| FEC<br>FORM 1  | STATEMENT OF<br>ORGANIZATION  | Office Use Only                                    |
|--|---|--|
| 1. NAME OF<br>COMMITTEE (in full                       | (Check if name Example: If typing, type is changed) over the lines.   | 12FE4M5  |
| Communicat   | ion Workers of America Local 1300   |  |
| ADDRESS (number and st                                 | 2124 Race Street  |  |
| (Check if addre<br>is changed)                         |   | PA 19103   |
|  | CITY  | STATE ZIP CODE                                     |
| COMMITTEE'S E-MAIL A<br>(Check if add<br>is changed)   | DDRESS (Please provide only one e-mail address) mbgambone@cwalocal13000.org ess   |  |
| COMMITTEE'S WEB PAG                                    | E ADDRESS (URL)   |  |
| (Check if addr<br>is changed)                          | ess   |  |
| 2. DATE 01   | 07 / Y Y Y Y<br>07 2012   |  |
| 3. FEC IDENTIFICATI                                    | ON NUMBER C C00109595   |  |
| 4. IS THIS STATEMEN                                    | T NEW (N) OR X AMENDED (A)  |  |
| I certify that I have exan<br>Type or Print Name of Tr | ined this Statement and to the best of my knowledge and belief it   | is true, correct and complete.                     |
| Signature of Treasurer                                 | Mary Beth Gambone [Electronically Filed]  | Date 02 / 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| NOTE: Submission of false                              | erroneous, or incomplete information may subject the person signing the ANY CHANGE IN INFORMATION SHOULD BE REPORTED WI |  |
| Office<br>Use<br>Only                                  | For further information co<br>Federal Election Commissio<br>Toll Free 800-424-9530<br>Local 202-694-1100                |  |

02/07/2012 12 : 00

PAGE 1/4

| -                          | —  |
|----------------------------|--|
| FEC F                      | orm 1 (Revised 02/2009) Page 2   |
| TYPE OF                    | COMMITTEE  |
| Candidat                   | e Committee:   |
| (a)                        | This committee is a principal campaign committee. (Complete the candidate information below.)  |
| (b)                        | This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)  |
| Name of<br>Candidate       | L  |
| Candidate<br>Party Affilia | tion Office Sought: House Senate President District  |
| (C)                        | This committee supports/opposes only one candidate, and is NOT an authorized committee.  |
| Name of<br>Candidate       |  |
| Party Co                   | mmittee:   |
| (d)                        | This committee is a(National, State<br>or subordinate) committee of the(Democratic,<br>Republican, etc.) Party.  |
| Political                  | Action Committee (PAC):  |
| (e) X                      | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:  |
|                            | Corporation Corporation w/o Capital Stock X Labor Organization   |
|                            | Membership Organization Trade Association Cooperative  |
|                            | In addition, this committee is a Lobbyist/Registrant PAC.  |
| (f)                        | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)  |
|                            | In addition, this committee is a Lobbyist/Registrant PAC.  |
|                            | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)   |
| Joint Fun                  | draising Representative:   |
| (g)                        | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate. |
| (h)                        | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.         |
| Cor                        | nmittees Participating in Joint Fundraiser   |
| 1.                         | FEC ID number  |
| 2.                         | FEC ID number  |
| 3.                         | FEC ID number  |
| 4.                         | FEC ID number  |

