

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION

OCT 10 12 32 PM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1.	CUD109595	081898	P 252
	PATRICIA A. MAISANO		
	LOCAL 13000 CWA AFL-CIO		
	2124 RACE STREET		
	PHILADELPHIA	PA 19103	
2. FEC IDENTIFICATION NUMBER			
CUD109595			
3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)			

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☒ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid Year Report (Non-election Year Only)

☐ Termination Report

Monthly Report Due On:

☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ 12-Day Pre-Election Report for the _____
(Type of Election)

election on _____ in the State of _____


☐ 30-Day Post-Election Report following the General Election

on _____ in the State of _____

(b) Is this Report an Amendment?

☐ YES

☒ NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period 7-1-98 through 9-30-98		
6.	(a) Cash on Hand January 1, 19 98		\$ 150,969.52
	(b) Cash on Hand at Beginning of Reporting Period	\$ 106,988.26	
	(c) Total Receipts (from Line 19)	\$ 33,371.36	\$ 96,254.10
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 140,359.62	\$ 247,223.62
7.	Total Disbursements (from Line 30)	\$ 35,931.50	\$ 142,795.50
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 104,428.12	\$ 104,428.12
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 20463 Toll Free 800-424-9530 Local 202-694-1100
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 			Date 10-14-98

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 9/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE CWA, LOCAL 13000, AFL-CIO		REPORT COVERING PERIOD FROM 7-1-98 TO 9-30-98	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	1,106.50	1,466.50	11(a)(i)
ii. Unitemized	31,686.85	93,113.35	11(a)(ii)
iii. Total (add i and ii) >	32,793.35	94,579.85	11(a)(iii)
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.)	100.00	100.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)	478.01	1,574.25	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	33,371.36	96,254.10	19
20. Total Federal Receipts (subtract line 18 from line 19) >	33,371.36	96,254.10	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(i)
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(b)
b. Other Federal Operating Expenditures	2,233.50	35,092.00	21(b)
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	20,000.00	70,000.00	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. Individual/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	13,698.00	37,703.50	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	35,931.50	142,795.50	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	35,931.50	142,795.50	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) >	2,233.50	35,092.00	35
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 PagePAGE 1 OF 2
FOR LINE NUMBER 11 (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)

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
JOSEPH V. CLINTON 18 RUTH RD BOOKHAVEN PA 19015	CNA LOCAL 13000	7/8/98 8/3/98 9/3/98	30.00 30.00 30.00 90.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation EXECUTIVE BOARD MEMBER	Aggregate Year-to-Date > \$ 270.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES M. CARTER 320 FOLSOM AVE FOLSOM PA 19033	CNA LOCAL 13000	7/8/98 8/3/98 9/3/98	30.00 30.00 30.00 90.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation EXECUTIVE BOARD MEMBER	Aggregate Year-to-Date > \$ 270.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PATRICIA A. MAISANO 1012 PUTNAM BLVD WALLINGFORD PA 19086	CNA LOCAL 13000	7/8/98 8/3/98 9/3/98	30.00 30.00 30.00 90.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation EXECUTIVE BOARD MEMBER	Aggregate Year-to-Date > \$ 270.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
EDWARD T. CARR 982 NETHERWOOD DR BLUE BELL PA 19422	CNA LOCAL 13000	7/8/98 8/3/98 9/3/98	30.00 30.00 30.00 90.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation EXECUTIVE BOARD MEMBER	Aggregate Year-to-Date > \$ 270.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GERALD HARRIS 1405 CHAPLIN ST CONWAY PA 15027	CNA LOCAL 13000	7/8/98 8/3/98 9/3/98	30.00 30.00 30.00 90.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation EXECUTIVE BOARD MEMBER	Aggregate Year-to-Date > \$ 270.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
D. K. BRICKER 804 LUTHER ST HARRISBURG PA 17112	BELL ATLANTIC-PENNSYLVANIA	\$5/WEEK	65.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SWTC EQUIP TECH	Aggregate Year-to-Date > \$ 220.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
L. H. HAMILTON #1 FEATHER BED LN NORRISTOWN PA 19403	BELL ATLANTIC-PENNSYLVANIA	\$7/WEEK	91.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SWTC EQUIP TECH	Aggregate Year-to-Date > \$ 232.00	

