

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 APR -3 P 2

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) CWA Local 13000 AFL-CIO		2. FEC IDENTIFICATION NUMBER 00109595
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>8/01/99</u> through <u>8/31/99</u>		
6. (a) Cash on Hand January 1, 19__			\$ 104,615.48
(b) Cash on Hand at Beginning of Reporting Period		\$ 152,088.86	
(c) Total Receipts (from Line 19)		\$ 13,592.90	\$ 93,593.78
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 165,681.76	\$ 1,123,864.50
7. Total Disbursements (from Line 30)		\$ 7,250.00	\$ 39,777.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 158,431.76	\$ 158,431.76
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$	

For further information contact:
Federal Election Commission
888 E Street, NW
Washington, DC 20463
Toll Free 800-424-9630
Local 202-884-1100

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 _____

Signature of Treasurer: *Patricia A. Mays* Date _____

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 1/1/87)

NAME OF COMMITTEE CWA Local 13000 AFL-CIO		REPORT COVERING PERIOD FROM 8/01/99 TO 8/31/99	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees		512.50	846.50
i. Itemized (use Schedule A)			
ii. Unitemized		12,925.00	91,686.58
iii. Total (add i and ii) >		13,437.50	92,533.18
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions (add a ii, b and c) >		13,437.50	92,533.18
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		155.40	1,060.60
17. Other Federal Receipts (Dividends, Interest, etc.)			
18. Transfers from Nonfederal Account for Joint Activity		13,592.90	93,593.78
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		13,592.90	93,593.78
20. Total Federal Receipts (subtract line 18 from line 19) >			
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			
ii. Non-Federal Share			111.50
b. Other Federal Operating Expenditures			111.50
c. Total Operating Expenditures (add a i, a ii, and b) >			
22. Transfers to Affiliated/Other Party Committees			16,000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees			
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 Contribution Refunds (add a, b and c) >		7,250.00	23,666.00
29. Other Disbursements		7,250.00	39,777.50
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		7,250.00	39,777.50
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >			
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 **11** OF **11**
FOR LINE NUMBER **11A (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 CLINTON 18 RUTH ROAD BROOKHAVEN, PA 19015	CWA LOCAL 13000	8/05/99	\$30.00
	Occupation EXECUTIVE BOARD MEMBER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 240.00		
PATRICIA MAISANO 1012 PUTNAM BLVD. WALLINGFORD, PA 19086	CWA LOCAL 13000	8/05/99	\$30.00
	Occupation EXECUTIVE BOARD MEMBER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 240.00		
EDWARD CARR 982 NETHERWOOD DRIVE BLUE BELL, PA 19422	CWA LOCAL 13000	8/05/99	\$30.00
	Occupation EXECUTIVE BOARD MEMBER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 240.00		
GERALD HARRIS 1405 CHAPLIN STREET CONWAY, PA 15027	CWA LOCAL 13000	8/05/99	\$30.00
	Occupation EXECUTIVE BOARD MEMBERS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 240.00		
L. HAMILTON #1 FEATHER BED LANE NORRISTOWN, PA 19403	BELL ATLANTIC	8/05/99	\$50.00
	Occupation UNION MEMBER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 310.00		
P. BYRNE 2106 VALLEYVIEW DRIVE FOLCROFT, PA 19032	BELL ATLANTIC	8/05/99	\$35.00
	Occupation SVCS TECH		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 217.00		
DEB BRICKER 804 LUTHER STREET HARRISBURG, PA 17112	BELL ATLANTIC	8/05/99	\$37.50
	Occupation SWTG EQP TECH		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 232.50		

SUBTOTAL of Receipts This Page (optional) _____

TOTAL This Period (post page this line number only) _____

\$242.50

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE OF
FOR LINE NUMBER 11 A (I)

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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
T. WHARTON 2725 LAYAYETTE AVENUE BENSALEM, PA 19020	Bell Atlantic	8/05/99	\$35.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Splg Tech		Aggregate Year-to-Date > \$217.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KAREN WACHTER 210 COLLEGE HILL ROAD ENOLA, PA 17025	Bell Atlantic	8/05/99	\$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Swtg EQP Tech		Aggregate Year-to-Date > \$ 248.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
W. SULLIVAN 2414 E. CUMBERLAND ST PHILA, PA 19125	Bell Atlantic	8/05/99	\$35.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Splg Tech		Aggregate Year-to-Date > \$217.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RAY MYERS 3 GREENFIELD DRIVE PARADISE, PA 17562	Bell Atlantic	8/05/99	\$35.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Swtg EQP Tech		Aggregate Year-to-Date > \$217.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ALEX MINISHAK 890 HAWTHORNE AVE MECHANICSBURG, PA 17055	Bell Atlantic	8/05/99	\$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Splg Tech		Aggregate Year-to-Date > \$ 248.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOE KINCADE 326 N. FUNK ROAD BOYERTOWN, PA 19512	Bell Atlantic	8/05/99	\$50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Splg Tech		Aggregate Year-to-Date > \$310.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. HARTZELL 473 HATBORO ROAD CHURCHVILLE, PA 18966	Bell Atlantic	8/05/99	\$35.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SVCS Tech		Aggregate Year-to-Date > \$217.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$270.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE OF
FOR LINE NUMBERS
17

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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
MELLON BANK 18th & MARKET PHILA, PA 19103	INTEREST REC'D Occupation	8/31/99	\$155.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \rightarrow \$ 1,060.60		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \rightarrow \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \rightarrow \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \rightarrow \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \rightarrow \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \rightarrow \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \rightarrow \$		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$155.40

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE **29** OF

FOR LINE NUMBER

29

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NAME OF COMMITTEE (In Full)

CWA LOCAL 13000

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

SUBTOTAL of Disbursements This Page (optional)

\$7,250.00

TOTAL This Period (last page this line number only)

REC'D MAR 6 2000



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-5

Patricia A. Maisano, Treasurer
Local 13000 CWA AFL-CIO
2124 Race Street
Philadelphia, PA 19103

Identification Number: C00109595

MAR 3 2000

Reference: September Monthly Report (8/1/99-8/31/99)

Dear Ms. Maisano:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-The totals listed on Lines 19 and 20, Column B of the Detailed Summary Page(s) appear to be incorrect. Please be advised that you should add the "Calendar Year-to-Date" total from your previous report to the current "Total This Period" figure from Column A to derive the correct Column B total. Please amend your report and any subsequent reports that may be affected by this correction.

-Please provide the total(s) for Line 17, Column B of the Detailed Summary Page. Note that changes in your figures may affect your Column B totals on this report and/or on subsequent reports.

Any amendment or clarification should be filed with the Federal Election Commission. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 694-1130.

Sincerely,

A handwritten signature in black ink, appearing to read "Scott Walker".

Scott Walker
Reports Analyst
Reports Analysis Division

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 3/28/00
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 <i>CA</i> PREPARER	 4/3/00 DATE PREPARED