

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

FEB 7 12 38 PM '97

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (SEE INSTRUCTIONS)		120698	F 264
C00109595			
PATRICIA A. MAISANO			
LOCAL 13000 CWA AFL-CIO			
2124 RACE STREET			
PHILADELPHIA		PA	19103
2. FEC IDENTIFICATION NUMBER		C00109595	
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:

- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |

Twelfth day report preceding _____
(Type of Election)

election on _____ in the State of _____

Thirtieth day report following the General Election on _____

in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>11-26-96</u> through <u>12-31-96</u>		
6. (a) Cash on Hand January 1, 19 <u>96</u>		\$ 128,728.21
(b) Cash on Hand at Beginning of Reporting Period	\$ 90,239.96	
(c) Total Receipts (from Line 19)	\$ 8,756.77	\$ 92,767.56
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 98,996.73	\$ 221,495.77
7. Total Disbursements (from Line 30)	\$ 13,100.00	\$ 135,599.04
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 85,896.73	\$ 85,896.73
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 202-219-3420
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		Date
Signature of Treasurer <i>Patricia A. Maisano</i>		1-30-97

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

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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 11-26-96	TO: 12-31-96	
		COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees			11(a)(1)
i.	Itemized (use Schedule A)	1,133.00	3,020.50	11(a)(1)
ii.	Unitemized	7,334.25	67,338.08	11(a)(1)
iii.	Total (add i and ii) >	8,467.25	90,358.58	11(b)
b.	Political Party Committees			11(c)
c.	Other Political Committees (such as PACs)			11(d)
d.	Total Contributions (add a ii, b and c) >			12
12.	Transfers From Affiliated/Other Party Committees			13
13.	All Loans Received			14
14.	Loan Repayments Received			15
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)			16
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees			17
17.	Other Federal Receipts (Dividends, Interest, etc.)	289.52	2,408.98	18
18.	Transfers from Nonfederal Account for Joint Activity			19
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	8,756.77	92,767.56	20
20.	Total Federal Receipts (subtract line 18 from line 19) >	8,756.77	92,767.56	
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(1)
i.	Federal Share	100.00	2,249.04	21(a)(1)
ii.	Non-Federal Share			21(b)
b.	Other Federal Operating Expenditures			21(c)
c.	Total Operating Expenditures (add a i, a ii, and b) >	13,000.00	81,650.00	22
22.	Transfers to Affiliated/Other Party Committees			23
23.	Contributions to Federal Candidates/Committees and Other Political Committees			24
24.	Independent Expenditures (use Schedule E)			25
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			26
26.	Loan Repayments Made			27
27.	Loans Made			
28.	Refunds of Contributions To:			28(a)
a.	Individuals/Persons Other Than Political Committees			28(b)
b.	Political Party Committees			28(c)
c.	Other Political Committees (such as PACs)			28(d)
d.	Total Contribution Refunds (add a, b and c) >		38,700.00	29
29.	Other Disbursements			30
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	13,100.00	135,599.04	31
31.	Total Federal Disbursements (subtract line 21 a i from line 30) >	13,100.00	135,599.04	
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)			32
33.	Total Contribution Refunds (from line 28d)			33
34.	Net Contributions (other than loans)(subtract line 33 from 32)			34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >			35
36.	Offsets to Operating Expenditures (from line 15)			36
37.	Net Operating Expenditures (subtract line 36 from 35) >			37

SCHEDULE A

ITEMIZED RECEIPTS

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

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

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
JOSEPH V. CLINTON 18 RUTH RD BROOKHAVEN PA 19015	CWA LOCAL 13000	12-15-96	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation LOCAL PRESIDENT		
	Aggregate Year-to-Date	\$ 360.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES CARTER 320 FOLSOM AVE FOLSOM PA 19033	CWA LOCAL 13000	12-15-96	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VICE PRESIDENT		
	Aggregate Year-to-Date	\$ 360.00	
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	CWA LOCAL 13000	12-15-96	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SECRETARY-TREASURER		
	Aggregate Year-to-Date	\$ 360.00	
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	CWA LOCAL 13000	12-15-96	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REGIONAL VICE PRESIDENT		
	Aggregate Year-to-Date	\$ 350.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID V. EVANS 1571 CRESTVIEW DR PITTSBURGH PA 15237	CWA LOCAL 13000	12-15-96	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REGIONAL VICE PRESIDENT		
	Aggregate Year-to-Date	\$ 312.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
G. AUNGST 3401 ELIZABETH CT NORTH WALES PA 19454	BELL ATLANTIC-PENNSYLVANIA	12-15-96	15.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation TECHNICIAN		
	Aggregate Year-to-Date	\$ 247.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
D. BABNEW 403 BRADFORD CHERRY HILL NJ 08034	BELL ATLANTIC-PENNSYLVANIA	12-15-96	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation TECHNICIAN		
	Aggregate Year-to-Date	\$ 249.00	

