

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

U.S. POSTAGE  
ELECTION COLLECTION  
NO. 31 FIRST CLASS MAIL PERMIT

Mar 13 11 30 AM '97

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)  
CWA COPE - PCC

ADDRESS (number and street)  Check if different than previously reported  
501 Third Street N.W.

CITY, STATE and ZIP CODE  
Washington, DC 20001

2. FEC IDENTIFICATION NUMBER  
C00002089

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

## 4. TYPE OF REPORT

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

- Monthly Report Due On:
- February 20     June 20     October 20
- March 20     July 20     November 20
- April 20     August 20     December 20
- May 20     September 20     January 31
- Twelfth day report preceding \_\_\_\_\_ (Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- Thirtieth day report following the General Election on \_\_\_\_\_  
in the State of \_\_\_\_\_

(b) Is this Report an Amendment?     YES     NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period: <u>Feb. 1, 1997 through Febr. 28, 1997</u>		
6. (a) Cash on Hand January 1, 19 <u>97</u>		\$ 431,133.22
(b) Cash on Hand at Beginning of Reporting Period	\$ 466,660.07	
(c) Total Receipts (from Line 19)	\$ 111,500.33	\$ 227,703.31
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 578,160.40	\$ 658,836.53
7. Total Disbursements (from Line 30)	\$ 37,219.92	\$ 117,896.05
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 540,940.48	\$ 540,940.48
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 998 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$	

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

Type or Print Name of Treasurer  
**LORETTA BOWEN, ASSISTANT TREASURER**

Signature of Treasurer: *Loretta Bowen*    Date: 3-7-97

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

--	--	--	--	--	--	--	--	--	--

**FEC FORM 3X**  
(revised 8/93)

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

(revised 1/1/91)

NAME OF COMMITTEE CWA-COPE PCC		REPORT COVERING PERIOD FROM 2/1/97 TO: 2/28/97	
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11.	Contributions (other than loans) From:		
a.	Individuals/Persons Other Than Political Committees	1,905.50	16,899.50
i.	Itemized (use Schedule A)		
ii.	Unitemized	108,767.53	209,246.84
iii.	Total (add i and ii) >	110,673.03	226,146.34
b.	Political Party Committees		
c.	Other Political Committees (such as PACs)		
d.	Total Contributions (add a ii, b and c) >	110,673.03	226,146.34
12.	Transfers From Affiliated/Other Party Committees		
13.	All Loans Received		
14.	Loan Repayments Received		
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17.	Other Federal Receipts (Dividends, Interest, etc.)	827.30	1,556.87
18.	Transfers from Nonfederal Account for Joint Activity		
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	111,500.33	227,703.31
20.	Total Federal Receipts (subtract line 18 from line 19) >	111,500.33	227,703.31
<b>II. Disbursements</b>			
21.	Operating Expenditures:		
a.	Shared Federal/Non-Federal Activity (from Schedule H4)		
i.	Federal Share		
ii.	Non-Federal Share		
b.	Other Federal Operating Expenditures	256.46	482.65
c.	Total Operating Expenditures (add a i, a ii, and b) >	256.46	482.65
22.	Transfers to Affiliated/Other Party Committees	10,000.00	20,000.00
23.	Contributions to Federal Candidates/Committees and Other Political Committees	20,900.00	74,400.00
24.	Independent Expenditures (use Schedule E)		
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26.	Loan Repayments Made		
27.	Loans Made		
28.	Refunds of Contributions To:		
a.	Individuals/Persons Other Than Political Committees	25.50	149.30
b.	Political Party Committees		
c.	Other Political Committees (such as PACs)		
d.	Total Contribution Refunds (add a, b and c) >	25.50	149.30
29.	Other Disbursements	6,037.96	22,864.10
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	37,219.92	117,896.05
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	37,219.92	117,896.05
<b>III. Net Contributions/Operating Expenditures</b>			
32.	Total Contributions (other than loans)(from line 11d)		
33.	Total Contribution Refunds (from line 28d)		
34.	Net Contributions (other than loans)(subtract line 33 from 32)		
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >		
36.	Offsets to Operating Expenditures (from line 15)		
37.	Net Operating Expenditures (subtract line 36 from 35) >		

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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

