

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM  
2000 MAR 27 P 1:52

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)  
 CG010959S 091798 P 272  
 PATRICIA A. MAISANO  
 LOCAL 13000 CWA AFL-CIO  
 2124 RACE STREET  
 PHILADELPHIA PA 19103

2. FEC IDENTIFICATION NUMBER  
 CG010959S  
 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)  
 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
6. Covering Period <u>3/01/99</u> through <u>3/31/99</u>		
6. (a) Cash on Hand January 1, 19__		\$ 104,615.48
(b) Cash on Hand at Beginning of Reporting Period	\$122,643.08	
(c) Total Receipts (from Line 19)	\$ 10,615.53	\$ 34,681.73
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$133,258.71	\$373,946.23
7. Total Disbursements (from Line 30)	\$ 5,614.50	\$ 11,653.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$127,644.21	\$127,644.21
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 899 E Street, NW Washington, DC 20463 Toll Free 800-424-8530 Local 202-694-1100
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  
 Signature of Treasurer: *Patricia A. Maisano*  
 Date: *3/21/00*

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

(revised 1/1/93)

NAME OF COMMITTEE CWA Local 13000 AFL-CIO		REPORT COVERING PERIOD	
		FROM 3/01/99	TO 3/31/99
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees		---0---	---0---
i. Itemized (use Schedule A)		\$10,473.75	\$34,273.75
ii. Unitemized		\$10,473.75	\$34,273.75
iii. Total	(add i and ii) >		
b. Political Party Committees			
c. Other Political Committees (such as PACs)		\$10,473.75	\$34,273.75
d. Total Contributions	(add a, 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		\$141.88	\$407.98
17. Other Federal Receipts (Dividends, Interest, etc.)			
18. Transfers from Nonfederal Account for Joint Activity		\$10,615.63	\$34,681.73
19. Total Receipts	(add 11d, 12, 13, 14, 15, 16, 17, and 18) >	\$10,615.63	\$34,681.73
20. Total Federal Receipts	(subtract line 16 from line 19) >		
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			
ii. Non-Federal Share		\$14.50	\$37.00
b. Other Federal Operating Expenditures	(add a, i, and ii) >	\$14.50	\$37.00
c. Total Operating Expenditures	(add a, b, and c) >		
22. Transfers to Affiliated/Other Party Committees		\$5,000.00	\$5,000.00
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. Individuals/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) >	\$600.00	\$6,616.00
29. Other Disbursements		\$5,614.50	\$11,653.00
30. Total Disbursements	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	\$5,614.50	\$11,653.00
31. Total Federal Disbursements	(subtract line 21 a i from line 30) >		
<b>III. Net Contributions/Operating Expenditures</b>			
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 3 OF 7  
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 - AFL-CIO

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MELLON PSFS BANK 18TH & MARKET STREET PHILA, PA 19102	INTEREST RECEIVED	3-31-99	\$141.88
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 407.98	
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)

TOTAL This Period (last page this line number only)

\$141.88

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 4 OF 7

FOR LINE NUMBER 210

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NAME OF COMMITTEE (In Full)

CWA LOCAL 13000 AFL-CIO

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement BANK FEE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Date (month, day, year) 3-09-99	Amount of Each Disbursement This Period \$14.50
B. 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)	Date (month, day, year)	Amount of Each Disbursement This Period
C. 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)	Date (month, day, year)	Amount of Each Disbursement This Period
D. 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)	Date (month, day, year)	Amount of Each Disbursement This Period
E. 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)	Date (month, day, year)	Amount of Each Disbursement This Period
F. 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)	Date (month, day, year)	Amount of Each Disbursement This Period
G. 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)	Date (month, day, year)	Amount of Each Disbursement This Period
H. 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)	Date (month, day, year)	Amount of Each Disbursement This Period
I. 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)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page the line number only)

\$14.50

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 5 OF 7  
FOR LINE NUMBER 23

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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
HOEFFLE FOR CONGRESS 503 CAPITAL COURT, SUITE 100 WASHINGTON, DC 20002	2000 PRIMARY Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/11/99	\$5,000.00
B. 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)	Date (month, day, year)	Amount of Each Disbursement This Period
C. 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)	Date (month, day, year)	Amount of Each Disbursement This Period
D. 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)	Date (month, day, year)	Amount of Each Disbursement This Period
E. 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)	Date (month, day, year)	Amount of Each Disbursement This Period
F. 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)	Date (month, day, year)	Amount of Each Disbursement This Period
G. 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)	Date (month, day, year)	Amount of Each Disbursement This Period
H. 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)	Date (month, day, year)	Amount of Each Disbursement This Period
I. 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)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (next page this line number only) .....

\$5,000.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 6 OF 7

FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

CWA LOCAL 1300 AFL-CIO

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement FINANCIAL ANALYSIS FEE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Date (month, day, year) 3-04-99	Amount of Each Disbursement This Period \$600.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. 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)	Date (month, day, year)	Amount of Each Disbursement This Period
D. 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)	Date (month, day, year)	Amount of Each Disbursement This Period
E. 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)	Date (month, day, year)	Amount of Each Disbursement This Period
F. 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)	Date (month, day, year)	Amount of Each Disbursement This Period
G. 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)	Date (month, day, year)	Amount of Each Disbursement This Period
H. 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)	Date (month, day, year)	Amount of Each Disbursement This Period
I. 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)	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)

\$600.00



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

RQ-2

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

MAR 8 2000

Identification Number: C00109595

Reference: April Monthly Report (3/1/99-3/31/99)

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 total listed on Line 11(a)(ii), Column B of the Detailed Summary Page appears 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 totals for Lines 11(a)(iii) and 11(d), Columns A and 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.

-For your information, all contributions received that aggregate \$200 or less per individual for the calendar year should be reported on Line 11(a)(ii). Contributions received aggregating over \$200 per individual for the calendar year should be reported on Line 11(a)(i) and itemized on Schedule A.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days

REC'D ..... 10 2000

of the date of this letter. 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', with a long horizontal flourish extending to the right.

Scott Walker  
Reports Analyst  
Reports Analysis Division



