

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

Dec 2 12 07 PM '96

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
 C00109595 102496 P 264
 PATRICIA A. MAISANO
 LOCAL 13000 CWA AFL-CIO
 2124 RACE STREET
 PHILADELPHIA PA 19103

2. FEC IDENTIFICATION NUMBER
C00109595

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

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
- XXX POST GENERAL
- Termination Report

Monthly Report Due On:

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

- Twelfth day report preceding _____
(Type of Election)
election on _____ in the State of _____
- Thirtieth day report following the General Election on _____
in the State of _____

(b) Is this Report an Amendment? YES NO

| SUMMARY | | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--------------------|---|-------------------------|---|
| 5. Covering Period | 10-17-96 through 11-25-96 | | |
| 6. (a) | Cash on Hand January 1, 19 96 | | \$ 128,728.21 |
| (b) | Cash on Hand at Beginning of Reporting Period | \$ 91,078.63 | |
| (c) | Total Receipts (from Line 10) | \$ 7,061.33 | \$ 84,010.79 |
| (d) | Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | \$ 98,139.96 | \$ 212,739.00 |
| 7. | Total Disbursements (from Line 80) | \$ 7,900.00 | \$ 122,499.04 |
| 8. | Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | \$ 90,239.96 | \$ 90,239.96 |
| 9. | Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | \$ | For further information contact: Federal Election Commission 989 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-9420 |
| 10. | Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | \$ | |

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
PATRICIA A. MAISANO

Signature of Treasurer
Patricia A. Maisano

Date
11/25/96

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

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

FEC FORM 3X
(revised 8/93)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

| NAME OF COMMITTEE CNA LOCAL 13000, AFL-CIO | | REPORT COVERING PERIOD FROM 10-17-96 TO 11-25-96 | |
|---|--|---|---------------------------|
| | | COLUMN A Total This Period | COLUMN B Calendar Year |
| I. Receipts | | | |
| 11. Contributions (other than loans) From: | | | |
| a. Individual/Persons Other Than Political Committees | | | |
| i. Itemized (use Schedule A) | | 879.50 | 1,887.50 |
| ii. Unitemized | | 6,050.06 | 80,003.83 |
| iii. Total | (add i and ii) > | 6,929.56 | 81,891.33 |
| b. Political Party Committees | | | |
| c. Other Political Committees (such as PACs) | | | |
| d. Total Contributions | (add a iii, b and c) > | | |
| 12. Transfers From Affiliated/Other Party Committees | | | |
| 13. All Loans Received | | | |
| 14. Loan Repayments Received | | | |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) | | | |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees | | | |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | | 131.75 | 2,119.46 |
| 18. Transfers from Nonfederal Account for Joint Activity | | | |
| 19. Total Receipts | (add 11d, 12, 13, 14, 15, 16, 17, and 18) > | 7,061.33 | 84,010.79 |
| 20. Total Federal Receipts | (subtract line 18 from line 19) > | 7,061.33 | 84,010.79 |
| II. Disbursements | | | |
| 21. Operating Expenditures: | | | |
| a. Shared Federal/Non-Federal Activity (from Schedule H4) | | | |
| i. Federal Share | | | |
| ii. Non-Federal Share | | 300.00 | 2,149.04 |
| b. Other Federal Operating Expenditures | | | |
| c. Total Operating Expenditures | (add a i, a ii, and b) > | | |
| 22. Transfers to Affiliated/Other Party Committees | | | |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | | | 81,650.00 |
| 24. Independent Expenditures (use Schedule E) | | | |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) | | | |
| 26. Loan Repayments Made | | | |
| 27. Loans Made | | | |
| 28. Refunds of Contributions To: | | | |
| a. Individual/Persons Other Than Political Committees | | | |
| b. Political Party Committees | | | |
| c. Other Political Committees (such as PACs) | | | |
| d. Total Contributor Refunds | (add a, b and c) > | | |
| 29. Other Disbursements | | 7,217,600.00 | 38,700.00 |
| 30. Total Disbursements | (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) > | 7,900.00 | 122,499.04 |
| 31. Total Federal Disbursements | (subtract line 21-a ii from line 30) > | 7,900.00 | 122,499.04 |
| III. Net Contributions/Operating Expenditures | | | |
| 32. Total Contributions (other than loans) (from line 11d) | | | |
| 33. Total Contribution Refunds (from line 28d) | | | |
| 34. Net Contributions (other than loans) (subtract line 33 from 32) | | | |
| 35. Total Federal Operating Expenditures | (add 21 a i and 21 b) > | | |
| 36. Offsets to Operating Expenditures (from line 15) | | | |
| 37. Net Operating Expenditures | (subtract line 36 from 35) > | | |

