

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

ADDRESS (number and street) 501 3rd St NW  
 Check if different than previously reported. (ACC)  
Washington DC 20001

2. **FEC IDENTIFICATION NUMBER** C00002089  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 03 01 2002 through 03 31 2002

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 Easterling  
Signature of Treasurer Electronically Filed by Barbara Easterling Date 05 18 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	2

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	2

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>2</td></tr></table>	Y	Y	Y	Y	2	0	0	2		1023841.51
Y	Y	Y	Y							
2	0	0	2							
(b) Cash on Hand at Beginning of Reporting Period .....	1198488.46									
(c) Total Receipts (from Line 19) .....	1394087.59	1810515.36								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	2592576.05	2834356.87								
7. Total Disbursements (from Line 31) .....	274828.57	516609.39								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	2317747.48	2317747.48								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	2

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	2

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	6658.78	19363.25
(i) Itemized (use Schedule A) .....	812461.56	1207640.88
(ii) Unitemized .....	819120.34	1227004.13
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	819120.34	1227004.13
12. Transfers From Affiliated/Other Party Committees .....	574087.40	574087.40
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	6825.50
17. Other Federal Receipts (Dividends, Interest, etc.) .....	879.85	2598.33
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	1394087.59	1810515.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	1394087.59	1810515.36

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	10619.97	31934.97
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	10619.97	31934.97
22. Transfers to Affiliated/Other Party Committees.....	0.00	4552.11
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	226350.00	342600.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	2095.60	2207.40
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	2095.60	2207.40
29. Other Disbursements.....	35763.00	135314.91
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	274828.57	516609.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	274828.57	516609.39

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	819120.34	1227004.13
34. Total Contribution Refunds (from Line 28(d)) .....	2095.60	2207.40
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	817024.74	1224796.73
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	10619.97	31934.97
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	10619.97	31934.97

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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 POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. MORTON BAHR</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2002
Mailing Address 501 3RD STREET NW		Transaction ID: C647239
City WASHINGTON State DC Zip Code 20001-2760	Amount of Each Receipt this Period 61.92	
FEC ID number of contributing federal political committee. <b>C</b>		* Payroll Deduction:
Name of Employer COMM. WORKERS OF AMER. Occupation PRESIDENT	Aggregate Year-to-Date ▼ 227.18	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. JAMES R BENTSEN</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2002
Mailing Address 320 CHESTNUT HILL RD		Transaction ID: C640388
City MILLVILLE State MA Zip Code 01529-1503	Amount of Each Receipt this Period 2.00	
FEC ID number of contributing federal political committee. <b>C</b>		* Payroll Deduction:
Name of Employer NYNEX INFOR RESORCE Occupation AD ACCT REPRESENTATI	Aggregate Year-to-Date ▼ 342.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. JOHN BRONSKI</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2002
Mailing Address 54 PARK AVE		Transaction ID: C640239
City NEEDHAM State MA Zip Code 02494-1627	Amount of Each Receipt this Period 2.50	
FEC ID number of contributing federal political committee. <b>C</b>		* Payroll Deduction:
Name of Employer VERIZON-YELLOW PAGES Occupation AD ACCT REPRESENTATI	Aggregate Year-to-Date ▼ 337.50	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	66.42
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
JOANNE J DISANGRO

Mailing Address 5 PEACEDALE RD

City State Zip Code  
NEEDHAM MA 02492-4714

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
VERIZON-YELLOW PAGES AD ACCT REPRESENTATI

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 263.80

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 28 / 2002

Transaction ID: C640087

Amount of Each Receipt this Period  
4.60

\* Payroll Deduction:

**B.** Full Name (Last, First, Middle Initial)  
BARBARA EASTERLING

Mailing Address 501 3RD STREET NW

City State Zip Code  
WASHINGTON DC 20001-2760

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
COMM. WORKERS OF AMER. SECY. TREAS.

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 291.62

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 29 / 2002

Transaction ID: C663965

Amount of Each Receipt this Period  
83.32

\* Payroll Deduction:

**C.** Full Name (Last, First, Middle Initial)  
JOHN J. EBELING

Mailing Address 1208 IRON WARRIOR LN

City State Zip Code  
BALLWIN MO 63011-4336

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SECRETARY'S LOCAL OFFICER

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 20 / 2002

Transaction ID: C680706

Amount of Each Receipt this Period  
250.00

\* Payroll Deduction:

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>337.92</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. JONATHAN FROST</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 28 / 2002
Mailing Address 35 PORTER RD		<b>Transaction ID: C640733</b>
City CAMBRIDGE	State MA	Zip Code 02140-2109
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 5.00	
Name of Employer VERIZON-YELLOW PAGES	Occupation AD ACCT REPRESENTATI	* Payroll Deduction:
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

Full Name (Last, First, Middle Initial) <b>B. SANTOS GARCIA</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 01 / 2002
Mailing Address 8795 LA RIVIERA DR APT 69		<b>Transaction ID: C683777</b>
City SACRAMENTO	State CA	Zip Code 95826-0000
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 55.00	
Name of Employer PACIFIC T & T CO	Occupation SALES & SERVICE REP	* Payroll Deduction:
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>C. LUIS R GARZA</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 01 / 2002
Mailing Address 4821 FRENCH DR		<b>Transaction ID: C674400</b>
City CORPUS CHRSTI	State TX	Zip Code 78411-2837
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 30.00	
Name of Employer SBC - SOUTH WESTERN BELL	Occupation OPERATOR [D1-CWA06]	* Payroll Deduction:
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	90.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. MICHAEL G GILARDI</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2002	
Mailing Address 54 VOSE HILL RD		<b>Transaction ID: C639890</b>	
City WESTFORD	State MA	Zip Code 01886-4535	Amount of Each Receipt this Period 2.50
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer VERIZON-YELLOW PAGES	Occupation AD ACCT REPRESENTATI		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 337.50		
* Payroll Deduction:			

