

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other than An Authorized Committee  
(Summary Page)

RECEIVED  
FEC MAIL ROOM

2000 SEP 14 P 1:33

<b>1. NAME OF COMMITTEE (in full)</b> Communication Workers Of America	<b>2. FEC IDENTIFICATION NUMBER</b> C00109595
<b>ADDRESS (number and street)</b> <input type="checkbox"/> Check if different than previously reported. 2124 Race Street	<b>3. <input type="checkbox"/> This committee qualified as a multicandidate committee. (see FEC FORM 1M)</b>
<b>CITY, STATE and ZIP CODE</b> Philadelphia, PA 19103	

## 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:

- |                                      |                                                  |                                      |
|--------------------------------------|--------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20                 | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20    | <input type="checkbox"/> July 20                 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20    | <input type="checkbox"/> August 20               | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20      | <input checked="" type="checkbox"/> September 20 | <input type="checkbox"/> 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 <u>08/01/2000</u> through <u>08/31/2000</u>		
6. (a) Cash on Hand January 1, 20 <u>00</u>		158,283.54
(b) Cash on Hand at Beginning of Reporting Period	176,650.23	
(c) Total Receipts (from Line 19)	14,849.89	101,386.66
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	191,500.12	259,650.20
7. Total Disbursements (from Line 30)	11,603.41	79,753.49
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	179,896.71	179,896.71
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
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

9.11.00

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to 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 GWA Local 13000 AFL-CIO		REPORT COVERING PERIOD FROM 8/01/2000 TO 8/31/2000	
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	\$244.00	\$1,049.00	11(a)(i)
ii. Unitemized	14,499.75	99,333.76	11(a)(ii)
iii. Total (add i and ii) >	14,743.75	100,382.76	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a ii, b and c) >	14,743.75	100,382.76	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)	106.14	1,003.90	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	14,849.89	101,386.66	19
20. Total Federal Receipts (subtract line 18 from line 19) >	14,849.89	101,386.66	20
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(i)
i. Federal Share			21(a)(ii)
ii. Non-Federal Share			21(b)
b. Other Federal Operating Expenditures	12,803.41	14,267.49	21(c)
c. Total Operating Expenditures (add a i, a ii, and b) >	12,803.41	14,267.49	22
22. Transfers to Affiliated/Other Party Committees		45,500.00	23
23. Contributions to Federal Candidates/Committees and Other Political Committees			24
24. Independent Expenditures (use Schedule E)			25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			26
26. Loan Repayments Made			27
27. Loans Made			28(a)
28. Refunds of Contributions To:			28(b)
a. Individual/Persons Other Than Political Committees			28(c)
b. Political Party Committees	-2,000.00	-2,000.00	28(d)
c. Other Political Committees (such as PACs)	-2,000.00	-2,000.00	29
d. Total Contribution Refunds (add a, b and c) >	800.00	21,986.00	30
29. Other Disbursements			31
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	11,603.41	79,753.49	32
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	11,603.41	79,753.49	33
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)	14,743.75	100,382.76	34
33. Total Contribution Refunds (from line 28d)	-2,000.00	-2,000.00	35
34. Net Contributions (other than loans)(subtract line 33 from 32)	16,743.75	102,382.76	36
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	12,803.41	14,267.49	37
36. Offsets to Operating Expenditures (from line 15)			38
37. Net Operating Expenditures (subtract line 36 from 35) >	12,803.41	14,267.49	39

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedules for each category of the Detailed Summary Page