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 5
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 | 11/12/96 | 30.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation PRESIDENT | 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 |
| JAMES CARTER 320 FOLSOM AVE FOLSOM PA 19033 | CWA LOCAL 13000 | 11/12/96 | 30.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation VICE PRESIDENT | Aggregate Year-to-Date > \$ 330.00 | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| PATRICIA A. MAJSANO 1012 PUTNAM BLVD WALLINGFORD PA 19086 | CWA LOCAL 13000 | 11/12/96 | 30.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation SECRETARY-TREASURER | Aggregate Year-to-Date > \$ 330.00 | |
| 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 | 11/12/96 | 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 > \$ 320.00 | |
| 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 | 11/12/96 | 24.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation REGIONAL VICE PRESIDENT | Aggregate Year-to-Date > \$ 262.00 | |
| 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 | 11/15/96 | 12.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation TECHNICIAN | Aggregate Year-to-Date > \$ 232.00 | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| D. BABNEW 409 BRADFORD RD CHERRY HILL NJ 08034 | BELL ATLANTIC-PENNSYLVANIA | 11/15/96 | 20.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation TECHNICIAN | Aggregate Year-to-Date > \$ 224.00 | |

SUBTOTAL of Receipts This Page (optional) 176.00

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) (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 |
|---|----------------------------|------------------------------------|------------------------------------|
| J. BAKER 359 RAIBLE DR DUNCANSVILLE PA 16635 | BELL ATLANTIC-PENNSYLVANIA | 11/15/96 | 10.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation TECHNICIAN | Aggregate Year-to-Date > \$ 220.00 | |
| 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 | 11/15/96 | 10.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation TECHNICIAN | Aggregate Year-to-Date > \$ 210.00 | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| R. BORCHI 3867 HALLMAN AVE COLLEGEVILLE PA 19426 | BELL ATLANTIC-PENNSYLVANIA | 11/15/96 | 12.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation TECHNICIAN | Aggregate Year-to-Date > \$ 232.00 | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| D. BRICKER 804 LUTHER ST HARRISBURG PA 17112 | BELL ATLANTIC-PENNSYLVANIA | 11/15/96 | 20.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation TECHNICIAN | Aggregate Year-to-Date > \$ 320.00 | |
| 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 | 11/15/96 | 10.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation TECHNICIAN | Aggregate Year-to-Date > \$ 210.00 | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| W. EVANS 15 NOCKLYN RD PITTSBURGH PA 15237 | BELL ATLANTIC-PENNSYLVANIA | 11/15/96 | 12.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation TECHNICIAN | Aggregate Year-to-Date > \$ 232.00 | |
| 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 | 11/15/96 | 20.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation TECHNICIAN | Aggregate Year-to-Date > \$ 236.50 | |

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional) | 94.00 |
| 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 3 OF 8
FOR LINE NUMBER 11 (a) (1)

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

NAME OF COMMITTEE (In Full)