SUBTOTAL of Receipts This Page (optional)	190.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 8
FOR LINE NUMBER 11 (a) (1)

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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
J. BAKER 359 RAIBLE DR DUNCANSVILLE PA 16635	BELL ATLANTIC-PENNSYLVANIA	12-15-96	22.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation TECHNICIAN		
	Aggregate Year-to-Date	\$ 232.50	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
B. BAKER 1799 BELLMEADE DR ALTOONA PA 16602	BELL ATLANTIC-PENNSYLVANIA	12-15-96	12.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation TECHNICIAN		
	Aggregate Year-to-Date	\$ 222.50	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. BORGHI 3867 HALLMAN AVE COLLEGEVILLE PA 19426	BELL ATLANTIC-PENNSYLVANIA	12-15-96	15.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation TECHNICIAN		
	Aggregate Year-to-Date	\$ 247.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
D. BRICKER 304 LUTHER ST HARRISBURG PA 17112	BELL ATLANTIC-PENNSYLVANIA	12-15-96	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation TECHNICIAN		
	Aggregate Year-to-Date	\$ 345.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
T. CRAWFORD 423 N SCHOOL ST PITTSBURGH PA 15202	BELL ATLANTIC-PENNSYLVANIA	12-15-96	12.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation TECHNICIAN		
	Aggregate Year-to-Date	\$ 222.50	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
K. EVANS 15 NOCKLYN RD PITTSBURGH PA 15237	BELL ATLANTIC-PENNSYLVANIA	12-15-96	15.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation TECHNICIAN		
	Aggregate Year-to-Date	\$ 247.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
G. EVERLY 12042 GLENFIELD RD PHILADELPHIA PA 19154	BELL ATLANTIC-PENNSYLVANIA	12-15-96	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation TECHNICIAN		
	Aggregate Year-to-Date	\$ 263.50	

SUBTOTAL of Receipts This Page (optional) 127.50

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 3 OF 8
FOR LINE NUMBER 11 (a) (i)

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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
C. EMER 4610 OAK AVE. TREVOSE PA 19047	BELL ATLANTIC-PENNSYLVANIA	12-15-96	15.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation TECHNICIAN	Aggregate Year-to-Date > \$ 240.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
D. GHION-SPENCE 537 THOMPSON AVE CLAIRTON PA 15025	BELL ATLANTIC-PENNSYLVANIA	12-15-96	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation STAFF CLERK	Aggregate Year-to-Date > \$ 345.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
D. GILLELAND 46 ROSE BLVD UNIONTOWN PA 15401	BELL ATLANTIC-PENNSYLVANIA	12-15-96	12.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation TECHNICIAN	Aggregate Year-to-Date > \$ 222.50	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. HAAGEN R D 3 BOX 176 BELLEFONTE PA 16823	BELL ATLANTIC-PENNSYLVANIA	12-15-96	12.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation TECHNICIAN	Aggregate Year-to-Date > \$ 222.50	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. JOHNS 203 CHESTNUT HILLS APTS WASHINGTON PA 15301	BELL ATLANTIC-PENNSYLVANIA	12-15-96	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation TECHNICIAN	Aggregate Year-to-Date > \$ 345.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
F. JOYCE 79 DUC RD WYOMING PA 18644	BELL ATLANTIC-PENNSYLVANIA	12-15-96	12.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation TECHNICIAN	Aggregate Year-to-Date > \$ 222.50	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
D. KELLEY 4 RENAISSANCE DR IRWIN PA 15642	BELL ATLANTIC-PENNSYLVANIA	12-15-96	12.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation TECHNICIAN	Aggregate Year-to-Date > \$ 222.50	

SUBTOTAL of Receipts This Page (optional) 115.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 8

FOR LINE NUMBER 71 (a) (i)