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

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

<p><b>A. Full Name, Mailing Address and ZIP Code</b>  <b>CONCANNON, KEVIN M.</b>                   111 PROSPECT ST                  SHREWSBURY, MA 01545-2044</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer                  NEW YORK TEL CO</p> <p>Occupation                  AD ACCT REPRESENTATI</p> <p>Aggregate Year-to-Date &gt; \$ 380.00</p>	<p>Date (month, day, year)                  2/ 3/97</p>	<p>Amount of Each Receipt this Period                  \$20.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b>  <b>RYAN, JUDITH L</b>                   12 EAST PINE ST                  PLAISTOW, NH 03865-2620</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer                  NEW YORK TEL CO</p> <p>Occupation                  AD ACCT REPRESENTATI</p> <p>Aggregate Year-to-Date &gt; \$ 305.00</p>	<p>Date (month, day, year)                  2/ 3/97</p>	<p>Amount of Each Receipt this Period                  \$5.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b>  <b>GILARDI, MICHAEL G</b>                   54 VOSE HILL RD                  WESTFORD, MA 01886-4535</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer                  NEW YORK TEL CO</p> <p>Occupation                  AD ACCT REPRESENTATI</p> <p>Aggregate Year-to-Date &gt; \$ 212.50</p>	<p>Date (month, day, year)                  2/ 3/97</p>	<p>Amount of Each Receipt this Period                  \$2.50</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b>  <b>SMITH, KENTON A</b>                   228 RUGGLES STREET                  WESTBORO, MA 01581-3628</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer                  NEW YORK TEL CO</p> <p>Occupation                  AD ACCT REPRESENTATI</p> <p>Aggregate Year-to-Date &gt; \$ 200.00</p>	<p>Date (month, day, year)                  2/ 3/97</p>	<p>Amount of Each Receipt this Period                  \$20.00</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b>  <b>SMITH, JAMES A</b>                   11 CALLAHAN STREET                  BILLERICA, MA 01821-6332</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer                  NEW YORK TEL CO</p> <p>Occupation                  AD ACCT REPRESENTATI</p> <p>Aggregate Year-to-Date &gt; \$ 320.00</p>	<p>Date (month, day, year)                  2/ 3/97</p>	<p>Amount of Each Receipt this Period                  \$20.00</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b>  <b>GARLAND, KEITH</b>                   55 MEYER ST                  ROSLINDALE, MA 02131-2232</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer                  NEW YORK TEL CO</p> <p>Occupation                  AD ACCT REPRESENTATI</p> <p>Aggregate Year-to-Date &gt; \$ 505.00</p>	<p>Date (month, day, year)                  2/ 3/97</p>	<p>Amount of Each Receipt this Period                  \$305.00</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b>  <b>GERO, RONALD J.</b>                   101 BOWKER ST                  WORCESTER, MA 01604-2101</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer                  NEW YORK TEL CO</p> <p>Occupation                  AD ACCT REPRESENTATI</p> <p>Aggregate Year-to-Date &gt; \$ 380.00</p>	<p>Date (month, day, year)                  2/ 3/97</p>	<p>Amount of Each Receipt this Period                  \$20.00</p>

SUBTOTAL of Receipts This Page (optional) ..... 392.50

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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

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

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

A. Full Name, Mailing Address and ZIP Code PATRIKAS, JAYNE 8 MORGAN DR DANVERS, MA 01923-1752 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NEW YORK TEL CO Occupation AD ACCT REPRESENTATI Aggregate Year-to-Date > \$ 305.00	Date (month, day, year) 2/ 3/97	Amount of Each Receipt this Period \$5.00
B. Full Name, Mailing Address and ZIP Code NADWORNY, RICHARD C 65 BOREN LANE BOXFORD, MA 01921-2125 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NEW YORK TEL CO Occupation AD ACCT REPRESENTATI Aggregate Year-to-Date > \$ 320.00	Date (month, day, year) 2/ 3/97	Amount of Each Receipt this Period \$20.00
C. Full Name, Mailing Address and ZIP Code GEDIES, RICHARD J 23 MEADOW BROOK LN READING, MA 01867-1236 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NEW YORK TEL CO Occupation AD ACCT REPRESENTATI Aggregate Year-to-Date > \$ 305.00	Date (month, day, year) 2/ 3/97	Amount of Each Receipt this Period \$5.00
D. Full Name, Mailing Address and ZIP Code HALSBAND, HARVEY 2 GASLIGHT LANE N EASTON, MA 02356-2721 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NEW YORK TEL CO Occupation AD ACCT REPRESENTATI Aggregate Year-to-Date > \$ 305.00	Date (month, day, year) 2/ 3/97	Amount of Each Receipt this Period \$5.00
E. Full Name, Mailing Address and ZIP Code ZOLLO, DONALD J 24 MAPLE ROAD SAUGUS, MA 01906-2476 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NEW YORK TEL CO Occupation AD ACCT REPRESENTATI Aggregate Year-to-Date > \$ 270.00	Date (month, day, year) 2/ 3/97	Amount of Each Receipt this Period \$270.00
F. Full Name, Mailing Address and ZIP Code DUCHARME, LEO J. 28 PARADISE ISLAND RINGGE, NH 03461 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer THE NEWSPAPER GUILD Occupation JOB TITLE REQUESTED Aggregate Year-to-Date > \$ 217.50	Date (month, day, year) 2/19/97	Amount of Each Receipt this Period \$217.50
G. Full Name, Mailing Address and ZIP Code RICHARDS, CLAUDIA T 14 BEACON STREET MATTAPOISETT, MA 02739 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NEW YORK TEL CO Occupation AD ACCT REPRESENTATI Aggregate Year-to-Date > \$ 355.00	Date (month, day, year) 2/ 3/97	Amount of Each Receipt this Period \$5.00