CWA LOCAL 13000, AFL-CIO

| A. Full Name, Mailing Address and ZIP Code C. EMER 4610 DAK AVE TREVOSE PA 19047 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer BELL ATLANTIC-PENNSYLVANIA Occupation TECHNICIAN Aggregate Year-to-Date > \$ 232.00 | Date (month, day, year) 11/15/96 | Amount of Each Receipt This Period 12.00 |
|--|---|-------------------------------------|---|
| B. Full Name, Mailing Address and ZIP Code D. GHION-SPENCE 537 THOMPSON AVE CLAIRTON PA 15025 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer BELL ATLANTIC-PENNSYLVANIA Occupation STAFF CLERK Aggregate Year-to-Date > \$ 320.00 | Date (month, day, year) 11/15/96 | Amount of Each Receipt this Period 20.00 |
| C. Full Name, Mailing Address and ZIP Code D. GILLELAND 46 ROSE BLVD UNIONTOWN PA 15401 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer BELL ATLANTIC-PENNSYLVANIA Occupation TECHNICIAN Aggregate Year-to-Date > \$ 220.00 | Date (month, day, year) 11/15/96 | Amount of Each Receipt this Period 10.00 |
| D. Full Name, Mailing Address and ZIP Code R. HAAGEN R D 3 BOX 176 BELLEFONTE PA 16823 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer BELL ATLANTIC-PENNSYLVANIA Occupation TECHNICIAN Aggregate Year-to-Date > \$ 210.00 | Date (month, day, year) 11/15/96 | Amount of Each Receipt this Period 10.00 |
| E. Full Name, Mailing Address and ZIP Code R. JOINS 203 CHESTNUT HILLS APTS WASHINGTON PA 15301 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer BELL ATLANTIC-PENNSYLVANIA Occupation TECHNICIAN Aggregate Year-to-Date > \$ 320.00 | Date (month, day, year) 11/15/96 | Amount of Each Receipt this Period 20.00 |
| F. Full Name, Mailing Address and ZIP Code T. JOYCE 79 DUC RD WYOMING PA 18644 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer BELL ATLANTIC-PENNSYLVANIA Occupation TECHNICIAN Aggregate Year-to-Date > \$ 210.00 | Date (month, day, year) 11/15/96 | Amount of Each Receipt this Period 10.00 |
| G. Full Name, Mailing Address and ZIP Code D. KELLEY 4 RENAISSANCE DR IRWIN PA 15642 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer BELL ATLANTIC-PENNSYLVANIA Occupation TECHNICIAN Aggregate Year-to-Date > \$ 210.00 | Date (month, day, year) 11/15/96 | Amount of Each Receipt this Period 10.00 |

SUBTOTAL of Receipts This Page (optional)

92.00

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 9
FOR LINE NUMBER 11 (a) (1)

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

NAME OF COMMITTEE (In Full)

CNA LOCAL 13000, AFL-CIO

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|----------------------------|------------------------------------|------------------------------------|
| R. KILGORE 204 DOLORES DR APOLLO, PA 15613 | BELL ATLANTIC-PENNSYLVANIA | 11/15/96 | 12.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation TECHNICIAN | Aggregate Year-to-Date > \$ 232.00 | |
| 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 CONNELLSVILLE PA 15425 | BELL ATLANTIC-PENNSYLVANIA | 11/15/96 | 10.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation TECHNICIAN | Aggregate Year-to-Date > \$ 210.00 | |
| 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 | 11/15/96 | 10.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation TECHNICIAN | Aggregate Year-to-Date > \$ 210.00 | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| W. LEIBACH 310 BAYHERRY RD PITTSBURGH PA 15237 | BELL ATLANTIC-PENNSYLVANIA | 11/15/96 | 20.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation TECHNICIAN | Aggregate Year-to-Date > \$ 320.00 | |
| 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 | 11/15/96 | 10.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation TECHNICIAN | Aggregate Year-to-Date > \$ 230.00 | |
| 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 DR WARRIORS MARK PA 16877 | BELL ATLANTIC-PENNSYLVANIA | 11/15/96 | 10.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation TECHNICIAN | Aggregate Year-to-Date > \$ 210.00 | |
| 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 WESHART ST PHILADELPHIA PA 19134 | BELL ATLANTIC-PENNSYLVANIA | 11/15/96 | 16.25 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation TECHNICIAN | Aggregate Year-to-Date > \$ 218.75 | |

SUBTOTAL of Receipts This Page (optional)

86.25

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 5 OF 8
FOR LINE NUMBER 11 (a) (1)

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

NAME OF COMMITTEE (in Full)

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 |
|--|----------------------------|------------------------------------|------------------------------------|
| G. MCGINLEY 1956 MAPLE AVE CROYDON PA 19020 | BELL ATLANTIC-PENNSYLVANIA | 11/15/96 | 20.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation TECHNICIAN | Aggregate Year-to-Date > \$ 305.00 | |
| 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 AVE HATSBORO PA 19040 | BELL ATLANTIC-PENNSYLVANIA | 11/15/96 | 14.25 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation TECHNICIAN | Aggregate Year-to-Date > \$ 237.00 | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| E. NOONEY 322 ROSEBERRY ST PHILADELPHIA PA 19148 | BELL ATLANTIC-PENNSYLVANIA | 11/15/96 | 28.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation TECHNICIAN | Aggregate Year-to-Date > \$ 342.50 | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| J. MOORE 634 CRESCENT AVE GLENSIDE PA 19038 | BELL ATLANTIC-PENNSYLVANIA | 11/15/96 | 19.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation TECHNICIAN | Aggregate Year-to-Date > \$ 225.75 | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| R. NORFLAK 351 E. PIKE ST HOUSTON PA 15342 | BELL ATLANTIC-PENNSYLVANIA | 11/15/96 | 20.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation TECHNICIAN | Aggregate Year-to-Date > \$ 203.00 | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| R. NYERS 3 GREENFIELD DR PARADISE PA 17562 | BELL ATLANTIC-PENNSYLVANIA | 11/15/96 | 19.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation TECHNICIAN | Aggregate Year-to-Date > \$ 269.25 | |
| 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 | 11/15/96 | 20.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation TECHNICIAN | Aggregate Year-to-Date > \$ 320.00 | |