Full Name (Last, First, Middle Initial) <b>B. N M HALL</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2002	
Mailing Address 1431 GARDENSIDE DR		<b>Transaction ID: C676650</b>	
City DALLAS	State TX	Zip Code 75217-3325	Amount of Each Receipt this Period 60.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SBC - SOUTH WESTERN BELL	Occupation COMMUNICATIONS CONSU		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		
* Payroll Deduction:			

Full Name (Last, First, Middle Initial) <b>C. RUBY JANE JENSEN</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2002	
Mailing Address 2639 MONTICELLO DR		<b>Transaction ID: C674115</b>	
City HOUSTON	State TX	Zip Code 77045-3709	Amount of Each Receipt this Period 120.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SBC - SOUTH WESTERN BELL	Occupation COMMUNICATIONS TECHN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		
* Payroll Deduction:			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	182.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. MARGARET JOHNSON</b>		Date of Receipt MM / DD / YYYY 03 / 01 / 2002
Mailing Address 128 COUNTY ROAD 7726		<b>Transaction ID: C684528</b>
City NATALIA	State TX	Zip Code 78059-2048
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 40.00	
Name of Employer SBC - SWB OPERATIONS, INC.	Occupation SERVICE REPRESENTATI	* Payroll Deduction:
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) <b>B. MARGARET KINNAN</b>		Date of Receipt MM / DD / YYYY 03 / 15 / 2002
Mailing Address PO BOX 140778		<b>Transaction ID: C676749</b>
City DALLAS	State TX	Zip Code 75214-0778
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 360.00	
Name of Employer SBC - SOUTHWESTERN BELL	Occupation FORCE ADJ. CLERK.	* Payroll Deduction:
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 435.00	

Full Name (Last, First, Middle Initial) <b>C. C D MCGRUDER</b>		Date of Receipt MM / DD / YYYY 03 / 01 / 2002
Mailing Address 22330 S VERMONT AVE UNIT4		<b>Transaction ID: C684931</b>
City TORRANCE	State CA	Zip Code 90502-2442
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 30.00	
Name of Employer PACIFIC BELL TEL CO	Occupation COMMUNICATIONS TECHN	* Payroll Deduction:
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>430.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
KAREN J MITCHELL

Mailing Address 1304 SO 43RD ST

City State Zip Code  
LOUISVILLE KY 40211-2413

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
BELLSOUTH TELECOMMS SERVICE REP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 14 / 2002

Transaction ID: C667207

Amount of Each Receipt this Period  
100.00

\* Payroll Deduction:

**B.** Full Name (Last, First, Middle Initial)  
JULIAN A. MODJESKI

Mailing Address 3679 S 32ND ST

City State Zip Code  
GREENFIELD WI 53221-1114

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AMERITECH CWA REP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 15 / 2002

Transaction ID: C668870

Amount of Each Receipt this Period  
240.00

\* Payroll Deduction:

**C.** Full Name (Last, First, Middle Initial)  
A. MORALES

Mailing Address 27818 SANDSTONE COURT

City State Zip Code  
VALENCIA CA 91354-0000

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PACIFIC BELL TEL CO SYSTEMS TECHNICIAN (

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 01 / 2002

Transaction ID: C677127

Amount of Each Receipt this Period  
120.00

\* Payroll Deduction:

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>460.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. G. W. NILSSON</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2002
Mailing Address PO BOX 731		Transaction ID: C639859
City PLAISTOW	State NH	Zip Code 03865-0731
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 185.00
Name of Employer A-PLUS, A SELECTRON COMPAN NY	Occupation PROD. ASSOCIATE	* Payroll Deduction:
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

Full Name (Last, First, Middle Initial) <b>B. STEVE PRESSLEY</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2002
Mailing Address 26 PHILIP FARM RD		Transaction ID: C651932
City CONCORD	State MA	Zip Code 01742-2712
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer NYNEX INFOR RESORCE	Occupation AD ACCT REPRESENTATI	* Payroll Deduction:
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>C. SYLVIA J RAMOS</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2002
Mailing Address 919 BRITTON AVE		Transaction ID: C676249
City SAN ANTONIO	State TX	Zip Code 78225-2405
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00
Name of Employer COMM. WORKERS OF AMER.	Occupation SERVICE REPRESENTATI	* Payroll Deduction:
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	455.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. JEFFREY RECHENBACH</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2002
Mailing Address 501 3RD STREET N W %COMMUNICATIONS WORKERS OF AMER		Transaction ID: C664025
City WASHINGTON	State DC	Zip Code 20001-2797
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 96.30
Name of Employer COMM. WORKERS OF AMER.	Occupation ADMIN. ASST. TO VP	* Payroll Deduction:
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 342.28	

Full Name (Last, First, Middle Initial) <b>B. DON RICE</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2002
Mailing Address 4A BROOKLINE CT		Transaction ID: C650749
City PRINCETON	State NJ	Zip Code 08540-1706
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 65.44
Name of Employer COMM. WORKERS OF AMER.	Occupation LOCAL OFFICER	* Payroll Deduction:
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 227.17	