PAGE 1 OF 1

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 campaign 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			
<b>A. Full Name, Mailing Address and Zip Code</b> Edward Carr 982 Netherwood Drive Blue Bell, PA 19422- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> CWA Local 13000  <b>Occupation</b> Board Member  <b>Aggregate Year-to-Date -&gt;</b> 240.00	<b>Date (month, day, year)</b> 08/17/2000	<b>Amount of Each Receipt this Period</b> 30.00
<b>B. Full Name, Mailing Address and Zip Code</b> Lynn Hamilton #1 Featherbed Lane Norristown, PA 19103- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Bell Atlantic  <b>Occupation</b> Employee of Bell Atlantic  <b>Aggregate Year-to-Date -&gt;</b> 320.00	<b>Date (month, day, year)</b> 08/25/2000	<b>Amount of Each Receipt this Period</b> 40.00
<b>C. Full Name, Mailing Address and Zip Code</b> Joseph Kincaid 326 N. Funk Road Boyertown, PA 19512- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Bell Atlantic  <b>Occupation</b> Employee of Bell Atlantic  <b>Aggregate Year-to-Date -&gt;</b> 384.00	<b>Date (month, day, year)</b> 08/25/2000	<b>Amount of Each Receipt this Period</b> 48.00
<b>D. Full Name, Mailing Address and Zip Code</b> Patricia Maisano 1012 Putnam Boulevard Wallingford, PA 19086- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> CWA Local 13000  <b>Occupation</b> Board Member  <b>Aggregate Year-to-Date -&gt;</b> 408.00	<b>Date (month, day, year)</b> 08/17/2000	<b>Amount of Each Receipt this Period</b> 51.00
<b>E. Full Name, Mailing Address and Zip Code</b> Ed Mooney 322 Roseberry Street Philadelphia, PA 19148- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> CWA Local 13000  <b>Occupation</b> Board Member  <b>Aggregate Year-to-Date -&gt;</b> 540.00	<b>Date (month, day, year)</b> 08/17/2000	<b>Amount of Each Receipt this Period</b> 75.00
<b>F. Full Name, Mailing Address and Zip Code</b>   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b>   <b>Occupation</b>   <b>Aggregate Year-to-Date -&gt;</b>	<b>Date (month, day, year)</b> / /	<b>Amount of Each Receipt this Period</b>
<b>G. Full Name, Mailing Address and Zip Code</b>   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b>   <b>Occupation</b>   <b>Aggregate Year-to-Date -&gt;</b>	<b>Date (month, day, year)</b> / /	<b>Amount of Each Receipt this Period</b>

<b>SUBTOTAL</b> of Receipts This Page (optional)	244.00
<b>TOTAL</b> This Period (last page this line number only)	244.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedules for each category of the Detailed Summary Page	PAGE	OF
	1	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)**  
 Communication Workers Of America

<b>A. Full Name, Mailing Address and Zip Code</b> Bank Mellon PSFS 18th & Market Street  Philadelphia, PA 19103-	<b>Name of Employer</b>  bank	<b>Date (month, day, year)</b> 08/31/2000	<b>Amount of Each Receipt this Period</b>  106.14
	<b>Occupation</b> bank	bank	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Aggregate Year-to-Date -&gt;</b> 1,883.50		

<b>SUBTOTAL</b> of Receipts This Page (optional)	106.14
<b>TOTAL</b> This Period (last page this line number only)	106.14

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedules for each category of the detailed summary page

Any information reported 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

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CWA Local 13000 2124 Race Street Philadelphia, PA 19103-	Disbursement for: <input type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/14/2000	261.43
Printing American Screen 215 Saline Street Pittsburgh, PA 15207-	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/07/2000	6,041.98
Publishing Aristotle 50 B. Street S.E. Washington, DC 20003-	computer software Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/04/2000	6,500.00
	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)	/ /	
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	

<b>SUBTOTAL</b> of Disbursements This Page (optional)	12,803.41
<b>TOTAL</b> This Period (last page this line number only)	12,803.41

**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)**  
 Communication Workers Of America

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mascara for Congress P.O. Box 1109 Washington, PA 15301-	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/10/2000	-2,000.00
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

<b>SUBTOTAL</b> of Disbursements This Page (optional)	-2,000.00
<b>TOTAL</b> This Period (last page this line number only)	-2,000.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedules for each category of the detailed Primary Page

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 members.

**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
Elect Tom Tangretti Committee P.O. Box 292 Greensburg, PA 15601-	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/25/2000	800.00
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

<b>SUBTOTAL</b> of Disbursements This Page (optional)	800.00
<b>TOTAL</b> This Period (last page this line number only)	800.00

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) <i>9-11-00</i>
<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	
<hr/> <hr/> <hr/> <i>[Signature]</i>	<hr/> <hr/> <hr/> <i>9-11-00</i>
PREPARER	DATE PREPARED