SUBTOTAL of Receipts This Page (optional)

140.25

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 6 OF 8
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)

CNA LOCAL 13000, AFL-CIO

| A. Full Name, Mailing Address and ZIP Code C. PAGE FOREST GATES COMPLEX #49 MAGNOLIA NJ 08049 | Name of Employer BELL ATLANTIC-PENNSYLVANIA Occupation STAFF CLERK Aggregate Year-to-Date \$ 304.25 | Date (month, day, year) 11/15/96 | Amount of Each Receipt this Period 19.00 |
|--|---|-------------------------------------|---|
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| B. Full Name, Mailing Address and ZIP Code D. PENNELL 715 PARK ST CALIFORNIA PA 15419 | Name of Employer BELL ATLANTIC-PENNSYLVANIA Occupation TECHNICIAN Aggregate Year-to-Date \$ 210.00 | Date (month, day, year) 11/15/96 | Amount of Each Receipt this Period 10.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| C. Full Name, Mailing Address and ZIP Code D. PRITCHARD 4010 CRABAPPLE DR NCKEES ROCKS PA 15136 | Name of Employer BELL ATLANTIC-PENNSYLVANIA Occupation TECHNICIAN Aggregate Year-to-Date \$ 207.50 | Date (month, day, year) 11/15/96 | Amount of Each Receipt this Period 10.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| D. Full Name, Mailing Address and ZIP Code D. ROSSI 1126 BELLVOIR RD NORRISTOWN PA 19401 | Name of Employer BELL ATLANTIC-PENNSYLVANIA Occupation TECHNICIAN Aggregate Year-to-Date \$ 232.00 | Date (month, day, year) 11/15/96 | Amount of Each Receipt this Period 12.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| E. Full Name, Mailing Address and ZIP Code A. RUPERT 5419 HAMILTON RD GIRSONIA PA 15044 | Name of Employer BELL ATLANTIC-PENNSYLVANIA Occupation TECHNICIAN Aggregate Year-to-Date \$ 205.00 | Date (month, day, year) 11/15/96 | Amount of Each Receipt this Period 10.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| F. Full Name, Mailing Address and ZIP Code R. RUPP 207 KIRKWOOD DR PITTSBURGH PA 15215 | Name of Employer BELL ATLANTIC-PENNSYLVANIA Occupation CLERK Aggregate Year-to-Date \$ 254.00 | Date (month, day, year) 11/15/96 | Amount of Each Receipt this Period 14.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| G. Full Name, Mailing Address and ZIP Code B. SALETRIK 37 FAY CIR PORT MATILDA PA 16870 | Name of Employer BELL ATLANTIC-PENNSYLVANIA Occupation TECHNICIAN Aggregate Year-to-Date \$ 210.00 | Date (month, day, year) 11/15/96 | Amount of Each Receipt this Period 10.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |

SUBTOTAL of Receipts This Page (optional)

85.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 7 OF 8
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 |
|---|----------------------------|----------------------------------|------------------------------------|
| D. SAMSON P O BOX 51 HONESDALE PA 19431 | BELL ATLANTIC-PENNSYLVANIA | 11/15/96 | 20.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation TECHNICIAN | Aggregate Year-to-Date \$ 320.00 | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| D. SICKMAN 2833 RHAWN ST PHILADELPHIA PA 19125 | BELL ATLANTIC-PENNSYLVANIA | 11/15/96 | 10.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation TECHNICIAN | Aggregate Year-to-Date \$ 205.00 | |
| 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 MORTANTON PA 18067 | BELL ATLANTIC-PENNSYLVANIA | 11/15/96 | 19.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation TECHNICIAN | Aggregate Year-to-Date \$ 241.00 | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| W. STEENSON 3733 CALIFORNIA AVE PITTSBURGH PA 15212 | BELL ATLANTIC-PENNSYLVANIA | 11/15/96 | 16.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation TECHNICIAN | Aggregate Year-to-Date \$ 276.00 | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| X. STOUT 248 PERSKASIE AVE QUAKERTOWN PA 18951 | BELL ATLANTIC-PENNSYLVANIA | 11/15/96 | 20.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation TECHNICIAN | Aggregate Year-to-Date \$ 306.00 | |
| 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 19464 | BELL ATLANTIC-PENNSYLVANIA | 11/15/96 | 20.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation TECHNICIAN | Aggregate Year-to-Date \$ 320.00 | |
| 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 | 11/15/96 | 32.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation TECHNICIAN | Aggregate Year-to-Date \$ 394.00 | |