Full Name (Last, First, Middle Initial) <b>C. ANDREA RUBIN</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2002
Mailing Address 21 HOLLY LN		Transaction ID: C640411
City BEVERLY	State MA	Zip Code 01915-1573
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 4.60
Name of Employer NYNEX INFOR RESORCE	Occupation AD ACCT REPRESENTATI	* Payroll Deduction:
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 313.80	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	166.34
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. JOEL SASLAW</b>		Date of Receipt MM / DD / YYYY 03 / 28 / 2002
Mailing Address 21 BENEVENTO CIR		<b>Transaction ID: C640265</b>
City PEABODY	State MA	Zip Code 01960-1270
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 4.60	
Name of Employer VERIZON-YELLOW PAGES	Occupation AD ACCT REPRESENTATI	* Payroll Deduction:
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 498.80	

Full Name (Last, First, Middle Initial) <b>B. DEBRA A SILVERMAN</b>		Date of Receipt MM / DD / YYYY 03 / 28 / 2002
Mailing Address 10 ROGERS ST APT 619		<b>Transaction ID: C640236</b>
City CAMBRIDGE	State MA	Zip Code 02142-1250
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 5.00	
Name of Employer VERIZON-YELLOW PAGES	Occupation AD ACCT REPRESENTATI	* Payroll Deduction:
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

Full Name (Last, First, Middle Initial) <b>C. JAMES J TRAINOR</b>		Date of Receipt MM / DD / YYYY 03 / 28 / 2002
Mailing Address 300 BROADWAY #12C		<b>Transaction ID: C647463</b>
City DOBBS FERRY	State NY	Zip Code 10522-1638
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 1.00	
Name of Employer VERIZON-BELL ATLANTIC NOR-TH	Occupation FIELD TECHNICIAN	* Payroll Deduction:
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 243.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	10.60
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. J. D. WILLIAMS</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 01 / 2002	
Mailing Address 1501 S WESTMORELAND		<b>Transaction ID: C675010</b>	
City State Zip Code DESOTO TX 75115-8517	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SBC - SOUTH WESTERN BELL	Occupation COMMUNICATIONS TECHN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		
		* Payroll Deduction:	

Full Name (Last, First, Middle Initial) <b>B. RODGER E. BAUER</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 15 / 2002	
Mailing Address 995 PIONEER RD		<b>Transaction ID: C681867</b>	
City State Zip Code DALLAS OR 97338-9687	Amount of Each Receipt this Period 520.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer QWEST COMMUNICATIONS	Occupation NETWORK TECH.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		

Full Name (Last, First, Middle Initial) <b>C. EDWIN L BRYAN</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 15 / 2002	
Mailing Address 1901 Lindell Avenue		<b>Transaction ID: C688170</b>	
City State Zip Code Nashville TN 37203	Amount of Each Receipt this Period 240.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Bellsouth Communications	Occupation Retired Member		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	860.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
BRIAN K. CANNON

Mailing Address 329 CURRIER DRIVE

City State Zip Code  
MANCHESTER NH 03104

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 14 / 2002

Transaction ID: C687971

Amount of Each Receipt this Period  
360.00

**B.** Full Name (Last, First, Middle Initial)  
KATHLEEN M. COX

Mailing Address 264 PULPIT RD

City State Zip Code  
BEDFORD NH 03110-4112

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Ad Account Representative

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 14 / 2002

Transaction ID: C687314

Amount of Each Receipt this Period  
360.00

**C.** Full Name (Last, First, Middle Initial)  
A. J. DEBARROS

Mailing Address 4900 SW 199AVE

City State Zip Code  
FT LAUDERDALE FL 33332-1080

FEC ID number of contributing federal political committee. **C**

Name of Employer Lucent Installations Occupation SCST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 15 / 2002

Transaction ID: C648437

Amount of Each Receipt this Period  
240.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	960.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
KEVIN L. GIBBS

Mailing Address 21 HAWK DR

City State Zip Code  
BEDFORD NH 03110-4805

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Verizon Yellow Pages Ad Account Representative

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 14 / 2002

**Transaction ID: C687315**

Amount of Each Receipt this Period  
360.00

**B.** Full Name (Last, First, Middle Initial)  
MICHAEL GRIMSHAW

Mailing Address 295 LUCAS ROAD

City State Zip Code  
MANCHESTER NH 03109-5117

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 14 / 2002

**Transaction ID: C687226**

Amount of Each Receipt this Period  
360.00

**C.** Full Name (Last, First, Middle Initial)  
PAUL J. KEENAN III

Mailing Address 338 LUCAS ROAD

City State Zip Code  
MANCHESTER NH 03109-5118

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 14 / 2002

**Transaction ID: C687310**

Amount of Each Receipt this Period  
360.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1080.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. MICHAEL A. MICHAELSON</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2002	
Mailing Address 8 CAPTAIN SEAVER RD		<b>Transaction ID: C688168</b>	
City BROOKLINE	State NH	Zip Code 03033-2482	Amount of Each Receipt this Period 360.00
FEC ID number of contributing federal political committee. C			
Name of Employer Verizon Yellow Pages	Occupation Ad Account Representative		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

Full Name (Last, First, Middle Initial) <b>B. BONNIE E. MURPHY</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2002	
Mailing Address 3679 S 32ND ST		<b>Transaction ID: C668555</b>	
City GREENFIELD	State WI	Zip Code 53221-1114	Amount of Each Receipt this Period 240.00
FEC ID number of contributing federal political committee. C			
Name of Employer AMERITECH	Occupation OPERATOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>C. LARRY SHEPLER</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2002	
Mailing Address 6810 10TH AVENUE		<b>Transaction ID: C669369</b>	
City EAU CLAIRE	State WI	Zip Code 54703	Amount of Each Receipt this Period 360.00
FEC ID number of contributing federal political committee. C			
Name of Employer Lucent Installations	Occupation Installer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	960.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 46
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. CECILIA FEENEY TANEY</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2002	
Mailing Address 323 DALE ST		<b>Transaction ID: C687303</b>	
City State Zip Code N ANDOVER MA 01845-2106	Amount of Each Receipt this Period 360.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Verizon Yellow Pages	Occupation Ad Account Representative		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