SUBTOTAL of Receipts This Page (optional)

606.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary PagePAGE 2 OF 2
FOR LINE NUMBER
11 (a) (i)

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NAME OF COMMITTEE (In Full)

CWA LOCAL 13000, AFL-CIO

A. Full Name, Mailing Address and ZIP Code J. S. HARTZELL 473 HATBORD RD CHURCHVILLE PA 18966 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer BELL ATLANTIC-PENNSYLVANIA Occupation SERVICES TECH Aggregate Year-to-Date > \$ 245.00	Date (month, day, year) \$7/WEEK	Amount of Each Receipt this Period 91.00
B. Full Name, Mailing Address and ZIP Code J. C. KINCADE 326 N FUNK RD BOYERTOWN PA 19512 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer BELL ATLANTIC-PENNSYLVANIA Occupation SPLICING TECH Aggregate Year-to-Date > \$ 340.00	Date (month, day, year) \$10/WEEK	Amount of Each Receipt this Period 130.00
C. Full Name, Mailing Address and ZIP Code E. F. MODNEY 322 ROSEBERRY ST PHILADELPHIA PA 19148 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer BELL ATLANTIC-PENNSYLVANIA Occupation SERVICES TECH Aggregate Year-to-Date > \$ 224.00	Date (month, day, year) \$7/WEEK	Amount of Each Receipt this Period 91.00
D. Full Name, Mailing Address and ZIP Code K. L. WACHTER 210 COLLEGE HILL RD ENOLA PA 17025 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer BELL ATLANTIC-PENNSYLVANIA Occupation SWTC EQUIP TECH Aggregate Year-to-Date > \$ 288.00	Date (month, day, year) \$7.50/WEEK	Amount of Each Receipt this Period 97.50
E. Full Name, Mailing Address and ZIP Code T. P. WHARTON 2725 LAFAYETTE AVE BENSALEN PA 19020 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer BELL ATLANTIC-PENNSYLVANIA Occupation SPLICING TECH Aggregate Year-to-Date > \$ 245.00	Date (month, day, year) \$7/WEEK	Amount of Each Receipt this Period 91.00
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)

500.50

TOTAL This Period (last page this line number only)

1,106.50

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11 (a) (ii)

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 CATHY MCDOWELL 5653 N 2ND ST PHILADELPHIA PA 19120 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CWA LOCAL 13000 Occupation SECRETARY Aggregate Year-to-Date > \$ 190.00	Date (month, day, year) 7/8/98 8/3/98 9/3/98	Amount of Each Receipt this Period 20.00 25.00 20.00 65.00
B. Full Name, Mailing Address and ZIP Code PAM GORMAN 224 DOOLITTLE ST CARNEGIE PA 15106 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CWA LOCAL 13000 Occupation SECRETARY Aggregate Year-to-Date > \$ 190.00	Date (month, day, year) 7/8/98 8/3/98 9/3/98	Amount of Each Receipt this Period 20.00 25.00 20.00 65.00
C. Full Name, Mailing Address and ZIP Code UNION MEMBERS (PAYROLL DEDUCTIONS) Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer COMCAST CABLEVISION Occupation UNION MEMBERS Aggregate Year-to-Date > \$ 145.00	Date (month, day, year) 8/3/98	Amount of Each Receipt this Period 50.75
D. Full Name, Mailing Address and ZIP Code UNION MEMBERS (PAYROLL DEDUCTIONS) Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer RAY COMMUNICATIONS Occupation UNION MEMBERS Aggregate Year-to-Date > \$ 74.00	Date (month, day, year) 7/14/98	Amount of Each Receipt this Period 21.00
E. Full Name, Mailing Address and ZIP Code UNION MEMBERS (PAYROLL DEDUCTIONS) Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer BELL ATLANTIC-PENNSYLVANIA Occupation UNION MEMBERS Aggregate Year-to-Date > \$ 91,609.35	Date (month, day, year) 7/14/98 8/11/98 9/3/98	Amount of Each Receipt this Period 9,506.50 9,754.25 12,224.35 31,485.10
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 > 5	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 > 3	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

31,686.85

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER 15

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NAME OF COMMITTEE (in Full)

