

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 OCT 18 P 1:13

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (In full) CWA Local 13000 AFL-CIO		2. FEC IDENTIFICATION NUMBER C00109595
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 2124 Race Street, 3rd Floor		
CITY, STATE and ZIP CODE Philadelphia, PA 19103		
3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)		

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report
- Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31
- 12-Day Pre-Election Report for the _____
(Type of Election)
election on _____ in the State of _____
- 30-Day Post-Election Report following the General Election
on _____ in the State of _____
- (b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>9/01/2000</u> through <u>9/30/2000</u>		
6. (a) Cash on Hand January 1, 19_____		\$ 158,263.54
(b) Cash on Hand at Beginning of Reporting Period	\$ 179,696.71	
(c) Total Receipts (from Line 10)	\$ 6,068.75	\$ 107,455.41
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 185,965.46	\$ 265,718.95
7. Total Disbursements (from Line 30)	\$ 50,500.00	\$ 130,253.49
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 135,465.46	\$ 135,465.46
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 950 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-494-1100
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 MALISANO

Signature of Treasurer: *Patricia A Malisano* Date: 10-16-00

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

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FEC FORM 3X
(revised 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE CWA local 13000 AFL-CIO		REPORT COVERING PERIOD FROM 9/01/2000 TO: 9/30/2000	
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		294.00	1,343.00
ii. Unitemized		5,711.50	105,045.26
iii. Total (add i and ii) >		6,005.50	106,388.26
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions (add a iii, b and c) >		6,005.50	106,388.26
12. Transfers From Affiliated/Other Party Committees			
13. AP 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.)		63.25	1,067.15
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		6,068.75	107,455.41
20. Total Federal Receipts (subtract line 15 from line 19) >		6,068.75	107,455.41
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			
ii. Non-Federal Share			14,267.49
b. Other Federal Operating Expenditures			14,267.49
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		20,000.00	65,500.00
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)			-2,000.00
d. Total Contribution Refunds (add a, b and c) >			-2,000.00
29. Other Disbursements		30,500.00	52,486.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		50,500.00	130,253.49
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		50,500.00	130,253.49
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		6,005.50	106,388.26
33. Total Contribution Refunds (from line 28d)			-2,000.00
34. Net Contributions (other than loans)(subtract line 33 from 32)		6,005.50	108,388.26
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >			14,267.49
36. Offsets to Operating Expenditures (from line 15)			
37. Net Operating Expenditures (subtract line 35 from 35) >			14,267.49

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)
 Communication Workers Of America

A. Full Name, Mailing Address and Zip Code Edward Carr 982 Netherwood Drive Blue Bell, PA 19422-	Name of Employer CWA Local 13000 Occupation Board Member	Date (month, day, year) Payroll Deduction: (30.00/pay period)	Amount of Each Receipt this Period 30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 270.00		
B. Full Name, Mailing Address and Zip Code Pam Gorman 224 Doolittle Street Carnegie, PA 15106-	Name of Employer CWA Local 13000 Occupation Senior Administrator	Date (month, day, year) Payroll Deduction: (25.00/pay period)	Amount of Each Receipt this Period 25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 200.00		
C. Full Name, Mailing Address and Zip Code Lynn Hamilton #1 Featherbed Lane Morristown, PA 19403-	Name of Employer Bell Atlantic Occupation Employee of Bell Atlantic	Date (month, day, year) Payroll Deduction: (40.00/pay period)	Amount of Each Receipt this Period 40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 360.00		
D. Full Name, Mailing Address and Zip Code Joseph Kincaid 326 E. Funk Road Boyertown, PA 19512-	Name of Employer Bell Atlantic Occupation Employee of Bell Atlantic	Date (month, day, year) 09/26/2000 Payroll Deduction: (48.00/pay period)	Amount of Each Receipt this Period 48.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 432.00		
E. Full Name, Mailing Address and Zip Code Patricia Maisano 1072 Putnam Boulevard Wallingford, PA 19086-	Name of Employer CWA Local 13000 Occupation Board Member	Date (month, day, year) Payroll Deduction: (51.00/pay period)	Amount of Each Receipt this Period 51.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 459.00		
F. Full Name, Mailing Address and Zip Code Cathy McDowell 5653 North 2nd Street Philadelphia, PA 19120-	Name of Employer CWA Local 13000 Occupation Senior Administrator	Date (month, day, year) Payroll Deduction: (25.00/pay period)	Amount of Each Receipt this Period 25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 200.00		
G. Full Name, Mailing Address and Zip Code Ed Mooney 322 Roseberry Street Philadelphia, PA 19148-	Name of Employer CWA Local 13000 Occupation Board Member	Date (month, day, year) Payroll Deduction: (75.00/pay period)	Amount of Each Receipt this Period 75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 615.00		

SUBTOTAL of Receipts This Page (optional)	294.00
TOTAL This Period (last page this line number only!)	294.00

SCHEDULE A

ITEMIZED RECEIPTS

See separate schedule for each category of line Detailed SUMMARY Page	PAGE	OF
	1	1
FOR LINE NUMBER		
17		

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NAME OF COMMITTEE (In Full)
 Communication Workers Of America

A. Full Name, Mailing Address and Zip Code Mellon BPPS Bank 18th & Market Street Philadelphia, PA 19103-	Name of Employer bank	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 63.25
	Occupation bank	bank	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date -> 1,067.15	

SUBTOTAL of Receipts This Page (optional)	63.25
TOTAL This Period (last page this line number only)	63.25

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
Communication Workers Of America

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Pennsylvania Senate 2000 1108 South Braddock Suite d Pittsburg, PA 15218-	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/14/2003	20,000.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	20,000.00
TOTAL This Period (last page this line number only)	20,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
Communication Workers Of America

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Casey Auditor General Comm 2311 N. Front Street, Suite 409 Harrisburg, PA 17110-	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/15/2000	5,000.00
House Democratic Campaign Committee P.O. Box 327 Beaver Falls, PA 15010-	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/15/2000	15,000.00
Committee to Elect Mike Veon P.O. Box 327 Beaver Falls, PA 15010-	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/15/2000	10,000.00
Logan For Senate 142 Edgemcove Drive Monroeville, PA 15146-	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/15/2000	500.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	

SUBTOTAL of Disbursements This Page (optional)	30,500.00
TOTAL This Period (last page this line number only)	30,500.00

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
CF	10/18/00
PREPARER	DATE PREPARED