Full Name (Last, First, Middle Initial) <b>B. BRIAN WILSON</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2002	
Mailing Address 4461 NW 8TH ST		<b>Transaction ID: C686718</b>	
City State Zip Code COCONUT CREEK FL 33066-1523	Amount of Each Receipt this Period 240.00		
FEC ID number of contributing federal political committee. C			
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	6658.78

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 46
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial)  
A. IUE CMTE ON POL EDUC INT'L UNION/ELECTRONIC ELECTR

Date of Receipt

Mailing Address 501 THIRD STREET NW 11TH FLOOR

M M / D D / Y Y Y Y  
03 / 27 / 2002

City State Zip Code  
WASHINGTON DC 20001

Transaction ID: C689299

FEC ID number of contributing federal political committee.  
C C00006247

Amount of Each Receipt this Period  
574087.40

Name of Employer

Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
574087.40

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	574087.40
<b>TOTAL</b> This Period (last page this line number only) .....	▶	574087.40

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 / 46
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> SunTrust Bank		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2002
Mailing Address P.O. Box 85024		<b>Transaction ID:</b> C689302
City State Zip Code Richmond VA 23285-5024	Amount of Each Receipt this Period 356.28	
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 2598.33	

Full Name (Last, First, Middle Initial) <b>B.</b> SunTrust Bank		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2002
Mailing Address P.O. Box 85024		<b>Transaction ID:</b> C689301
City State Zip Code Richmond VA 23285-5024	Amount of Each Receipt this Period 523.57	
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 2598.33	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	879.85
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	879.85

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 46

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Emily DiFranco</b>		<b>Transaction ID: D635</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2002	
Mailing Address 6266 Walkers Croft Way		Amount of Each Disbursement this Period 1208.00	
City Alexandria State VA Zip Code 22315	Purpose of Disbursement Temporary Employee Salary Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Internal Revenue Service</b>		<b>Transaction ID: D636</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2002	
Mailing Address		Amount of Each Disbursement this Period 8211.97	
City Ogden State UT Zip Code 84201-0012	Purpose of Disbursement 1120 POL Tax Payment Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

9419.97

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

9419.97

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Alex Sanders for US Senate</b>		<b>Transaction ID: D626</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 2
Mailing Address PO Box 11903		Amount of Each Disbursement this Period 5000.00
City Columbia State SC Zip Code 29210	011 Category/ Type	
Purpose of Disbursement Federal Candidate Contribution		
Candidate Name Alexander M, Jr. Sanders		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SC District:	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. ANDREWS FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: D593</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 2
Mailing Address 215 FOURTH AVE., STE. 200		Amount of Each Disbursement this Period 500.00
City Haddon Heights State NJ Zip Code 08035	011 Category/ Type	
Purpose of Disbursement Federal Candidate Contribution		
Candidate Name ROBERT E ANDREWS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 1	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. BLUMENAUER FOR CONGRESS</b>		<b>Transaction ID: D587</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 2
Mailing Address PO BOX 1396		Amount of Each Disbursement this Period 5000.00
City PORTLAND State OR Zip Code 97207	011 Category/ Type	
Purpose of Disbursement Federal Candidate Contribution		
Candidate Name EARL BLUMENAUER		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 03	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. BOUCHER FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: D600</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 2
Mailing Address PO BOX 2000		Amount of Each Disbursement this Period 1000.00
City ABINGDON State VA Zip Code 24212	011 Category/ Type	
Purpose of Disbursement Federal Candidate Contribution		
Candidate Name FREDERICK C BOUCHER		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 09	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Carl Marlinga for Congress</b>		<b>Transaction ID: D625</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 2
Mailing Address 30500 23 Mile Road, Suite B PO Box 99		Amount of Each Disbursement this Period 1000.00
City New Baltimore State MI Zip Code 48047	011 Category/ Type	
Purpose of Disbursement Federal Candidate Contribution		
Candidate Name Carl J Marlinga		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 10	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Carne For Congress Cmte.</b>		<b>Transaction ID: D622</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 2
Mailing Address 6820 Brigantine Way		Amount of Each Disbursement this Period 5000.00
City Dayton State OH Zip Code 45414	011 Category/ Type	
Purpose of Disbursement Federal Candidate Contribution		
Candidate Name Rick Carne		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 30	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Carne For Congress Cmte.</b>		<b>Transaction ID: D623</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 2
Mailing Address 6820 Brigantine Way		Amount of Each Disbursement this Period 5000.00
City Dayton State OH Zip Code 45414	011 Category/ Type	
Purpose of Disbursement Federal Candidate Contribution		
Candidate Name Rick Carne		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 30	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Citizen Soldier Fund</b>		<b>Transaction ID: D656</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 2
Mailing Address 607 14th Street NW, Suite 800		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20005	011 Category/ Type	
Purpose of Disbursement Federal Committee Contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. COMMITTEE FOR LEADERSHIP AND PROGRESS</b>		<b>Transaction ID: D613</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 2
Mailing Address PO BOX 31107		Amount of Each Disbursement this Period 5000.00
City BETHESDA State MD Zip Code 20824	011 Category/ Type	
Purpose of Disbursement Federal Committee Contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	15000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. COMMITTEE TO ELECT GARY L ACKERMAN</b>		<b>Transaction ID: D583</b> Date of Disbursement
Mailing Address 100 Jericho Quadrangle Suite 233		<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2002"/>
City Jericho	State NY	Zip Code 11753
Purpose of Disbursement Federal Candidate Contribution		<input type="text" value="011"/> Category/ Type
Candidate Name GARY L ACKERMAN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 05	
		Amount of Each Disbursement this Period <input type="text" value="3000.00"/>