CNA LOCAL 13000, AFL-CIO

A. Full Name, Mailing Address and ZIP Code BINUS FOR CITY COUNCIL 2411 12TH ST ALTOONA PA 16601 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CHECK NEVER RECEIVED CHECK NEVER CASHED Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 3-16-99	Amount of Each Receipt this Period 100.00
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

100.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

CWA LOCAL 13000, AFL-CIO

A. Full Name, Mailing Address and ZIP Code MELLON PSFS BANK 18TH & MARKET STS PHILADELPHIA PA 19103 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer INTEREST RECEIVED Occupation	Date (month, day, year) 7/31/98 8/31/98 9/30/98	Amount of Each Receipt this Period 171.72 180.44 125.85 478.01
Aggregate Year-to-Date > \$ 1,574.25			
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Aggregate Year-to-Date > \$			
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Aggregate Year-to-Date > \$			
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Aggregate Year-to-Date > \$			
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Aggregate Year-to-Date > \$			
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Aggregate Year-to-Date > \$			
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Aggregate Year-to-Date > \$			

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

478.01

SCHEDULE B
ITEMIZED DISBURSEMENTS

 Use separate schedule(s)
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 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 KELLON PSFS BANK 18TH & MARKET STREETS PHILADELPHIA PA 19103	Purpose of Disbursement ACCOUNT ANALYSIS FEES	Date (month, day, year) 7/31/98	Amount of Each Disbursement This Period 22.50
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	8/31/98	20.00
	<input type="checkbox"/> Other (specify)	9/30/98	14.50
			57.00
B. Full Name, Mailing Address and ZIP Code CWA LOCAL 13000 2124 RACE STREET PHILADELPHIA PA 19103	Purpose of Disbursement REIMBURSED THE LOCAL FOR ACCTG. FEES FOR 1997	Date (month, day, year) 8-18-98	Amount of Each Disbursement This Period 600.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code AMERICAN SCREENPRINT 215 SALINE ST PITTSBURGH PA 15207	Purpose of Disbursement FUND RAISER FOR A PAC DRIVE	Date (month, day, year) 9-8-98	Amount of Each Disbursement This Period 1,576.50
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

2,233.50

SCHEDULE B
ITEMIZED DISBURSEMENTS

 Use separate schedule(s)
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Detailed Summary Page

 PAGE 1 OF 1
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

CWA LOCAL 13000, AFL-CIO

A. Full Name, Mailing Address and ZIP Code HORSKI FOR CONGRESS P O BOX 26846 PHILADELPHIA PA 19134	Purpose of Disbursement 1998 GENERAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/25/98	Amount of Each Disbursement This Period 5,000.00
B. Full Name, Mailing Address and ZIP Code MASCARA FOR CONGRESS P O BOX 1109 WASHINGTON PA 15301	Purpose of Disbursement 1998 GENERAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/16/98	Amount of Each Disbursement This Period 5,000.00
C. Full Name, Mailing Address and ZIP Code KLINK FOR CONGRESS P O BOX 15491	Purpose of Disbursement 1998 GENERAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/16/98	Amount of Each Disbursement This Period 5,000.00
D. Full Name, Mailing Address and ZIP Code AFFLERBACH FOR CONGRESS P O BOX 20605 LEHIGH VALLEY PA 18002	Purpose of Disbursement 1998 GENERAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/29/98	Amount of Each Disbursement This Period 5,000.00
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)

20,000.00

SCHEDULE B
ITEMIZED DISBURSEMENTS

 Use separate schedule(s)
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Detailed Summary Page