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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
R. KILGORE 204 DOLores DR APOLLON PA 15613	BELL ATLANTIC-PENNSYLVANIA	12-15-96	15.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation TECHNICIAN		
	Aggregate Year-to-Date	\$ 247.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. KUMOR 645 RIDGE BLVD CONNEILLSVILLE PA 15425	BELL ATLANTIC-PENNSYLVANIA	12-15-96	12.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation TECHNICIAN		
	Aggregate Year-to-Date	\$ 222.50	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
D. LAUSCH R D 12 BOX 72 YORK PA 17406	BELL ATLANTIC-PENNSYLVANIA	12-15-96	12.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation TECHNICIAN		
	Aggregate Year-to-Date	\$ 222.50	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
W. LEIBACH 310 BAYBERRY RD PITTSBURGH PA 15237	BELL ATLANTIC-PENNSYLVANIA	12-15-96	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation TECHNICIAN		
	Aggregate Year-to-Date	\$ 345.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. MARKLE R D 2 BOX 20 MAHAFFEY PA 15757	BELL ATLANTIC-PENNSYLVANIA	12-15-96	12.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation TECHNICIAN		
	Aggregate Year-to-Date	\$ 262.50	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. MARKLEY 135 DUNKIRK RD HARRIORS HARK PA 16877	BELL ATLANTIC-PENNSYLVANIA	12-15-96	12.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation TECHNICIAN		
	Aggregate Year-to-Date	\$ 222.50	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
D. MARTIN 659 E. WISHART ST PHILADELPHIA PA 19134	BELL ATLANTIC-PENNSYLVANIA	12-15-96	23.75
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation TECHNICIAN		
	Aggregate Year-to-Date	242.50	

SUBTOTAL of Receipts This Page (optional)

113.75

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 5 OF 8
FOR LINE NUMBER 11 (a) (3)

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NAME OF COMMITTEE (in Full)

DNA 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
G. MCGINLEY 1956 MAPLE AVE CROYDON PA 19020	BELL ATLANTIC-PENNSYLVANIA	12-15-96	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation TECHNICIAN	Aggregate Year-to-Date > \$ 330.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
M. McNALLY 2604 BROADWAY HATBORO PA 19040	BELL ATLANTIC-PENNSYLVANIA	12-15-96	19.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation TECHNICIAN	Aggregate Year-to-Date > \$ 258.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
E. MOONEY 322 ROSEBERRY ST PHILADELPHIA PA 19148	BELL ATLANTIC-PENNSYLVANIA	12-15-96	35.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation TECHNICIAN	Aggregate Year-to-Date > \$ 377.50	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
T. MOORE 634 CRESCENT AVE GLENIDE PA 19038	BELL ATLANTIC-PENNSYLVANIA	12-15-96	23.75
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation TECHNICIAN	Aggregate Year-to-Date > \$ 249.50	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. MORFLAK 351 E PIKE ST HOUSTON PA 15342	BELL ATLANTIC-PENNSYLVANIA	12-15-96	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation TECHNICIAN	Aggregate Year-to-Date > \$ 228.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. MYERS 3 GREENFIELD DR PARADISE PA 17562	BELL ATLANTIC-PENNSYLVANIA	12-15-96	23.75
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation TECHNICIAN	Aggregate Year-to-Date > \$ 297.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
M. O'ROURKE 6011 ROSLYN ST BOSTON PA 15135	BELL ATLANTIC-PENNSYLVANIA	12-15-96	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation TECHNICIAN	Aggregate Year-to-Date > \$ 345.00	

SUBTOTAL of Receipts This Page (optional) 176.50

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 5 OF 8
FOR LINE NUMBER 11 (a) (i)

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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
C. PAGE FOREST GATES APTS #49 MAGNOLIA NJ 08049	BELL ATLANTIC-PENNSYLVANIA	12-15-96	23.75
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation STAFF CLERK Aggregate Year-to-Date > \$ 328.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
D. PENNELL 715 PARK ST CALIFORNIA PA 15419	BELL ATLANTIC-PENNSYLVANIA	12-15-96	12.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation TECHNICIAN Aggregate Year-to-Date > \$ 222.50		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
D. PRITCHARD 4010 CRABAPPLE DR MCKEES ROCKS PA 15136	BELL ATLANTIC-PENNSYLVANIA	12-15-96	12.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation TECHNICIAN Aggregate Year-to-Date > \$ 220.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. ROSSI 1126 BELLVOIR RD NORRISTOWN PA 19401	BELL ATLANTIC-PENNSYLVANIA	12-15-96	15.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation TECHNICIAN Aggregate Year-to-Date > \$ 242.50		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. RUPERT 5419 HAMILTON RD GIBSONIA PA 15044	BELL ATLANTIC-PENNSYLVANIA	12-15-96	12.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation TECHNICIAN Aggregate Year-to-Date > \$ 217.50		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. RUPP 207 KIRKWOOD DR PITTSBURGH PA 15215	BELL ATLANTIC-PENNSYLVANIA	12-15-96	12.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CLERK Aggregate Year-to-Date > \$ 271.50		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
B. SALETRIK <i>NJK</i> 37 FAY CIR PORT MATILDA PA 16870	BELL ATLANTIC-PENNSYLVANIA	12-15-96	12.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation TECHNICIAN Aggregate Year-to-Date > \$ 222.50		