Full Name (Last, First, Middle Initial) <b>B. COMMITTEE TO ELECT GARY L ACKERMAN</b>		<b>Transaction ID: D584</b> Date of Disbursement
Mailing Address 100 Jericho Quadrangle Suite 233		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2002"/>
City Jericho	State NY	Zip Code 11753
Purpose of Disbursement Federal Candidate Contribution		<input type="text" value="011"/> Category/ Type
Candidate Name GARY L ACKERMAN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 05	
		Amount of Each Disbursement this Period <input type="text" value="5000.00"/>

Full Name (Last, First, Middle Initial) <b>C. Committee to Elect Linda Sanchez</b>		<b>Transaction ID: D629</b> Date of Disbursement
Mailing Address 601 South Glenoaks Blvd. Suite 211		<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2002"/>
City Burbank	State CA	Zip Code 91502
Purpose of Disbursement Federal Candidate Contribution		<input type="text" value="011"/> Category/ Type
Candidate Name Linda Sanchez		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 39	
		Amount of Each Disbursement this Period <input type="text" value="5000.00"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="13000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. CONWAY FOR CONGRESS</b>		<b>Transaction ID: D577</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 2
Mailing Address PO BOX 5640		Amount of Each Disbursement this Period 2500.00
City LOUISVILLE State KY Zip Code 40205	011 Category/ Type	
Purpose of Disbursement Federal Candidate Contribution		
Candidate Name JOHN WILLIAM CONWAY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 5	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. CROWLEY FOR CONGRESS</b>		<b>Transaction ID: D590</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 2
Mailing Address 84-56 GRAND AVENUE		Amount of Each Disbursement this Period 1000.00
City ELMHURST State NY Zip Code 11373	011 Category/ Type	
Purpose of Disbursement Federal Candidate Contribution		
Candidate Name JOSEPH CROWLEY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 07	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE</b>		<b>Transaction ID: D603</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 2
Mailing Address PO BOX 1631		Amount of Each Disbursement this Period 1000.00
City BALTIMORE State MD Zip Code 21203	011 Category/ Type	
Purpose of Disbursement Federal Candidate Contribution		
Candidate Name ELIJAH E CUMMINGS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 07	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 46

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

A. Full Name (Last, First, Middle Initial)  
CYNTHIA MCKINNEY FOR CONGRESS

Mailing Address P O BOX 371125

City DECATUR State GA Zip Code 30037

Purpose of Disbursement  
Federal Candidate Contribution

011

Candidate Name  
CYNTHIA MCKINNEY

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2002  
 Primary  General  
 Other (specify) ▼

State: GA District: 04

Transaction ID: D595

Date of Disbursement

03 / 19 / 2002

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)  
DELAHUNT FOR CONGRESS COMMITTEE

Mailing Address 333 Victory Road

City Quincy State MA Zip Code 02171-3111

Purpose of Disbursement  
Federal Candidate Contribution

011

Candidate Name  
WILLIAM D DELAHUNT

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2002  
 Primary  General  
 Other (specify) ▼

State: MA District: 10

Transaction ID: D578

Date of Disbursement

03 / 22 / 2002

Amount of Each Disbursement this Period

5000.00

C. Full Name (Last, First, Middle Initial)  
DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 South Capitol Street SE  
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Federal Committee Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D612

Date of Disbursement

03 / 25 / 2002

Amount of Each Disbursement this Period

15000.00

SUBTOTAL of Disbursements This Page (optional) ▶

21000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE</b>		<b>Transaction ID: D659</b> Date of Disbursement
Mailing Address 430 SOUTH CAPITOL STREET, SE		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2002"/>
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement Federal Committee Contribution		<input type="text" value="011"/> Category/ Type
Candidate Name		Amount of Each Disbursement this Period <input type="text" value="15000.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DNC SERVICES CORPORATION/DEMOCRATIC NATIONAL COMM</b>		<b>Transaction ID: D658</b> Date of Disbursement
Mailing Address 430 S. CAPITOL STREET S.E.		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2002"/>
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement Federal Committee Contribution		<input type="text" value="011"/> Category/ Type
Candidate Name		Amount of Each Disbursement this Period <input type="text" value="13500.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. DON PAYNE FOR CONGRESS</b>		<b>Transaction ID: D594</b> Date of Disbursement
Mailing Address P O BOX 2406		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2002"/>
City NEWARK	State NJ	Zip Code 7114
Purpose of Disbursement Federal Candidate Contribution		<input type="text" value="011"/> Category/ Type
Candidate Name DONALD MILFORD PAYNE		Amount of Each Disbursement this Period <input type="text" value="3150.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NJ District: 10		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="31650.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. EFFECTIVE GOVERNMENT COMMITTEE</b>		<b>Transaction ID: D4552</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 2
Mailing Address 607 14TH STREET NW SUITE 800		Amount of Each Disbursement this Period -5000.00
City WASHINGTON State DC Zip Code 20005	Void CK 2/01 #10878	
Purpose of Disbursement Federal Committee Contribution Candidate Name		011 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Erskine Bowles For U.S Senate</b>		<b>Transaction ID: D624</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 2
Mailing Address 4021 Barrett Dr		Amount of Each Disbursement this Period 5000.00
City Raleigh State NC Zip Code 27609	011 Category/Type	
Purpose of Disbursement Federal Candidate Contribution Candidate Name Erskine B Bowles		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:		Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF BENNIE THOMPSON</b>		<b>Transaction ID: D582</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 2
Mailing Address PO BOX 100		Amount of Each Disbursement this Period 5000.00
City BOLTON State MS Zip Code 39041	011 Category/Type	
Purpose of Disbursement Federal Candidate Contribution Candidate Name BENNIE G THOMPSON		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 02		Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF CAROLYN MCCARTHY</b>		<b>Transaction ID: D608</b> Date of Disbursement
Mailing Address 151 LINDEN ROAD		<input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2002"/>
City MINEOLA	State NY	Zip Code 11501
Purpose of Disbursement Federal Candidate Contribution		<input type="text" value="011"/> Category/ Type
Candidate Name CAROLYN MCCARTHY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 04	
		Amount of Each Disbursement this Period <input type="text" value="2500.00"/>

