

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

FEC
JUL 16 10 11 AM '95

1. NAME OF COMMITTEE (In full)

C00109595 061495 p 224

PATRICIA A. MAISANO
LOCAL 13000 CWA AFL-CIO
2124 RACE STREET
PHILADELPHIA PA 19103

2. FEC IDENTIFICATION NUMBER
C00109595

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
6. Covering Period	1-1-95 through 6-30-95		
6. (a)	Cash on Hand January 1, 19 95		\$ 73,912.69
(b)	Cash on Hand at Beginning of Reporting Period	\$ 73,912.69	
(c)	Total Receipts (from Line 1B)	\$ 47,672.74	\$ 47,672.74
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 121,585.43	\$ 121,585.43
7.	Total Disbursements (from Line 3D)	\$ 2,593.77	\$ 2,593.77
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 118,991.66	\$ 118,991.66
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20483 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
PATRICIA A. MAISANO

Signature of Treasurer
Patricia A. Maisano

Date
7-13-95

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

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
CWA LOCAL 13000, AFL-CIO	FROM 1-1-95	TO: 6-30-95
	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
e. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)		11(a)(i)
ii. Unitemized	46,567.75	46,567.75
iii. Total (add i and ii) >	46,567.75	46,567.75
b. Political Party Committees		11(b)
c. Other Political Committees (such as PACs)		11(c)
d. Total Contributions (add a iii, b and c) >		11(d)
12. Transfers From Affiliated/Other Party Committees		12
13. All Loans Received		13
14. Loan Repayments Received		14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		16
17. Other Federal Receipts (Dividends, Interest, etc.)	1,104.99	1,104.99
18. Transfers from Nonfederal Account for Joint Activity		18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	47,672.74	47,672.74
20. Total Federal Receipts (subtract line 18 from line 19) >	47,672.74	47,672.74
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		21(a)(i)
ii. Non-Federal Share		21(a)(ii)
b. Other Federal Operating Expenditures	1,383.77	1,383.77
c. Total Operating Expenditures (add a i, a ii, and b) >		21(c)
22. Transfers to Affiliated/Other Party Committees		22
23. Contributions to Federal Candidates/Committees and Other Political Committees		23
24. Independent Expenditures (use Schedule E)		24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		25
26. Loan Repayments Made		26
27. Loans Made		27
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees		28(a)
b. Political Party Committees		28(b)
c. Other Political Committees (such as PACs)		28(c)
d. Total Contribution Refunds (add a, b and c) >		28(d)
29. Other Disbursements	1,210.00	1,210.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		31
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)		32
33. Total Contribution Refunds (from line 28d)		33
34. Net Contributions (other than loans)(subtract line 33 from 32)		34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	1,383.77	1,383.77
36. Offsets to Operating Expenditures (from line 15)		36
37. Net Operating Expenditures (subtract line 36 from 35) >		37

SCHEDULE A

ITEMIZED RECEIPTS

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 LOCAL 13000, AFL-CIO

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LOCAL 13000 EXECUTIVE BOARD (MONTHLY PAYROLL DEDUCTION)	LOCAL 13000	1-1-95 to 6-30-95	120.00 month
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		720.00
	Aggregate Year-to-Date > \$	720.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
UNION MEMBERS (MONTHLY DEDUCTIONS)	RFL ATLANTIC-PENNSYLVANIA	1-1-95 to 6-30-95	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		45,221.75
	Aggregate Year-to-Date > \$	45,221.75	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
UNION MEMBERS (MONTHLY DEDUCTIONS)	G.T.E. OPERATORS	1-1-95 to 6-30-95	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		39.00
	Aggregate Year-to-Date > \$	39.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
UNION MEMBERS (MONTHLY DEDUCTIONS)	COMCAST CABLEVISION	1-1-95 to 6-30-95	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		151.00
	Aggregate Year-to-Date > \$	151.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
UNION MEMBERS (MONTHLY DEDUCTIONS)	RAY COMMUNICATIONS	1-1-95 to 6-30-95	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		126.00
	Aggregate Year-to-Date > \$	126.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LIZ DENN 622 GATES LN ENOLA PA 17025		1-16-95	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		250.00
	Aggregate Year-to-Date > \$	250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHUCK EMMETT 5118 MCCANDLESS RD BUTLER PA 16001		2-3-95 5-5-95	10.00 10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		20.00
	Aggregate Year-to-Date > \$	20.00	

SUBTOTAL of Receipts This Page (optional) 46,527.75

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 2
FOR LINE NUMBER 11 (a) (ii)

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NAME OF COMMITTEE (in Full)