SUBTOTAL of Receipts This Page (optional)

137.00

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

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

NAME OF COMMITTEE (In Full)

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 |
|---|--|-------------------------|------------------------------------|
| W. WARMUTH 1309 HAMILTON RD CONNELLSVILLE PA 15425 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | BELL ATLANTIC-PENNSYLVANIA Occupation TECHNICIAN Aggregate Year-to-Date > \$ 210.00 | 11/15/96 | 10.00 |
| B. Full Name, Mailing Address and ZIP Code J. WESTOVER 4 HORNBERGER DR MCASLISTERVILLE PA 17049 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | BELL ATLANTIC-PENNSYLVANIA Occupation TECHNICIAN Aggregate Year-to-Date > \$ 320.00 | 11/15/96 | 20.00 |
| C. Full Name, Mailing Address and ZIP Code D. WILLIAMS 307 PLYMOUTH AVE WILKES-BARRE PA 18702 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | BELL ATLANTIC-PENNSYLVANIA Occupation TECHNICIAN Aggregate Year-to-Date > \$ 315.00 | 11/15/96 | 20.00 |
| D. Full Name, Mailing Address and ZIP Code C. YEZIOFSKI 12418 TYRONE RD PHILADELPHIA PA 19154 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | BELL ATLANTIC-PENNSYLVANIA Occupation TECHNICIAN Aggregate Year-to-Date > \$ 249.00 | 11/15/96 | 19.00 |
| E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) | Amount of Each Receipt This Period |
| F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) | Amount of Each Receipt This Period |
| G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) | Amount of Each Receipt This Period |

SUBTOTAL of Receipts This Page (optional)

69.00

TOTAL This Period (last page this line number only)

879.50

SCHEDULE A

ITEMIZED RECEIPTS

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 |
|--|----------------------------|---------------------------------------|------------------------------------|
| UNION MEMBERS (MONTHLY PAYROLL DEDUCTIONS) | COMCAST CABLEVISION | 11/6/96 | 43.50 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | Aggregate Year-to-Date > \$ 210.50 | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| CATHY MCKAYWELL 5653 N 2ND ST PHILADELPHIA PA 19120 | CWA LOCAL 13000 | 11/12/96 | 25.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation SECRETARY | Aggregate Year-to-Date > \$ 165.00 | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| PAM GORMAN 224 DOOLITTLE ST CARNEGIE PA 15106 | CWA LOCAL 13000 | 11/12/96 | 25.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation SECRETARY | Aggregate Year-to-Date > \$ 165.00 | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| CARL HEDGES R D 2 NEW FLORENCE PA 15944 | ALLTEL | 11/12/96 | 3.33 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation TECHNICIAN | Aggregate Year-to-Date > \$ 23.33 | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| CHUCK EMMETT 5118 MCCANDLESS RD BUTLER PA 16001 | UNITED TELEPHONE | 11/12/96 | 3.33 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation TECHNICIAN | Aggregate Year-to-Date > \$ 23.33 | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| PAUL MOSTOLLER 5422 HAMILTON RD GIBSONIA PA 15044 | NORTH PITTS TELEPHONE | 11/12/96 | 16.67 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation TECHNICIAN | Aggregate Year-to-Date > \$ 16.67 | |
| G. 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 | 11/15/96 | 5,863.25 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | Aggregate Year-to-Date > \$ 77,813.00 | |

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional) | 5,982.08 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A

