

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

1. NAME OF COMMITTEE (in full) Local 13000, CWA AFL-CIO	2. FEC IDENTIFICATION NUMBER C00105995
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 2124 Race Street	SEP 20 11 35 AM '99
CITY, STATE, and ZIP CODE Philadelphia, PA 19103	3. <input type="checkbox"/> This committee has qualified as a multi-candidate 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 _____ (election type)
 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>8/01/99</u> through <u>8/31/99</u>		
6. (a) Cash on Hand, January 1, <u>1999</u>		\$104,615.48
(b) Cash on Hand at Beginning of Reporting Period	\$151,859.86	
(c) Total Receipts (from line 19)	354.75	80,426.63
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	152,214.61	1,109,868.25
7. Total Disbursements (from line 30)	7,250.00	40,077.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	144,964.61	144,964.61
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 9.16.99
Signature of Treasurer <i>Patricia A. Maisano</i>	

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 11/91)

NAME OF COMMITTEE CWA local 13000 AFL-CIO		REPORT COVERING PERIOD FROM 8/01/99 TO 8/31/99	
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	.....	\$237.00	\$1,490.00
ii. Unitemized	.....	117.75	80,854.18
iii. Total	..... (add i and ii)	\$354.75	\$82,344.18
b. Political Party Committees	.....	0.00	0.00
c. Other Political Committees (such as PACs)	.....	0.00	0.00
d. Total Contributions	..... (add a iii, b and c)	\$354.75	\$82,344.18
12. Transfers From Affiliated/Other Party Committees	.....	0.00	0.00
13. All Loans Received	.....	0.00	0.00
14. Loan Repayments Received	.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	.....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	.....	0.00	0.00
18. Transfers From Nonfederal Account for Joint Activity	.....	0.00	0.00
19. Total Receipts	..... (add 11d, 12, 13, 14, 15, 16, 17, and 18)	\$354.75	\$82,344.18
20. Total Federal Receipts	..... (subtract line 18 from line 19)	\$354.75	\$82,344.18
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	.....	0.00	0.00
ii. Non-Federal Share	.....	
b. Other Federal Operating Expenditures	.....		\$67.50
c. Total Operating Expenditures	..... (add a i, a ii, and b)	0.00	0.00
22. Transfers to Affiliated/Other Party Committees	.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	.....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Sch. F)	.....	0.00	0.00
26. Loan Repayments Made	.....	0.00	0.00
27. Loans Made	.....	0.00	0.00
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	.....	0.00	0.00
b. Political Party Committees	.....	0.00	0.00
c. Other Political Committees (such as PACs)	.....	0.00	0.00
d. Total Contributions Refunds	..... (add a, b, and c)	0.00	0.00
29. Other Disbursements	.....	\$7,250.00	\$40,016.00
30. Total Disbursements	..... (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	\$7,250.00	\$40,077.50
31. Total Federal Disbursements	..... (subtract line 21 a ii from line 30)	0.00	0.00
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11 d)	.....	0.00	0.00
33. Total Contribution Refunds (from line 28d)	.....	0.00	0.00
34. Net Contributions (other than loans) (subtract line 33 from 32)	.....	0.00	0.00
35. Total Federal Operating Expenditures	..... (add 21 a i and 21 b)	0.00	0.00
36. Offsets to Operating Expenditures (from line 15)	.....	0.00	0.00
37. Net Operating Expenditures	..... (subtract line 36 from 35)	0.00	0.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE OF
FOR LINE NUMBER

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 CLINTON 18 RUTH ROAD BROOKHAVEN, PA 19015	CWA LOCAL 13000 Occupation EXECUTIVE BOARD MEMBER	8/05/99	\$30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
PATRICIA MAISANO 1012 PLITNAM BLVD. WALLINGFORD, PA 19086	CWA LOCAL 13000 Occupation EXECUTIVE BOARD MEMBER	8/05/99	\$30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 240.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
EDWARD CARR 982 NETHERWOOD DRIVE BLUE BELL, PA 19422	CWA LOCAL 13000 Occupation EXECUTIVE BOARD MEMBER	8/05/99	\$30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 240.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GERALD HARRIS 1405 CHAPLIN STREET CONWAY, PA 15027	CWA LOCAL 13000 Occupation EXECUTIVE BOARD MEMBERS	8/05/99	\$30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 240.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CATHERINE MCDOWELL 5653 N. SECOND STREET PHILA, PA 19120	CWA LOCAL 13000 Occupation SECRETARY	8/05/99	\$25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 180.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PAM GORMAN 224 DOOLITTLE STREET CARNEGIE, PA 15106	CWA LOCAL 13000 Occupation SECRETARY	8/05/99	\$25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 180.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jean Pennie 12 Hazelhurst Voorhees, N.J. 08043	CWA LOCAL 13000 Occupation SECRETARY	8/05/99	\$15.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 18.00		

