONGRESS COMMITTEE 219 PEARL STREET LACROSSE, WI 54602	US Congress WI 003 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) '96 DEBT	3/20/97 # 9019	3,000.00
CIRO D. RODRIGUEZ FOR U.S. CONGRESS 323 WEST HARDING SAN ANTONIO, TX 78221	US Congress TX 028 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	3/20/97 # 9020	5,000.00
CITIZENS FOR DAVID OBEY P.O. BOX 75214 WASHINGTON, DC 20013-5214	US Congress WI 007 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/24/97 # 9021	500.00
GEPHARDT IN CONGRESS COMMITTEE 530 7TH STREET, SE WASHINGTON, DC 20003	US Congress MO 003 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/25/97 # 9025	5,000.00
GEPHARDT IN CONGRESS COMMITTEE 530 7TH STREET, SE WASHINGTON, DC 20003	US Congress MO 003 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/25/97 # 9026	5,000.00

NET TOTAL of Disbursements This Page (optional)

TOTAL This Period (last 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
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)	3/27/97 # 9027	500.00
FRIENDS OF ERIC SERNA FOR CONG 1996 WARNER DRIVE SANTA FE, NM 87505	US Congress NM 003 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <i>Special Election</i>	3/27/97 # 9028	5,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This 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)	68,500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

CWA - COPE PCC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CWA DIST. 2 PEC 501 THIRD STREET, NW WASHINGTON, DC 20001	STATE/LOCAL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	3/04/97 # 9001	500.00
TEXAS AFL-CIO EDUCATION FUND PO BOX 12727 AUSTIN, TX 73711	GOTV - Education Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	3/06/97 # 9013	511.00
CWA NEW JERSEY PEC 10 RUTGERS PLACE TRENTON, NJ 08618	STATE/LOCAL RAC NJ Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	3/25/97 # 9022	10,000.00
AFL-CIO EDUCATION FUND 1106 LAVACA AUSTIN, TX 78711	EDUCATION FUND TX Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	3/25/97 # 9023	1,962.00
MISSOURI POLITICAL LEGISLATIVE COMMITTEE 2258 SCHURTZ RD STE 116 ST. LOUIS, MO 63146	STATE/LOCAL RAC MO Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	3/25/97 # 9024	3,609.95
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

16,582.95

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

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Records

DATE OF RECEIPT

Other (Specify):

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and/or DATE OF RECEIPT

J. A. Q.
PREPARER

4/21/97
DATE PREPARED