CNA LOCAL 13000, AFL-CIO

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KARL HEDGES R D 2 NEW FLORENCE PA 15944 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$ 20.00	2-3-95 5-5-95	10.00 10.00 20.00
B. Full Name, Mailing Address and ZIP Code TONY CONTE 887 RACE ST ALTOONA PA 16601 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > \$ 20.00	Date (month, day, year): 2-10-95	Amount of Each Receipt this Period: 20.00
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > \$	Date (month, day, year):	Amount of Each Receipt this Period:
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > \$	Date (month, day, year):	Amount of Each Receipt this Period:
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > \$	Date (month, day, year):	Amount of Each Receipt this Period:
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > \$	Date (month, day, year):	Amount of Each Receipt this Period:
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > \$	Date (month, day, year):	Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional)

40.00

TOTAL This Period (last page this line number only)

46,567.75

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)

CMA LOCAL 13000, AFL-CIO

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MELDOW PSFS BANK 18TH & MARKET STS PHILADELPHIA PA 19102	INTEREST RECEIVED FOR: 1-1-95 to 6-30-95	6-30-95	1,104.99
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	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

1,104.99

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)

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NAME OF COMMITTEE (in Full)

CWA LOCAL 13000, AFL-CIO

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MELLON PSFS BANK 18TH & MARKET STS PHILADELPHIA PA 19102	ACCOUNT ANALYSIS FEE WIRE TRANSFER Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1-1-95 to 6-30-95	154.77
PROVIDENT NATIONAL BANK PHILADELPHIA PA	FEDERAL CORP. INCORP TAX 1994 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-23-95	379.00
A. G. EPSTEIN CO 670 OLD YORK RD JENKINTOWN PA 19046	ACCOUNTING FEES FOR 1994 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-15-95	600.00
DONALD HOPKINS 1107 N IRVING AVE DUNMORE PA 15110	WORKED POLLS 5-16-95 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-6-95	50.00
FRANCIS PEITZ 60 KITTANNING PK PITTSBURGH PA 15205	WORKED POLLS 5-16-95 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-6-95	50.00
JOE VITA 537 CONROE ST PHILADELPHIA PA 19128	WORKED POLLS 5-16-95 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-6-95	50.00
JOE QUIGLEY 225 RECTOR ST PHILADELPHIA PA 19128	WORKED POLLS 5-16-95 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-6-95	50.00
KENNETH W. STOUT 248 PERKASIE AVE QUAKERTOWN PA 18951	WORKED POLLS 5-16-95 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-12-95	50.00
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)

1,383.77

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

CWA LOCAL 13000, AFL-CIO

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
COMMITTEE TO ELECT ROBERT FREEMAN 138 S 10TH ST EASTON PA 18042	FUND RAISER - TICKETS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-13-95	60.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
COMMITTEE TO ELECT THEREAS CARR DENI JUDGE 1334 WALNUT ST 5TH FLOOR PHILADELPHIA PA 19107	CAMPAIGN EXP. 1995 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-23-95	100.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
RE-ELECT DAVID COHEN 5635 N 16TH ST PHILADELPHIA PA 19141	CAMPAIGN EXP. 1995 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-23-95	100.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DELUCA FOR LEGISLATURE COMMITTEE 1436 BARBARA DR VERONA PA 15147	FUND RAISER 4-29-95 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-29-95	100.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
LONGSTRETH FOR PHILADELPHIA FUND P O BOX 58513 PHILADELPHIA PA 19102	CAMPAIGN EXP. 1995 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-26-95	100.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CITIZENS FOR RON KLINK 141 RENFER ST PITTSBURGH PA 15237	FUND RAISER 4-24-95 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-26-95	200.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRIENDS OF JAMES M. WEAVER 10 N THIRD ST BRADFORD PA 16701	CAMPAIGN EXP. 1995 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-9-95	200.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CITIZENS FOR A BETTER DORMONT 1204 HILLSDALE AVE PITTSBURGH PA 15216	CAMPAIGN EXP. 1995 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-9-95	100.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DEMOCRATIC COMMITTEE OF PHILADELPHIA 225 RECTOR ST PHILADELPHIA PA 19128	FUND RAISER 5-10-95 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-9-95	250.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

1,210.00

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

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

<input type="checkbox"/> Hand Delivered	DATE OF RECEIPT
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED <i>7-13-95</i>
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House Office of Records and Registration	DATE OF RECEIPT
<input type="checkbox"/> Received from the Senate Office of Public Records	DATE OF RECEIPT
<input type="checkbox"/> Other (Specify):	POSTMARKED
	and/or DATE OF RECEIPT
<i>JMN</i> PREPARED	<i>7-16-95</i> DATE PREPARED

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