I

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

## Communication Workers of America Local 13000 PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

| Communicatio                            | n Worker    | s of Ame     | erica        | Local            | 130    | 00       |         |         |         |                |          |         |        |                 |       |      |            |
|---|-------------|--------------|--------------|------------------|--------|----------|---------|---------|---------|----------------|----------|---------|--------|-----------------|-------|------|------------|
|   |             |              |              |                  |        |          |         |         |         |                |          |         |        |                 |       |      |            |
| Mailing Address                         |             | 2124 Race S  | treet        |                  |        |          |         |         |         |                |          |         |        |                 |       |      |            |
|   | l           | Philadelphia |              |                  |        |          |         |         |         | PA             |          | 1910    |        |                 |       |      |            |
| Relationship: 🗙                         | Connected ( | Organization | Aff          | CIT<br>iliated C |        | tee      | Joint   | Fundra  | aising  | STAT<br>Repres |          | ive     |        | ZIP C<br>dershi |       | C SI | oons       |
| Custodian of Re<br>books and record     |             | fy by name,  | addres       | s (phon          | e num  | ber (    | optiona | al) and | positic | on of t        | he pei   | rson in | i poss | essio           | n of  | com  | mitte      |
| Full Name                               |             |              |              |                  |        |          |         |         |         |                |          |         |        |                 |       |      |            |
| Mailing Address                         |             |              |              |                  |        |          |         |         |         |                |          |         |        |                 |       |      |            |
|   | l           |              |              |                  |        |          |         |         |         |                |          |         |        |                 |       |      |            |
|   | Į           |              |              |                  |        |          |         |         |         |                |          |         |        |                 | -[_   |      |            |
| Title or Position                       |             |              |              | CIT              | Y      |          |         |         |         | STATE          | Ξ        |         | Z      | ZIP C           | ODE   |      |            |
|   |             |              | <u>     </u> |                  |        |          | Te      | lephon  | e numl  | ber            |          |         | · [    |                 | -[_   |      | <u>   </u> |
| Treasurer: List th<br>any designated ac |             |              |              | nber             | option | al) of t | he trea | isurer  | of the  | comm           | ittee; a | and the | e nan  | ne an           | d ado | lres | s of       |
| Full Name<br>of Treasurer               | Mary Beth G | ambone       |              |                  |        |          |         |         |         |                |          |         |        |                 |       |      |            |
| Mailing Address                         | Ľ           | 2124 Race S  | street       |                  |        |          |         |         |         |                |          |         |        |                 |       |      |            |
|   | l           |              |              |                  |        |          |         |         |         |                |          |         |        |                 |       |      |            |
|   | L           | Philadelphia |              |                  | Y      |          |         |         |         | PA<br>STATE    |          | 1910    |        |                 |       |      |            |
| Title or Position                       | ırer<br>    |              |              |                  |        |          | Tel     | ephone  |         |                | 21       | 5       |        | 64              | -     | 61   | 69         |

FEC Form 1 (Revised 02/2009)

| Full Name of<br>Designated<br>Agent |  |  |  |  |  |  |    |    |  |  |     |     |      |      |     |     | I   |  |  |   |  |    |    |    |  |  |  |
|-------------------------------------|--|--|--|--|--|--|----|----|--|--|-----|-----|------|------|-----|-----|-----|--|--|---|--|----|----|----|--|--|--|
| Mailing Address                     |  |  |  |  |  |  |    |    |  |  |     |     |      |      |     |     |     |  |  |   |  |    |    |    |  |  |  |
|                                     |  |  |  |  |  |  |    |    |  |  |     |     |      |      |     |     |     |  |  |   |  |    |    |    |  |  |  |
|                                     |  |  |  |  |  |  |    |    |  |  |     |     |      |      |     |     |     |  |  | L |  |    |    |    |  |  |  |
|                                     |  |  |  |  |  |  | CI | ΓY |  |  |     |     |      |      |     | ST/ | λΤΕ |  |  |   |  | ZI | ΡC | DE |  |  |  |
| Title or Position                   |  |  |  |  |  |  |    |    |  |  |     |     |      |      |     |     |     |  |  |   |  |    |    |    |  |  |  |
|                                     |  |  |  |  |  |  |    |    |  |  | Tel | eph | ione | e ni | umt | ber |     |  |  |   |  |    |    |    |  |  |  |

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

|                 | Haverford Trust              |        |       |            |
|-----------------|------------------------------|--------|-------|------------|
| Mailing Address | Three Radnor Corperate Cente | 9r<br> |       |            |
|                 | Suite 450                    |        |       |            |
|                 | Radnor                       |        | PA    | 19087-4546 |
|                 | CITY                         |        | STATE | ZIP CODE   |
| Name of Bank, [ | Depository, etc.             |        |       |            |
|                 | First Trust Bank             |        |       |            |
|                 | 555 City Avenue              |        |       |            |
| Mailing Address |                              |        |       |            |
|                 |                              |        |       |            |
|                 | Bala Cynwyd                  |        | PA    | 19004      |
|                 | CITY                         |        | STATE | ZIP CODE   |