SUBTOTAL of Receipts This Page (optional)

\$185.00

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 1 OF 1
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

CWA LOCAL 13000

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Edward Mooney 322 Roseberry Street Philadelphia, PA 19148</i>	<i>CWA LOCAL 13000</i>	<i>8/05/99</i>	<i>\$2.00</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>Regional V-President</i> Aggregate Year-to-Date $\$ 2.00$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Paul Mostoller 5422 Hamilton Road Gibsonia, PA 15044</i>	<i>N. Pitts Telephone</i>	<i>8/05/99</i>	<i>\$50.00</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>Union Member</i> Aggregate Year-to-Date $\$ 200.00$		
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) *\$52.00*

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 1 OF 1
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

CWA LOCAL 13000

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<p><i>UNION MEMBERS</i></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><i>RAY COMMUNICATIONS</i></p> <p>Occupation <i>Union Members</i></p> <p>Aggregate Year-to-Date > \$ <i>595.00</i></p>	<p><i>8/05/99</i></p>	<p><i>\$67.00</i></p>
<p><i>UNION MEMBERS</i></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><i>COMCAST CABLE</i></p> <p>Occupation <i>Union Members</i></p> <p>Aggregate Year-to-Date > \$ <i>145.00</i></p>	<p><i>8/05/99</i></p>	<p><i>\$50.75</i></p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional) *\$177.75*

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE OF
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

CWA LOCAL 13000

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>Montgomery County Cope 3031 Walton Rd, Suite 113 Narristown, PA 19401</i>	<i>Contributions</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>8/13/99</i>	<i>\$450.00</i>
<i>Committee to Elect Eileen Wagner 357 Rockfield Road Pittsburgh, PA 15243</i>	<i>Contribution</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>8/13/99</i>	<i>\$300.00</i>
<i>Wecht for 2000 315 THIRD AVENUE CARNEGIE, PA 15106-2518</i>	<i>Contribution</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>8/13/99</i>	<i>\$5,000.00</i>
<i>Casey for Auditor 2311 N. Front St, Suite 409 Harrisburg, PA 17110</i>	<i>Contribution</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>8/13/99</i>	<i>\$1,500.00</i>
<i>E. Full Name, Mailing Address and ZIP Code</i>	<i>Purpose of Disbursement</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>Date (month, day, year)</i>	<i>Amount of Each Disbursement This Period</i>
<i>F. Full Name, Mailing Address and ZIP Code</i>	<i>Purpose of Disbursement</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>Date (month, day, year)</i>	<i>Amount of Each Disbursement This Period</i>
<i>G. Full Name, Mailing Address and ZIP Code</i>	<i>Purpose of Disbursement</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>Date (month, day, year)</i>	<i>Amount of Each Disbursement This Period</i>
<i>H. Full Name, Mailing Address and ZIP Code</i>	<i>Purpose of Disbursement</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>Date (month, day, year)</i>	<i>Amount of Each Disbursement This Period</i>
<i>I. Full Name, Mailing Address and ZIP Code</i>	<i>Purpose of Disbursement</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>Date (month, day, year)</i>	<i>Amount of Each Disbursement This Period</i>

SUBTOTAL of Disbursements This Page (optional)

\$7,250.00

TOTAL This Period (last page this line number only)



Local 13000 • CWA • AFL-CIO

I.C. Glendenning Building
Executive Board • 2124 Race Street • Philadelphia, PA 19103 • 215/564-6169

September 9, 1999

Federal Election Commission
Washington, D.C. 20463
Attn: Lisa J. Stolaruk

Identification Number: C00109595

Reference: Change to Monthly Filers

Dear Ms. Stolaruk:

We received the letter from your office stating that we must put in writing that we are changing to a monthly filer. Recently the secretary that prepared this return passed away in February 99 and we did not realize that we were any other filer except a monthly.

So please accept this letter as notice that we will be filing a monthly return from now on. Sorry that we did not notify your office of the change early, but I was not aware that we were a quarterly filer.

Any questions please contact me at 215-564-6169.

Sincerely,

Patricia A. Maisano
Secretary-Treasurer

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 9-17-99
<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	
 <i>SEL</i> PREPARER	 9-20-99 DATE PREPARED