

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

FEB 2 2 11 PM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. COMMITTEE IDENTIFICATION NUMBER: C00109595 120597 P 267
 PATRICIA A. MAISANO
 LOCAL 13000 CWA AFL-CIO
 2124 RACE STREET
 PHILADELPHIA PA 19103

2. FEC IDENTIFICATION NUMBER: C00109595
 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
5. Covering Period 7-1-97 through 12-31-97			
6. (a)	Cash on Hand January 1, 1997		\$ 85,896.73
(b)	Cash on Hand at Beginning of Reporting Period	\$ 123,428.87	
(c)	Total Receipts (from Line 19)	\$ 57,218.40	\$ 106,093.76
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 180,674.15	\$ 193,990.49
7.	Total Disbursements (from Line 30)	\$ 29,677.63	\$ 41,020.97
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 150,969.52	\$ 150,969.52
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 800 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: 1/28/98

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 7-1-97	TO 12-31-97	
	COLUMN A Total This Period	COLUMN B Calendar Year	
I Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	5,327.25	5,327.25	11(a)
ii. Unitemized	50,404.50	97,688.17	11(b)
iii. Total (add i and ii) >	55,731.75	103,015.42	11(c)
b. Political Party Committees			11(d)
c. Other Political Committees (such as PACs)			11(e)
d. Total Contributions (add a ii, b and c) >			11(f)
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.)	5.79	5.79	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	27.50	527.50	16
17. Other Federal Receipts (Dividends, Interest, etc.)	1,453.36	2,545.05	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	57,218.40	106,093.76	19
20. Total Federal Receipts (subtract line 18 from line 19) >	57,218.40	106,093.76	20
II Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)
ii. Non-Federal Share			21(b)
b. Other Federal Operating Expenditures	182.63	2,315.63	21(c)
c. Total Operating Expenditures (add a i, a ii, and b) >	182.63	2,315.63	21(d)
22. Transfers to Affiliated/Other Party Committees	12,000.00	12,000.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	5,000.00	10,000.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) >			28(d)
29. Other Disbursements	12,495.00	16,705.34	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	29,677.63	41,020.97	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	29,677.63	41,020.97	31
III Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)			32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans) (subtract line 33 from 32)			34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	182.63	2,315.63	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) >			37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 6
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 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 V. CLINTON 16 RUTH RD BROOKHAVEN PA 19015	CWA LOCAL 13000	30.00 MTH	180.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT	Aggregate Year-to-Date > \$ 360.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES M. CARTER 320 FOLSOM AVE FOLSOM PA 19033	CWA LOCAL 13000	30.00 MTH	180.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VICE PRESIDENT	Aggregate Year-to-Date > \$ 360.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PATRICIA A. MAISANO 1012 PUTNAM BLVD WALLINGFORD PA 19086	CWA LOCAL 13000	30.00 MTH	180.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SECRETARY-TREASURER	Aggregate Year-to-Date > \$ 360.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
EDWARD T. CARR 982 NETHERWOOD DR BLUE BELL PA 19422	CWA LOCAL 13000	30.00 MTH	180.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation EASTERN REGION VICE PRESIDENT	Aggregate Year-to-Date > \$ 360.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GERALD HARRIS 1405 CHAPLIN ST CONWAY PA 15027	CWA LOCAL 13000	30.00 MTH (5 MTHS) 26.00 (1 MTH)	176.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation WESTERN REGION VICE PRESIDENT	Aggregate Year-to-Date > \$ 357.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CATHY McDOWELL 5653 N SECOND ST PHILADELPHIA PA 19120	CWA LOCAL 13000	25.00 MTH (2 MTHS) 30.00 MTH (4 MTHS)	130.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SECRETARY	Aggregate Year-to-Date > \$ 260.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PAM CORMAN 274 DOOLITTLE ST CARNEGIE PA 15016	CWA LOCAL 13000	25.00 (3 MTHS) 20.00 (3 MTHS)	135.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SECRETARY	Aggregate Year-to-Date > \$ 265.00	

SUBTOTAL of Receipts This Page (optional) 1,161.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 6
FOR LINE NUMBER 11 (a) (1)

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NAME OF COMMITTEE (in Full)

CMA 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
J.S. HARTZELL 473 HATBORD RD CHURCHVILLE PA 18966	BELL ATLANTIC-PA	7.00 WK	126.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SERVICES TECHNICIAN	Aggregate Year-to-Date > \$ 252.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J.C. KINCADE 326 N FUNK RD BOYERTOWN PA 19512	BELL ATLANTIC-PA	10.00 WK	245.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SPLICING TECHNICIAN	Aggregate Year-to-Date > \$ 490.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
E.F. MOONEY 322 ROSEBERRY ST PHILADELPHIA PA 19148	BELL ATLANTIC-PA	7.00 WK	168.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SERVICES TECHNICIAN	Aggregate Year-to-Date > \$ 336.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A.R. SUDANO 885 N YORK RD #1C WARMINTON PA 18974	BELL ATLANTIC-PA	7.00 WK	129.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation STOREKEEPER	Aggregate Year-to-Date > \$ 259.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
K.L. WACHTER 210 COLLEGE HILL RD ENOLA PA 17025	BELL ATLANTIC-PA	8.00 WK	196.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SET	Aggregate Year-to-Date > \$ 392.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
T.P. WHARTON 2725 LAFAYETTE AVE BENSALEM PA 19020	BELL ATLANTIC-PA	7.00 WK	122.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SPLICING TECHNICIAN	Aggregate Year-to-Date > \$ 245.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C.E. WOODEN 1309 N MARSTON ST PHILADELPHIA PA 19121	BELL ATLANTIC-PA	4.75 WK	104.75
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SENIOR CLERK	Aggregate Year-to-Date > \$ 209.50	