SUBTOTAL of Receipts This Page (optional)

101.25

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 7 OF 8
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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
D. SAKSON P O BOX 51 HONESDALE PA 18431	BELL ATLANTIC-PENNSYLVANIA	12-15-96	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation TECHNICIAN	Aggregate Year-to-Date > \$ 345.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
D. SICKMAN 2833 RHANN ST PHILADELPHIA PA 19152	BELL ATLANTIC-PENNSYLVANIA	12-15-96	12.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation TECHNICIAN	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
H. SOLT 608 E. 8TH ST NORTHAMPTON PA 18067	BELL ATLANTIC-PENNSYLVANIA	12-15-96	23.75
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation TECHNICIAN	Aggregate Year-to-Date > \$ 264.75	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
M. STEENSON 3722 CALIFORNIA AVE PITTSBURGH PA 15212	BELL ATLANTIC-PENNSYLVANIA	12-15-96	24.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation TECHNICIAN	Aggregate Year-to-Date > \$ 300.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
K. STOUT 248 PERKASIE AVE QUAKERTOWN PA 18951	BELL ATLANTIC-PENNSYLVANIA	12-15-96	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation TECHNICIAN	Aggregate Year-to-Date > \$ 331.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
F. TRAVALINE 1269 S HANOVER ST POTTSTOWN PA 19460	BELL ATLANTIC-PENNSYLVANIA	12-15-96	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation TECHNICIAN	Aggregate Year-to-Date > \$ 345.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
K. WACHTER 210 COLLEGE HILL RD ENOLA PA 17025	BELL ATLANTIC-PENNSYLVANIA	12-15-96	40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 434.00	

SUBTOTAL of Receipts This Page (optional)

175.25

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 8 OF 8
FORM 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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
M. WARMUTH 1309 HAKILTON RD CONNELLSVILLE PA 15425	BELL ATLANTIC-PENNSYLVANIA Occupation TECHNICIAN	12-15-96	12.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 222.50		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. WESTOVER 4 HORNSBERGER DR MCALISTERVILLE PA 17045	BELL ATLANTIC-PENNSYLVANIA Occupation TECHNICIAN	12-15-96	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 345.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
D. WILLIAMS 307 PLYMOUTH AVE WILKES-BARRE PA 18702	BELL ATLANTIC-PENNSYLVANIA Occupation TECHNICIAN	12-15-96	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 340.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C. YEZLORSKI 12418 TYRONE RD PHILADELPHIA PA 19154	BELL ATLANTIC-PENNSYLVANIA Occupation TECHNICIAN	12-15-96	23.75
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 272.75		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PAK CORMAN 224 DOOLITTLE ST CARNEGIE PA 15106	CWA LOCAL 13000 Occupation SECRETARY	12-15-96	20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KATHLEEN COOLEY 2616 PATTERSON ST PITTSBURGH PA 15203	BELL ATLANTIC-PENNSYLVANIA Occupation TECHNICIAN	12-15-96	15.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 212.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LAWRENCE O'BRIEN 4136 TUXEY AVE PITTSBURGH PA 15227	BELL ATLANTIC-PENNSYLVANIA Occupation TECHNICIAN	12-15-96	12.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 208.50		

SUBTOTAL of Receipts This Page (optional)

133.75

TOTAL This Period (last page this line number only)

1,133.00

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) (11)

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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
CATHY MCDOWELL 5653 NO SECOND ST PHILADELPHIA PA 19120	CWA LOCAL 13000	12-15-96	20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SECRETARY	Aggregate Year-to-Date > \$ 185.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
UNION MEMBERS (WEEKLY PAYROLL DEDUCTIONS)	BELL ATLANTIC-PENNSYLVANIA	12-15-96	7,314.25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 85,127.25	
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)

7,334.25

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21 (a) (ii)

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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
JOE QUIGLEY 225 RECTOR ST PHILADELPHIA PA 19128	WORKED POLLS 11-5-96 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-27-96	50.00
JOE VITA 537 CONNARDE ST PHILADELPHIA PA 19128	WORKED POLLS 11-5-96 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-27-96	50.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This 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)

100.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 22

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NAME OF COMMITTEE (In Full)

CMA 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
CMA COPE 501 THIRD AVE NW WASHINGTON DC 20001-2797	1996 PAC QUOTA Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-16-96	13,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This 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)

13,000.00

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.

Hand Delivered

DATE OF RECEIPT

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POSTMARKED

1-31-97

No Postmark

Postmark Illegible

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and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
Records

DATE OF RECEIPT

Other (Specify):

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and/or DATE OF RECEIPT

H.B.

PREPARER

2-7-97

DATE PREPARED