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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 PHOENIXVILLE DEMOCRATIC COMMITTEE 976 CHERRY ST PHOENIXVILLE PA 19462	Purpose of Disbursement FULL PAGE AD Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/20/98	Amount of Each Disbursement This Period 100.00
B. Full Name, Mailing Address and ZIP Code PHOENIXVILLE DEMOCRATIC COMMITTEE 976 CHERRY ST PHOENIXVILLE PA 19460	Purpose of Disbursement FUND RAISER 8/16/98 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/20/98	Amount of Each Disbursement This Period 108.00
C. Full Name, Mailing Address and ZIP Code WOMEN'S DEMOCRATIC CLUB OF LANCASTER 711 COLLEGE AVE LANCASTER PA 17605	Purpose of Disbursement FUND RAISER 8/22/98 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/7/98	Amount of Each Disbursement This Period 40.00
D. Full Name, Mailing Address and ZIP Code DEMOCRATIC "200" NIGHT OF SONS OF ITALY 1800 7TH AVE ALTOONA, PA	Purpose of Disbursement FUND RAISER 10/24/98 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/10/98	Amount of Each Disbursement This Period 150.00
E. Full Name, Mailing Address and ZIP Code FRIENDS OF SCOTT CONKLIN R R 3 BOX 388 PHILLIPSBURG PA 16866	Purpose of Disbursement 1998 GENERAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/10/98	Amount of Each Disbursement This Period 500.00
F. Full Name, Mailing Address and ZIP Code LABOR COUNCIL OF BEAVER COUNTY P O BOX A BEAVER PA 15009	Purpose of Disbursement FUND RAISER 9/26/98 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/16/98	Amount of Each Disbursement This Period 50.00
G. Full Name, Mailing Address and ZIP Code FRIENDS OF MARTHA FALK 1921 E COLUMBIA ST ALLENTOWN PA 18103	Purpose of Disbursement 1998 GENERAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/16/98	Amount of Each Disbursement This Period 500.00
H. Full Name, Mailing Address and ZIP Code FRIENDS OF TIM TUINSTR 201 BRIARWOOD LN CRANBERRY TWP PA 16066	Purpose of Disbursement 1998 GENERAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/16/98	Amount of Each Disbursement This Period 500.00
I. Full Name, Mailing Address and ZIP Code FRIENDS OF KEN RUFFING 110 SANJEL DR WEST MIFFLIN PA 15122	Purpose of Disbursement 1998 GENERAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/16/98	Amount of Each Disbursement This Period 500.00

SUBTOTAL of Disbursements This Page (optional)

2,448.00

TOTAL This Period (last page this line number only)

SCHEDULE B
ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

CWA LOCAL 13000, AFL-CIO

A. Full Name, Mailing Address and ZIP Code ELECT TOM TANGRETTI COMMITTEE P O BOX 292 GREENSBURG PA 15601	Purpose of Disbursement 1998 GENERAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/16/98	Amount of Each Disbursement This Period 500.00
B. Full Name, Mailing Address and ZIP Code COMMITTEE TO ELECT TOM FULLARD 9146 TIMBERGLEN DR IMPERIAL PA 15126	Purpose of Disbursement 1998 GENERAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/16/98	Amount of Each Disbursement This Period 500.00
C. Full Name, Mailing Address and ZIP Code COMMITTEE FOR CASORIO P O BOX 562 IRWIN PA 15642	Purpose of Disbursement 1998 GENERAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/16/98	Amount of Each Disbursement This Period 500.00
D. Full Name, Mailing Address and ZIP Code FRIENDS OF SUSAN LAUGHLIN COMMITTEE 1305 SAMPSON ST CONWAY PA 15027	Purpose of Disbursement 1998 GENERAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/16/98	Amount of Each Disbursement This Period 500.00
E. Full Name, Mailing Address and ZIP Code STEELMAN FOR STATE REPRESENTATIVE COMMITTEE 20 SHADY ST INDIANA PA 15701	Purpose of Disbursement 1998 GENERAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/16/98	Amount of Each Disbursement This Period 700.00
F. Full Name, Mailing Address and ZIP Code FRIENDS OF JENNIFER MANN 2917 FAIRVIEW ST ALLENTOWN PA 18103	Purpose of Disbursement 1998 GENERAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/16/98	Amount of Each Disbursement This Period 1,000.00
G. Full Name, Mailing Address and ZIP Code PENNSYLVANIA AFL-CIO COPE 230 STATE ST HARRISBURG PA 17101	Purpose of Disbursement FUND RAISER 10/2/98 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/29/98	Amount of Each Disbursement This Period 800.00
H. Full Name, Mailing Address and ZIP Code FRIENDS OF GUY TRAVAGLIO 118 PILLOW ST BUTER PA 16001	Purpose of Disbursement 1998 GENERAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/29/98	Amount of Each Disbursement This Period 500.00
I. Full Name, Mailing Address and ZIP Code DELUCA FOR LEGISLATOR COMMITTEE 1416 BARBARA DR VERONA PA 15147	Purpose of Disbursement FUND RAISER 10/23/98 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/29/98	Amount of Each Disbursement This Period 500.00