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

527.50

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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

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

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

A. Full Name, Mailing Address and ZIP Code BRONSKI, JOHN  54 PARK AVE NEEDHAM, MA 02194-1627  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NEW YORK TEL CO  Occupation AD ACCT REPRESENTATI  Aggregate Year-to-Date > \$ 392.50	Date (month, day, year) 2/ 3/97	Amount of Each Receipt this Period \$2.50
B. Full Name, Mailing Address and ZIP Code CAGGLIANO, MARC R  1A PENNY LN PEABODY, MA 01960-3634  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NEW YORK TEL CO  Occupation AD ACCT REPRESENTATI  Aggregate Year-to-Date > \$ 305.00	Date (month, day, year) 2/ 3/97	Amount of Each Receipt this Period \$5.00
C. Full Name, Mailing Address and ZIP Code SHEDD, CHRISTOPHER R APT B 5 BEALS COVE RD HINGHAM, MA 02043-2306  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NEW YORK TEL CO  Occupation AD ACCT REPRESENTATI  Aggregate Year-to-Date > \$ 327.00	Date (month, day, year) 2/ 3/97	Amount of Each Receipt this Period \$3.00
D. Full Name, Mailing Address and ZIP Code HYNES MARY  1594 INDEPENDANCE AVENUE BROOKLYN, NY 11228  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NEW YORK TEL CO  Occupation 3RD REQUEST  Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 2/24/97	Amount of Each Receipt this Period \$300.00
E. Full Name, Mailing Address and ZIP Code MEACHUM, BRUCE  10605 IRVING COURT WESTMINSTER, CO 80030  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer THE NEWSPAPER GUILD  Occupation JOB TITLE REQUESTED  Aggregate Year-to-Date > \$ 202.50	Date (month, day, year) 2/19/97	Amount of Each Receipt this Period \$202.50
F. Full Name, Mailing Address and ZIP Code PADIA, ANNA M.  3670 38TH ST NW #B248 WASHINGTON, DC 20016  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer THE NEWSPAPER GUILD  Occupation JOB TITLE REQUESTED  Aggregate Year-to-Date > \$ 202.50	Date (month, day, year) 2/19/97	Amount of Each Receipt this Period \$202.50
G. Full Name, Mailing Address and ZIP Code CEARLEY, BINDA  421 OAKSHIRE AVE MODESTO, CA 95354  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer THE NEWSPAPER GUILD  Occupation JOB TITLE REQUESTED  Aggregate Year-to-Date > \$ 270.00	Date (month, day, year) 2/19/97	Amount of Each Receipt this Period \$270.00

SUBTOTAL of Receipts This Page (optional) .....	985.50
TOTAL This Period (last page this line number only) .....	1,905.50

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 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 PCC

A. Full Name, Mailing Address and ZIP Code CRESTAR BANK, N.A. Washington, DC	Name of Employer Interest Earned on Money Market Account	Date (month, day, year) 2-28-97	Amount of Each Receipt this Period \$827.30
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	
		Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code		Name of Employer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Date (month, day, year)	
		Occupation	
		Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code		Name of Employer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Date (month, day, year)	
		Occupation	
		Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code		Name of Employer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Date (month, day, year)	
		Occupation	
		Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code		Name of Employer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Date (month, day, year)	
		Occupation	
		Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code		Name of Employer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Date (month, day, year)	
		Occupation	
		Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code		Name of Employer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Date (month, day, year)	
		Occupation	
		Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) .....	
TOTAL This Period (last page this line number only) .....	\$827.30.

