

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Communication Workers of America Local 13000

ADDRESS (number and street) 2124 Race Street  
 Check if different than previously reported. (ACC)  
Philadelphia PA 19103

2. **FEC IDENTIFICATION NUMBER** C00109595  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 01 01 2009 through 06 30 2009

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 Mary Beth Gambone

Signature of Treasurer Electronically Filed by Mary Beth Gambone Date 02 04 2010

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Communication Workers of America Local 13000

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		198070.92
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	198070.92									
(c) Total Receipts (from Line 19) .....	81463.42	81463.42								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	279534.34	279534.34								
7. Total Disbursements (from Line 31) .....	52110.37	52110.37								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	227423.97	227423.97								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
Communication Workers of America Local 13000

Report Covering the Period: From:    To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	720.00	720.00
(ii) Unitemized .....	79988.25	79988.25
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	80708.25	80708.25
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	80708.25	80708.25
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.) (Carry Totals to Line 37, page 5) .....	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.) .....	755.17	755.17
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	81463.42	81463.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	81463.42	81463.42

## DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	4446.19	4446.19
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	4446.19	4446.19
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	10000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule 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) Individuals/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 Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	37664.18	37664.18
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	52110.37	52110.37
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	52110.37	52110.37

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	80708.25	80708.25
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	80708.25	80708.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	4446.19	4446.19
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	4446.19	4446.19

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 6 / 19  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Communication Workers of America Local 13000

**A.** Full Name (Last, First, Middle Initial)  
Thomas Crawford

Mailing Address 696 Roosevelt Rd

City State Zip Code  
Pittsburgh PA 15237-1031

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CWA Local 13000 Board Member

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
02 / 05 / 2009

**Transaction ID:** 90325.C2269

Amount of Each Receipt this Period  
240.00

Receipt

Payroll Deduction: (40.00- /Pay Period )

**B.** Full Name (Last, First, Middle Initial)  
Mary Beth Gambone

Mailing Address 3837 Hallman Ave

City State Zip Code  
Collegeville PA 19426-1027

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CWA Local 13000 Board Member

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
02 / 05 / 2009

**Transaction ID:** 90325.C2268

Amount of Each Receipt this Period  
240.00

Receipt

Payroll Deduction: (40.00- /Pay Period )

**C.** Full Name (Last, First, Middle Initial)  
Jeff Reamer

Mailing Address 410 Madison Ave

City State Zip Code  
Hatboro PA 19040-2122

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CWA Local 13000 Board Member

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
MM / DD / YYYY  
02 / 05 / 2009

**Transaction ID:** 90325.C2274

Amount of Each Receipt this Period  
200.00

Receipt

Payroll Deduction: (40.00- /Pay Period )

**SUBTOTAL** of Receipts This Page (optional) ..... ► **680.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 7 / 19	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Communication Workers of America Local 13000

<b>A.</b>	Full Name (Last, First, Middle Initial) Jeff Reamer		Date of Receipt	
	Mailing Address 410 Madison Ave		M M / D D / Y Y Y Y 05 / 08 / 2009	
	City	State	Zip Code	<b>Transaction ID:</b> 90629.C2345
	Hatboro	PA	19040-2122	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		C	40.00
	Name of Employer CWA Local 13000		Occupation Board Member	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	40.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	720.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 19  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Communication Workers of America Local 13000

**A.**

Full Name (Last, First, Middle Initial)  
Firstrust Bank

Mailing Address 555 E City Ave

City State Zip Code  
Bala Cynwyd PA 19004-1115

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
117.61

Date of Receipt  
MM / DD / YYYY  
01 / 01 / 2009

Transaction ID: 90330.C2318

Amount of Each Receipt this Period  
117.61

Other Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Firstrust Bank

Mailing Address 555 E City Ave

City State Zip Code  
Bala Cynwyd PA 19004-1115

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
326.83

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: 90629.C2319

Amount of Each Receipt this Period  
209.22

Other Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Haverford Trust Company

Mailing Address Three Radnor Corporate Center, Sui

City State Zip Code  
Wayne PA 19087-8796

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.49

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

Transaction ID: 90629.C2334

Amount of Each Receipt this Period  
425.49

Other Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **752.32**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 9 / 19	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Communication Workers of America Local 13000

<b>A.</b>	Full Name (Last, First, Middle Initial) Haverford Trust Company		Date of Receipt	
	Mailing Address Three Radnor Corporate Center, Sui		M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> 90629.C2370
	Wayne	PA	19087-8796	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		C	2.85
	Name of Employer		Occupation	Other Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		428.34		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2.85
<b>TOTAL</b> This Period (last page this line number only) .....	▶	755.17