ITEMIZED RECEIPTS

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

| | |
|--------------------------------|---------|
| PAGE 2 | OF 2 |
| FOR LINE NUMBER 11 (a) (11) | |

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 |
|---|------------------------|-------------------------|------------------------------------|
| UNION MEMBERS (MONTHLY PAYROLL DEDUCTIONS) | RAY COMMUNICATIONS | 11/20/96 | 68.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | | |
| | Aggregate Year-to-Date | \$ 425.00 | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | | |
| | Aggregate Year-to-Date | \$ | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | | |
| | Aggregate Year-to-Date | \$ | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | | |
| | Aggregate Year-to-Date | \$ | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | | |
| | Aggregate Year-to-Date | \$ | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | | |
| | Aggregate Year-to-Date | \$ | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | | |
| | Aggregate Year-to-Date | \$ | |

SUBTOTAL of Receipts This Page (optional)

68.00

TOTAL This Period (last page this line number only)

6,050.08

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 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)

CWA LOCAL 13000, AEL-CLD

| A. Full Name, Mailing Address and ZIP Code MELLON PSFS BANK 18TH & MARKET STS PHILADELPHIA PA 19102 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer INTEREST RECEIVED FROM MELLON PSFS BANK Occupation Aggregate Year-to-Date > \$ 2119.46 | Date (month, day, year) 10-31-96 | Amount of Each Receipt this Period 131.75 |
|--|---|--|---|
| B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) | Amount of Each Receipt this Period |
| C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) | Amount of Each Receipt this Period |
| D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) | Amount of Each Receipt this Period |
| E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) | Amount of Each Receipt this Period |
| F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) | Amount of Each Receipt this Period |
| G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) | Amount of Each Receipt this Period |

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

131.75

SCHEDULE B

ITEMIZED DISBURSEMENTS

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 | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|--|-------------------------|---|
| KENNETH W. STOUT 248 PERKASIE AVE QUAKERTOWN PA 18951 | WORKED POLLS 11-5-96 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 11-12-96 | 50.00 |
| B. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| DARYL TOWNSEND 901 N 64TH ST PHILADELPHIA PA 19151 | WORKED POLLS 11-5-96 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 11-14-96 | 50.00 |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| ROY MARKLE R D 2 BOX 20 MAHAFFEY PA 15757 | WORKED POLLS 11-5-96 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 11-18-96 | 50.00 |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| RICHARD L. JOHNS 800 GLENN ST WASHINGTON PA 15301 | WORKED POLLS 11-5-96 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 11-18-96 | 50.00 |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| HARRY SOLT 608 E 8TH ST NORTHAMPTON PA 18067 | WORKED POLLS 11-5-96 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 11/20/96 | 50.00 |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| AUGGIE BRETKE 11B MAYFIELD AVE 1ST FLOOR ROCKLEDGE PA 19046 | WORKED POLLS 11-5-96 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 11-20-96 | 50.00 |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional) | |
| TOTAL This Period (last page this line number only) | 300.00 |

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 29

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 | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|--|-------------------------|---|
| DOWLEY FOR STATE SENATOR P O BOX 929 SHEFFIELD PA 16347 | 1996 GENERAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10-22-96 | 500.00 |
| B. Full Name, Mailing Address and ZIP Code COMMITTEE TO ELECT DAN SURRA 119 KYLER CORNER RD KERSEY PA. 15846 | 1996 GENERAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10-22-96 | 300.00 |
| C. Full Name, Mailing Address and ZIP Code PENNSYLVANIA AFL-CIO COPE 230 STATE ST HARRISBURG PA 15846 | 1996 GENERAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10-23-96 | 5,000.00 |
| D. Full Name, Mailing Address and ZIP Code COMMITTEE TO ELECT MIKE VEON P O BOX 327 BEAVER FALLS PA 15010 | 1996 GENERAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10-23-96 | 1,000.00 |
| E. Full Name, Mailing Address and ZIP Code CITIZENS TO ELECT JOHN P. HARKER 478 OLD ROUTE 220S DUNCANSVILLE PA 16635 | 1996 GENERAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10-25-96 | 300.00 |
| F. Full Name, Mailing Address and ZIP Code COMMITTEE TO ELECT TOM SUNDAY 2905 MT ROYAL BLVD GLENSHAW PA 15116J | 1996 GENERAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10-25-96 | 300.00 |
| G. Full Name, Mailing Address and ZIP Code FRIENDS FOR FERLO P O BOX 9002 PITTSBURGH PA 15224 | FLUID RAISER 10/19/96 1996 GENERAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10-25-96 | 200.00 |
| H. Full Name, Mailing Address and ZIP Code | 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 | 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)

7,600.00

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

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

11/25/96

No Postmark

Postmark Illegible

Received from the House Office of Records
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

E.J.
PREPARER

12/2/96
DATE PREPARED