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF ELLE K. KURPIEWSKI</b>		<b>Transaction ID: D631</b> Date of Disbursement
Mailing Address 601 SOUTH GLENOAKS BLVD., STE. 211		<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2002"/>
City Burbank	State CA	Zip Code 91502
Purpose of Disbursement Federal Candidate Contribution		<input type="text" value="011"/> Category/ Type
Candidate Name Elle Kurpiewski		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District:	
		Amount of Each Disbursement this Period <input type="text" value="5000.00"/>

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF JIM MALONEY INC</b>		<b>Transaction ID: D601</b> Date of Disbursement
Mailing Address 20 E MAIN STREET SUITE 235		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2002"/>
City WATERBURY	State CT	Zip Code 06702
Purpose of Disbursement Federal Candidate Contribution		<input type="text" value="011"/> Category/ Type
Candidate Name JAMES H MALONEY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CT	District: 05	
		Amount of Each Disbursement this Period <input type="text" value="5000.00"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="12500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF LANE EVANS COMMITTEE</b>		<b>Transaction ID: D596</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 2
Mailing Address PO BOX 5263 1800 - 3RD AVE ROOM 308		Amount of Each Disbursement this Period 1000.00
City ROCK ISLAND State IL Zip Code 61204	Purpose of Disbursement Federal Candidate Contribution Category/Type 011	
Candidate Name LANE A EVANS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 17	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Henry Cuellar For Congress</b>		<b>Transaction ID: D619</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 2
Mailing Address c/o PO Box 910		Amount of Each Disbursement this Period 2500.00
City Laredo State TX Zip Code 78044-0838	Purpose of Disbursement Federal Candidate Contribution Category/Type 011	
Candidate Name Enrique Roberto Cuellar	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 23	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. HERRERA FOR CONGRESS</b>		<b>Transaction ID: D581</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 2
Mailing Address 6100 ELTON AVENUE SUITE 1000		Amount of Each Disbursement this Period 5000.00
City LAS VEGAS State NV Zip Code 89107	Purpose of Disbursement Federal Candidate Contribution Category/Type 011	
Candidate Name DARIO HERRERA	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. JIM TURNER FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: D650</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 2
Mailing Address P O Box 780		Amount of Each Disbursement this Period 4500.00
City Crockett State TX Zip Code 75835	011 Category/ Type	
Purpose of Disbursement Federal Candidate Contribution		
Candidate Name JIM TURNER		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 02	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. JOHN D DINGELL FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: D604</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 2
Mailing Address 607 14th Street N.W. Suite 800		Amount of Each Disbursement this Period 700.00
City Washington State DC Zip Code 20005	011 Category/ Type	
Purpose of Disbursement Federal Candidate Contribution		
Candidate Name JOHN D DINGELL		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. JOHN D DINGELL FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: D605</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 2
Mailing Address 607 14th Street N.W. Suite 800		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20005	011 Category/ Type	
Purpose of Disbursement Federal Candidate Contribution		
Candidate Name JOHN D DINGELL		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10200.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. KILDEE FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: D585</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 2
Mailing Address PO BOX 317		Amount of Each Disbursement this Period 1000.00
City FLINT State MI Zip Code 48501	011 Category/ Type	
Purpose of Disbursement Federal Candidate Contribution		
Candidate Name DALE E KILDEE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 05	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. KILDEE FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: D586</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 2
Mailing Address PO BOX 317		Amount of Each Disbursement this Period 1000.00
City FLINT State MI Zip Code 48501	011 Category/ Type	
Purpose of Disbursement Federal Candidate Contribution		
Candidate Name DALE E KILDEE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 05	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. KIRK FOR U.S. SENATE</b>		<b>Transaction ID: D751</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 2
Mailing Address 307 N QUENTIN		Amount of Each Disbursement this Period 5000.00
City WICHITA State KS Zip Code 67218	011 Category/ Type	
Purpose of Disbursement Federal Candidate Contribution		
Candidate Name MARK BRIAN KIRK		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District:	Disbursement For: 2002 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. LAMPSON FOR CONGRESS</b>		<b>Transaction ID: D575</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2002	
Mailing Address P.O. Box 21578		Amount of Each Disbursement this Period 4000.00	
City Beaumont	State TX		Zip Code 77720
Purpose of Disbursement Federal Candidate Contribution			011 Category/ Type
Candidate Name NICHOLAS LAMPSON			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TX District: 09			

Full Name (Last, First, Middle Initial) <b>B. LAMPSON FOR CONGRESS</b>		<b>Transaction ID: D589</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2002	
Mailing Address P.O. Box 21578		Amount of Each Disbursement this Period 1000.00	
City Beaumont	State TX		Zip Code 77720
Purpose of Disbursement Federal Candidate Contribution			011 Category/ Type
Candidate Name NICHOLAS LAMPSON			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TX District: 09			