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 10 / 19

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Communication Workers of America Local 13000

<b>A.</b> Full Name (Last, First, Middle Initial) Print N Press Mailing Address 110 West Market Street City Wilmington State DE Zip Code 19804- Purpose of Disbursement Printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90325.E1040 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 0 9
	Amount of Each Disbursement this Period 356.00 PRINTING

<b>B.</b> Full Name (Last, First, Middle Initial) Internal Revenue Mailing Address Service Center City Ogden State UT Zip Code 84201-0012 Purpose of Disbursement 1120-POL Report Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90325.E1046 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 9
	Amount of Each Disbursement this Period 1482.00 1120-POL REPORT

<b>C.</b> Full Name (Last, First, Middle Initial) Daniel A. Winters & Company Mailing Address Chadds Ford Professional Center Building 200, Suite 205 City Chadds Ford State PA Zip Code 19317- Purpose of Disbursement Accounting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90325.E1043 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 9 / 2 0 0 9
	Amount of Each Disbursement this Period 2415.00 ACCOUNTING

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4253.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	4253.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

PAGE 11 / 19

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Communication Workers of America Local 13000

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Congressman Holden Mailing Address P.O. Box 37 City Saint Clair State PA Zip Code 17970- Purpose of Disbursement 17TH CONGRESSIONAL DISTRICT Candidate Name T. TIMOTHY HOLDEN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 17 Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90629.E1070 Date of Disbursement 06 / 16 / 2009
	Amount of Each Disbursement this Period 5000.00 17TH CONGRESSIONAL DISTRICT
<b>B.</b> Full Name (Last, First, Middle Initial) Patrick Murphy For Congress Mailing Address P.O. Box 868 City Levittown State PA Zip Code 19058-0868 Purpose of Disbursement 8TH CONGRESSIONAL DISTRICT Candidate Name PATRICK J MURPHY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 08 Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90629.E1071 Date of Disbursement 06 / 22 / 2009
	Amount of Each Disbursement this Period 5000.00 8TH CONGRESSIONAL DISTRICT

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

10000.00

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

10000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Communication Workers of America Local 13000

A.	Full Name (Last, First, Middle Initial) Philadelphia Council Afl-CIO Pac	Transaction ID: 90325.E1048 Date of Disbursement
	Mailing Address 22 South 22nd Street	<input type="text" value="03"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City Philadelphia State PA Zip Code 19103-	Amount of Each Disbursement this Period
	Purpose of Disbursement FUNDRAISER	<input type="text" value="2500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of Alan Butkovitz	Transaction ID: 90629.E1060 Date of Disbursement
	Mailing Address 7730 Richards Street	<input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City Philadelphia State PA Zip Code 19152-	Amount of Each Disbursement this Period
	Purpose of Disbursement PHILADELPHIA CITY CONTROLLER	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends of Bill Mackey	Transaction ID: 90629.E1059 Date of Disbursement
	Mailing Address 112 Kiln Drive	<input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City Andreas State PA Zip Code 18211-	Amount of Each Disbursement this Period
	Purpose of Disbursement 124TH LEGISLATIVE DISTRICT	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Communication Workers of America Local 13000

A.	Full Name (Last, First, Middle Initial) Friends of Bob Brady <hr/> Mailing Address P.O. Box 22646 <hr/> City Philadelphia State PA Zip Code 19110-2646 <hr/> Purpose of Disbursement RECEPTION Candidate Name <span style="float: right;">Category/Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 90325.E1042 Date of Disbursement 02 / 18 / 2009 <hr/> Amount of Each Disbursement this Period 5000.00
B.	Full Name (Last, First, Middle Initial) Friends of Curtis Jones, Jr. <hr/> Mailing Address 1511 Dondill Place <hr/> City Philadelphia State PA Zip Code 19122- <hr/> Purpose of Disbursement CITY COUNCILMAN 4TH DISTRICT Candidate Name <span style="float: right;">Category/Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 90325.E1041 Date of Disbursement 02 / 10 / 2009 <hr/> Amount of Each Disbursement this Period 500.00
C.	Full Name (Last, First, Middle Initial) Asplen for Da <hr/> Mailing Address P.O. Box 463 <hr/> City Doylestown State PA Zip Code 18901- <hr/> Purpose of Disbursement DISTRICT ATTORNEY BUCKS COUNTY Candidate Name <span style="float: right;">Category/Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 90629.E1058 Date of Disbursement 04 / 22 / 2009 <hr/> Amount of Each Disbursement this Period 500.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Communication Workers of America Local 13000