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 21(b)

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

NAME OF COMMITTEE (in Full)

CWA - COPE PCC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CRESTAR BANK, N.A. WASHINGTON, D.C.	Federal Income Tax withheld Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/28/97	256.46
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

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

256.46

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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

NAME OF COMMITTEE (in Full)

CWA - COPE PCC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CWA-COPE STATE & LOCAL COMM. 501 THIRD STREET, N.W. WASHINGTON, DC 20001	Purpose of Disbursement: <i>TRANSFERS to DISTRICT PCC'S for state and local admin-federal contributions</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/26/97 #	10,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Per
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Perio
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

10,000.00



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 23

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

NAME OF COMMITTEE (in Full)

CWA - COPE PCC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PAT DANNER FOR CONGRESS PO BOX 143 SMITHVILLE, MO 64089	US Congress MO 006 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/13/97 # 8364	(100.00) VOID - Check NEVER CASHED
INDEPENDENT ACTION 645 PENNSYLVANIA AVE., SE WASHINGTON, DC 20003	PAC Contributions Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	2/13/97 # 8989	5,000.00
FATTAH FOR CONGRESS 6020 LANDSDOWNE AVE PHILADELPHIA, PA 19151	US Congress PA 002 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/13/97 # 8990	500.00
JACKSON LEE FOR CONGRESS P.O. BOX 75214 WASHINGTON, DC 20013-5214	US Congress TX 018 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/14/97 # 8992	500.00
CIRO D. RODRIGUEZ FOR U.S. CONGRESS 323 WEST HARDING SAN ANTONIO, TX 78221	US Congress TX 028 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <i>Special Election</i>	2/19/97 # 8995	5,000.00
FRIENDS OF ERIC SERNA FOR CONG P.O. BOX 8254 SANTA FE, NM 87504	US Congress NM 003 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/26/97 # 8998	5,000.00
RHODE ISLAND PAC 530 7TH STREET, SE 2ND FLOOR WASHINGTON, DC 20003	PAC Contributions Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	2/26/97 # 8999	5,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

(B) TOTAL of Disbursements This Page (optional) .....

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

20,900.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

NAME OF COMMITTEE (in Full)  
**CWA - COPE PCC**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Communications Workers of America - 501 Third Street N.W. Washington, DC 20001	Purpose of Disbursement: <i>Referred - check received twice</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/18/97	25.50
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....	
TOTAL This Period (last page this line number only) .....	25.50

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 29

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

NAME OF COMMITTEE (in Full)  
CWA - COPE PCC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
HELEN DUTMER CAMPAIGN COMMITTEE 1100 South Texas Bldg SAN ANTONIO, TX 78205	COUNTY COMMISSION TX Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	2/13/97 # 8179	(250.00) VOID - CHECK NEVER CASHED
CIRO D. RODRIGUEZ CAMP. COMM. 363 WEST HARDING SAN ANTONIO, TX 78221	STATE REP TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/13/97 # 8578	(250.00) VOID - CHECK NEVER CASHED
COMMUNICATIONS WORKERS OF AMERICA 501 THIRD STREET, N.W. WASHINGTON, DC 20001	L/P CONF FEES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	2/13/97 # 8891	175.00
COMMUNICATIONS WORKERS OF AMERICA 501 THIRD STREET, N.W. WASHINGTON, DC 20001	L/P CONF FEES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	2/13/97 # 8991	175.00
COMMUNICATIONS WORKERS OF AMERICA 501 THIRD STREET, N.W. WASHINGTON, DC 20001	L/P CONF FEES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	2/13/97 # 8991	350.00
CWA DIST. 7 PEC 8085 E PRENTICE AVE. ENGLEWOOD, CO 80111	LOCAL RACE NE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	2/18/97 # 8993	200.00
COMMUNICATIONS WORKERS OF AMERICA 501 THIRD STREET, N.W. WASHINGTON, DC 20001	L/P CONF FEES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	2/21/97 # 8996	1,750.00
CWA DIST. 2 PEC 501 THIRD STREET, NW WASHINGTON, DC 20001	STATE & LOCAL DC Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	2/24/97 # 8997	635.00
MISSOURY POLITICAL LEGISLATIVE COMMITTEE 2258 SCHURTZ RD STE 116 ST. LOUIS, MO 63146	STATE & LOCAL MO Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	2/27/97 # 9000	3,252.96
SUBTOTAL of Disbursements This Page (optional) .....			
TOTAL This Period (last page this line number only) .....			6,037.96

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

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

Hand Delivered DATE OF RECEIPT

First Class Mail POSTMARKED

Registered/Certified Mail POSTMARKED  
3-10-97

No Postmark

Postmark Illegible

Received from the House Office of Records  
and Registration DATE OF RECEIPT

Received from the Senate Office of Public  
Records DATE OF RECEIPT

Other (Specify): POSTMARKED  
and/or DATE OF RECEIPT

*ky*  
PREPARER

3-13-97  
DATE PREPARED