Full Name (Last, First, Middle Initial) <b>C. Leadership 02</b>		<b>Transaction ID: D627</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2002	
Mailing Address 2200 Clarendon Blvd		Amount of Each Disbursement this Period 5000.00	
City Arlington	State VA		Zip Code 22201
Purpose of Disbursement Federal Committee Contribution			011 Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: VA District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. LEVIN FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: D579</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 2
Mailing Address 30636 DEQUINDRE		Amount of Each Disbursement this Period 1000.00
City WARREN State MI Zip Code 48092	011 Category/ Type	
Purpose of Disbursement Federal Candidate Contribution		
Candidate Name SANDER LEVIN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. LEVIN FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: D580</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 2
Mailing Address 30636 DEQUINDRE		Amount of Each Disbursement this Period 3000.00
City WARREN State MI Zip Code 48092	011 Category/ Type	
Purpose of Disbursement Federal Candidate Contribution		
Candidate Name SANDER LEVIN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Maine Victory 2002 Federal Acct</b>		<b>Transaction ID: D634</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 2
Mailing Address P O Box 5258		Amount of Each Disbursement this Period 2500.00
City Augusta State ME Zip Code 04332	011 Category/ Type	
Purpose of Disbursement State Party Cmte Federal Contrib		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. MASCARA FOR CONGRESS</b>		<b>Transaction ID: D599</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 2
Mailing Address P.O. BOX 1109		Amount of Each Disbursement this Period 5000.00
City WASHINGTON State PA Zip Code 15301	011 Category/ Type	
Purpose of Disbursement Federal Candidate Contribution		
Candidate Name FRANK MASCARA		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 20	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Max Sandlin for Congress</b>		<b>Transaction ID: D574</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 2
Mailing Address PO BOX 70621		Amount of Each Disbursement this Period 2500.00
City WASHINGTON State DC Zip Code 20024	011 Category/ Type	
Purpose of Disbursement Federal Candidate Contribution		
Candidate Name Max Sandlin		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 01	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Max Sandlin for Congress</b>		<b>Transaction ID: D1419</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 2
Mailing Address PO BOX 70621		Amount of Each Disbursement this Period 2500.00
City WASHINGTON State DC Zip Code 20024	011 Category/ Type	
Purpose of Disbursement Federal Candidate Contribution		
Candidate Name Max Sandlin		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 01	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 38 / 46

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. MCNULTY FOR CONGRESS</b>		<b>Transaction ID: D591</b> Date of Disbursement 03 / 28 / 2002
Mailing Address PO BOX 1560		Amount of Each Disbursement this Period 5000.00
City GREEN ISLAND State NY Zip Code 12183	011 Category/ Type	
Purpose of Disbursement Federal Candidate Contribution Candidate Name MICHAEL R MCNULTY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 21	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. MENENDEZ FOR CONGRESS</b>		<b>Transaction ID: D598</b> Date of Disbursement 03 / 25 / 2002
Mailing Address PO BOX 848		Amount of Each Disbursement this Period 4000.00
City UNION CITY State NJ Zip Code 7087	011 Category/ Type	
Purpose of Disbursement Federal Candidate Contribution Candidate Name ROBERT MENENDEZ		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 13	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Mike Honda for Congress</b>		<b>Transaction ID: D633</b> Date of Disbursement 03 / 28 / 2002
Mailing Address 50 W. San Fernando St. Ste. 350		Amount of Each Disbursement this Period 5000.00
City San Jose State CA Zip Code 95113	011 Category/ Type	
Purpose of Disbursement Federal Candidate Contribution Candidate Name Mike Honda		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 15	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

14000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. M-PAC</b>		<b>Transaction ID: D654</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2002
Mailing Address 607 14TH STREET NW SUITE 800		Amount of Each Disbursement this Period 5000.00
City WASHINGTON State DC Zip Code 20005	Purpose of Disbursement Federal Committee Contribution Candidate Name 011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. MURTHA FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: D609</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2002
Mailing Address 551 MAIN STREET SUITE 220 BT FINANCIAL PLAZA SUITE 220		Amount of Each Disbursement this Period 5000.00
City JOHNSTOWN State PA Zip Code 15901	Purpose of Disbursement Federal Candidate Contribution Candidate Name JOHN P MURTHA 011 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 12	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. PASCRELL FOR CONGRESS INC</b>		<b>Transaction ID: D606</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2002
Mailing Address POB 640		Amount of Each Disbursement this Period 2000.00
City Paterson State NJ Zip Code 07511-0640	Purpose of Disbursement Federal Candidate Contribution Candidate Name WILLIAM J PASCRELL 011 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 08	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	12000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. ROBERT WEXLER FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: D602</b> Date of Disbursement
Mailing Address 2500 NORTH MILITARY TRAIL STE 288		<input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2002"/>
City BOCA RATON	State FL	Zip Code 33431
Purpose of Disbursement Federal Candidate Contribution		<input type="text" value="011"/> Category/ Type
Candidate Name ROBERT WEXLER		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL	District: 19	

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) <b>B. Ron Kirk for US Senate</b>		<b>Transaction ID: D618</b> Date of Disbursement
Mailing Address PO Box 720160		<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2002"/>
City Dallas	State TX	Zip Code 75372
Purpose of Disbursement Federal Candidate Contribution		<input type="text" value="011"/> Category/ Type
Candidate Name Ron Kirk		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX	District:	