**A.** Full Name (Last, First, Middle Initial)  
Chester County Democratic Committee

Mailing Address 37 S High St

City West Chester State PA Zip Code 19382-3224

Purpose of Disbursement  
FUNDRAISER

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 90629.E1069

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
Montgomery County Democratic Committee

Mailing Address PO Box 857

City Norristown State PA Zip Code 19404-0857

Purpose of Disbursement  
ANNUAL GOLF OUTING FUNDRAISER

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 90629.E1068

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
Friends of Diane Morgan

Mailing Address P.O. Box 37

City Ambler State PA Zip Code 19002-

Purpose of Disbursement  
MONT. COUNTY CONTROLLER

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 90629.E1067

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Communication Workers of America Local 13000

A.	Full Name (Last, First, Middle Initial) Friends of Diane Thompson	Transaction ID: 90629.E1054 Date of Disbursement 04 / 08 / 2009
	Mailing Address 1528 Walnut Street, Suite 1100	Amount of Each Disbursement this Period 1000.00
	City Philadelphia State PA Zip Code 19102-	
	Purpose of Disbursement PHILA. COMMON PLEAS COURT JUDGE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) McCaffery for District Attorney	Transaction ID: 90629.E1056 Date of Disbursement 04 / 22 / 2009
	Mailing Address P.O. Box 51251	Amount of Each Disbursement this Period 2500.00
	City Philadelphia State PA Zip Code 19115-	
	Purpose of Disbursement PHILADELPHIA DISTRICT ATTORNEY	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends of Don Cunningham	Transaction ID: 90325.E1045 Date of Disbursement 03 / 20 / 2009
	Mailing Address P.O. Box 644	Amount of Each Disbursement this Period 2000.00
	City Bethlehem State PA Zip Code 18016-	
	Purpose of Disbursement FUNDRAISER	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5500.00
<b>TOTAL</b> This Period (last page this line number only) .....	





# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Communication Workers of America Local 13000

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends of Steve Lukach</p> <p>Mailing Address 610 W. Market Street</p> <p>City Pottsville State PA Zip Code 17901-</p> <p>Purpose of Disbursement 29TH SENATORIAL DISTRICT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90325.E1044 <b>Date of Disbursement</b> 02 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Doherty for Mayor</p> <p>Mailing Address P.O. Box 205</p> <p>City Scranton State PA Zip Code 18501-</p> <p>Purpose of Disbursement MAYORAL CANDIDATE SCRANTON</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90629.E1055 <b>Date of Disbursement</b> 04 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Ravenstahl for Mayor</p> <p>Mailing Address PO Box 23648</p> <p>City Pittsburgh State PA Zip Code 15222-6648</p> <p>Purpose of Disbursement MAYORAL CANDIDATE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90629.E1062 <b>Date of Disbursement</b> 05 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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

3000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Communication Workers of America Local 13000

A.	Full Name (Last, First, Middle Initial) Image Pointe	Transaction ID: 90629.E1053
	Mailing Address PO Box 657	Date of Disbursement MM / DD / YYYY 04 / 08 / 2009
	City Waterloo State IA Zip Code 50704-0657	Amount of Each Disbursement this Period 792.22
	Purpose of Disbursement MEMBER SHIRTS	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Image Pointe	Transaction ID: 90325.E1050
	Mailing Address PO Box 657	Date of Disbursement MM / DD / YYYY 03 / 13 / 2009
	City Waterloo State IA Zip Code 50704-0657	Amount of Each Disbursement this Period 2721.96
	Purpose of Disbursement MEMBER SHIRTS	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends of Sean F. Kennedy	Transaction ID: 90629.E1057
	Mailing Address 248 Rector Street	Date of Disbursement MM / DD / YYYY 04 / 22 / 2009
	City Philadelphia State PA Zip Code 19128-	Amount of Each Disbursement this Period 600.00
	Purpose of Disbursement JUDGE PHILADELPHIA	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4114.18</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Communication Workers of America Local 13000

A.	Full Name (Last, First, Middle Initial) Middletown United		Transaction ID: 90325.E1051	
	Mailing Address 1565 West Maple Avenue		Date of Disbursement MM / DD / YYYY 03 / 05 / 2009	
	City Langhorne	State PA	Zip Code 19047-	Amount of Each Disbursement this Period 600.00
	Purpose of Disbursement FUNDRAISER		Category/ Type	
	Candidate Name			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>600.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>37664.18</b>