SUBTOTAL of Disbursements This Page (optional)

\$ 500.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

CNA LOCAL 13000, AFL-CIO

A. Full Name, Mailing Address and ZIP Code FRIENDS OF SHERYL HUNT 1972 MARIA LN ALLENTOWN PA 18104	Purpose of Disbursement 1998 GENERAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/29/98	Amount of Each Disbursement This Period 400.00
B. Full Name, Mailing Address and ZIP Code FRIENDS OF CHRISTINE H. TARTALONE 1407 VAN KIRK ST PHILADELPHIA PA 19149	Purpose of Disbursement FUND RAISER 10/21/98 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/29/98	Amount of Each Disbursement This Period 200.00
C. Full Name, Mailing Address and ZIP Code COMMITTEE TO ELECT WENDELL W YOUNG IV 3031 A WALTON RD SUITE 230 NORRISTOWN PA 19001	Purpose of Disbursement FUND RAISER 9/29/98 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/29/98	Amount of Each Disbursement This Period 500.00
D. Full Name, Mailing Address and ZIP Code FRIENDS OF RON RAYMOND 900 CHESTER PK SHARDON HILL PA 19079	Purpose of Disbursement FUND RAISER 10/12/98 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/29/98	Amount of Each Disbursement This Period 200.00
E. Full Name, Mailing Address and ZIP Code COMMITTEE TO ELECT GEORGE LEYH 15 DONEGAL SPRINGS RD MOUNT JOY PA 17552	Purpose of Disbursement 1998 GENERAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/29/98	Amount of Each Disbursement This Period 400.00
F. Full Name, Mailing Address and ZIP Code COMMITTEE TO ELECT MIKE VEDN P O BOX 327 BEAVER FALLS PA 15010	Purpose of Disbursement FUND RAISER 10/21/98 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/29/98	Amount of Each Disbursement This Period 1,000.00
G. Full Name, Mailing Address and ZIP Code CURRY FOR STATE REPRESENTATIVE COMMITTEE 250 WYNCOLE RD JENKINTOWN PA 19046	Purpose of Disbursement 1998 GENERAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/29/98	Amount of Each Disbursement This Period 500.00
H. Full Name, Mailing Address and ZIP Code PENNSYLVANIANS FOR REPRESENTATIVE COHEN 105 CLIFFMOOD RD PHILADELPHIA PA 19115	Purpose of Disbursement FUND RAISER 10/6/98 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/29/98	Amount of Each Disbursement This Period 500.00
I. Full Name, Mailing Address and ZIP Code COMMITTEE TO ELECT EILEEN MCCOUL 833 LOGAN ST POTTSTOWN PA 19464	Purpose of Disbursement 1998 GENERAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/29/98	Amount of Each Disbursement This Period 500.00

SUBTOTAL of Disbursements This Page (optional)

4,200.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

CMA LOCAL 13000, AFL-CIO

A. Full Name, Mailing Address and ZIP Code COMMITTEE TO ELECT JOHN YUDICHAK 115 JOEL HILL PLYMOUTH PA 18651	Purpose of Disbursement 1998 GENERAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/29/98	Amount of Each Disbursement This Period 500.00
B. Full Name, Mailing Address and ZIP Code FRIENDS OF MARION B. TASCQ P O BOX 27456 PHILADELPHIA PA 19118	Purpose of Disbursement FUND RAISER 10/21/98 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/30/98	Amount of Each Disbursement This Period 500.00
C. Full Name, Mailing Address and ZIP Code DEMOCRATIC CAMPAIGN COMMITTEE OF PHILADELPHIA 225 RECTOR ST PHILADELPHIA PA 19128	Purpose of Disbursement FUND RAISER 10/22/98 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/30/98	Amount of Each Disbursement This Period 250.00
D. Full Name, Mailing Address and ZIP Code COMMITTEE TO ELECT KAREN HUCYA FOR STATE REP P O BOX 69 SOMERSET PA 15501	Purpose of Disbursement 1998 GENERAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/30/98	Amount of Each Disbursement This Period 300.00
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)

1,550.00

TOTAL This Period (last page this line number only)

13,698.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
AA PREPARER	10/18/98 DATE PREPARED