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) <b>C. SHAHEEN FOR SENATE EXPLORATORY CMTE.</b>		<b>Transaction ID: D630</b> Date of Disbursement
Mailing Address P.O. BOX 1803		<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2002"/>
City Concord	State NH	Zip Code 03302
Purpose of Disbursement Federal Candidate Exploratory		<input type="text" value="011"/> Category/ Type
Candidate Name Jeanne Shaheen		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: NH	District: OExploratory	

Amount of Each Disbursement this Period

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="13000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. SHEILA JACKSON LEE FOR CONGRESS</b>		<b>Transaction ID: D647</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2002
Mailing Address 4412 Almeda		Amount of Each Disbursement this Period 5000.00
City HOUSTON State TX Zip Code 77004	011 Category/ Type	
Purpose of Disbursement Federal Candidate Contribution		
Candidate Name SHEILA JACKSON LEE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 18	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. STEPHANIE TUBBS JONES FOR US CONGRESS</b>		<b>Transaction ID: D592</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2002
Mailing Address 3729 SILSBY RD		Amount of Each Disbursement this Period 1000.00
City UNIVERSITY HEIGHTS State OH Zip Code 44118	011 Category/ Type	
Purpose of Disbursement Federal Candidate Contribution		
Candidate Name STEPHANIE TUBBS JONES		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 11	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. STEVE ROTHMAN FOR CONGRESS INC.</b>		<b>Transaction ID: D607</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2002
Mailing Address Post Office Box 714		Amount of Each Disbursement this Period 1000.00
City HACKENSACK State NJ Zip Code 07602	011 Category/ Type	
Purpose of Disbursement Federal Candidate Contribution		
Candidate Name STEVEN R ROTHMAN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 9	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. STUPAK FOR CONGRESS</b>		Transaction ID: D597 Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2002
Mailing Address 817 9TH AVENUE PO BOX 143		Amount of Each Disbursement this Period 2000.00
City MENOMINEE State MI Zip Code 49858	Purpose of Disbursement Federal Candidate Contribution 011 Category/Type	
Candidate Name BART STUPAK	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 01	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. The Tom Sawyer Committee</b>		Transaction ID: D632 Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2002
Mailing Address PO Box 75214		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20013-5214	Purpose of Disbursement Federal Candidate Contribution 011 Category/Type	
Candidate Name Tom Sawyer	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 17	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. THURMAN FOR CONGRESS</b>		Transaction ID: D576 Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2002
Mailing Address PO Box 5058		Amount of Each Disbursement this Period 5000.00
City Inverness State FL Zip Code 34450	Purpose of Disbursement Federal Candidate Contribution 011 Category/Type	
Candidate Name KAREN L THURMAN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 05	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	226350.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** AMERICAN BROADCASTING COMPANIES INC

Mailing Address 77 West 66th Street

City New York State NY Zip Code 10023-6298

Purpose of Disbursement  
Ref Unitem Contrib Dep 12/01

Candidate Name

010  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D548

Date of Disbursement

03 / 06 / 2002

Amount of Each Disbursement this Period

2095.60

SUBTOTAL of Disbursements This Page (optional) ▶

2095.60

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

2095.60

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Committee to Elect Billy Harrod</b>		<b>Transaction ID: D617</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 2
Mailing Address PO Box 6968		Amount of Each Disbursement this Period 500.00
City Texarkana	State TX	
Zip Code 75505		
Purpose of Disbursement Non-Federal Candidate Contribution		011 Category/ Type
Candidate Name Billy Harrod		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District:		

Full Name (Last, First, Middle Initial) <b>B. CWA ARIZONA STATE COUNCIL PAC</b>		<b>Transaction ID: D616</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 2
Mailing Address 877 South Alvernon Way, Suite 100		Amount of Each Disbursement this Period 2863.00
City Tucson	State AZ	
Zip Code 85711		
Purpose of Disbursement Non-Federal Committee Contribution		011 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AZ District:		

Full Name (Last, First, Middle Initial) <b>C. CWA NJ PEC</b>		<b>Transaction ID: D628</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 2
Mailing Address 134 FRANKLIN CORNER ROAD		Amount of Each Disbursement this Period 25000.00
City Lawrenceville	State NJ	
Zip Code 08648		
Purpose of Disbursement Non-Federal Committee Contribution		011 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NJ District:		

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

28363.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. DELAWARE DEMOCRATIC PARTY-NON FED</b>		<b>Transaction ID: D655</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 2
Mailing Address P.O. BOX 2065		Amount of Each Disbursement this Period 175.00
City Wilmington State DE Zip Code 19899	Purpose of Disbursement Non-Federal Committee Contribution Candidate Name 011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Friends of Dave Ennis</b>		<b>Transaction ID: D657</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 2
Mailing Address P.O. Box 3727		Amount of Each Disbursement this Period 225.00
City Wilmington State DE Zip Code 19807	Purpose of Disbursement Non-Federal Candidate Contribution Candidate Name Dave Ennis 011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District:		Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Klehs for Controller</b>		<b>Transaction ID: D620</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 2
Mailing Address P.O. Box 1026		Amount of Each Disbursement this Period 6000.00
City San Leandro State CA Zip Code 94577	Purpose of Disbursement Non-Federal Candidate Contribution Candidate Name Johan Klehs 011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:		Disbursement For: 2002 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6400.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 46 / 46

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial)  
**A. MONTGOMERY COUNTY DEMOCRATIC PARTY**

Mailing Address 131 SOUTH WILKINSON

City DAYTON State OH Zip Code 45402

Purpose of Disbursement  
Non-Federal Committee Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: D621

Date of Disbursement

03 / 19 / 2002

Amount of Each Disbursement this Period

1000.00

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

1000.00

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

35763.00