SUBTOTAL of Receipts This Page (optional) 1,091.75

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 6
FOR LINE NUMBER 11 (a) (i)

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NAME OF COMMITTEE (In Full)

CMA 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
D.L. BABNEW 409 BRADFORD RD CHERRY HILL NJ 08034	BELL ATLANTIC-PA	5.00 WK	122.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SERVICES TECHNICIAN		
	Aggregate Year-to-Date > \$ 245.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J.S. BAZER 359 RAIBLE DR DUNCANSVILLE PA 16835	BELL ATLANTIC-PA	5.00 WK	122.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SET		
	Aggregate Year-to-Date > \$ 245.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
D.K. BRICKER 804 LUTHER ST HARRISBURG PA 17112	BELL ATLANTIC-PA	5.00 WK	122.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SET		
	Aggregate Year-to-Date > \$ 245.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
D. CHLOE SPENCE 537 THOMPSON AVE CLAIRTON PA 15025-1101	BELL ATLANTIC-PA	5.00 WK	122.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SERVICES TECHNICIAN		
	Aggregate Year-to-Date > \$ 245.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
K.J. COOLEY 2816 PATYERSON ST PITTSBURGH PA 15203	BELL ATLANTIC-PA	5.00 WK	122.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MATERIAL HANDLER		
	Aggregate Year-to-Date > \$ 245.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
D.G. DILLON 30X 419 R D 1 OLANTA PA 16863	BELL ATLANTIC-PA	3.00 WK	104.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SPlicing TECHNICIAN		
	Aggregate Year-to-Date > \$ 209.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
G.P. EVERLY 12042 GLENFIELD RD PHILADELPHIA PA 19154	BELL ATLANTIC-PA	5.00 WK	122.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SPlicing TECHNICIAN		
	Aggregate Year-to-Date > \$ 245.00		

SUBTOTAL of Receipts This Page (optional)

839.50

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 4 OF 6

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NAME OF COMMITTEE (in Full)

CMA LOCAL 13600, AFL-CIO

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. K. HINES 10 E 5TH ST POTTSTOWN PA 19464	BELL ATLANTIC-PA	5.00 WK	110.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SPLICING TECHNICIAN	Aggregate Year-to-Date > \$ 219.25	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. L. JOHNS 800 GLENN ST WASHINGTON PA 15301	BELL ATLANTIC-PA	5.00 WK	120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SPLICING TECHNICIAN	Aggregate Year-to-Date > \$ 240.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
G. L. LEACH R 6 7 BOX 586 MIFFLINTOWN PA 17059	BELL ATLANTIC-PA	5.00 WK	122.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SET	Aggregate Year-to-Date > \$ 245.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
W. J. LEIBACH 310 BAYBERRY RD PITTSBURGH PA 15237	BELL ATLANTIC-PA	5.00 WK	122.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SPLICING TECHNICIAN	Aggregate Year-to-Date > \$ 245.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
G. J. MCGINLEY 1956 MAPLE AVE CROYDEN PA 19021	BELL ATLANTIC-PA	5.00 WK	122.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SERVICES TECHNICIAN	Aggregate Year-to-Date > \$ 245.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
M. J. McNALLY 2124 RACE STREET PHILADELPHIA PA 19103	BELL ATLANTIC-PA	5.25 WK	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SPLICING TECHNICIAN	Aggregate Year-to-Date > \$ 215.25	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. A. MORFLAK 351 E PIKE ST HOUSTON PA 15342	BELL ATLANTIC-PA	5.00 WK	122.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SERVICES TECHNICIAN	Aggregate Year-to-Date > \$ 245.00	

SUBTOTAL of Receipts This Page (optional)

828.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 5 OF 6
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
R. E. MYERS THREE GREENFIELD DR PARADISE PA 17562	BELL ATLANTIC-PA	4.75 WK	117.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SET	Aggregate Year-to-Date > \$ 232.75	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
M. T. O'Rourke 6011 ROSLYN ST BOSTON PA 15135	BELL ATLANTIC-PA	5.00 WK	122.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SPLICING TECHNICIAN	Aggregate Year-to-Date > \$ 245.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C. A. PAJE FOREST GATES APTS MAGNOLIA NJ 08049	BELL ATLANTIC-PA	4.75 WK	103.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation STAFF CLERK	Aggregate Year-to-Date > \$ 204.25	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
D. E. SAMSON P O BOX 51 HONESDALE PA 18431	BELL ATLANTIC-PA	5.00 WK	122.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SERVICES TECHNICIAN	Aggregate Year-to-Date > \$ 245.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
H. E. SOLT 608 E 8TH ST NORTHAMPTON PA 18067	BELL ATLANTIC-PA	4.75 WK	117.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SET	Aggregate Year-to-Date > \$ 232.75	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
M. E. STEENSON 27 COREBETT DR IRWIN PA 15642	BELL ATLANTIC-PA	5.00 WK	122.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SET	Aggregate Year-to-Date > \$ 245.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
D. STEPHENS 3947 LUDLOW ST. PHILADELPHIA PA 19104	BELL ATLANTIC-PA	5.00 WK	117.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SET	Aggregate Year-to-Date > \$ 235.00	

SUBTOTAL of Receipts This Page (optional)

822.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

CNA LOCAL 1300G, AFL-CIO

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
K.W. STOUT 248 PERKASIE AVE QUAKERTOWN PA 18951	BELL ATLANTIC-PA	5.00 WK	122.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SPLICING TECHNICIAN		
	Aggregate Year-to-Date	\$ 245.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J.F. TOMLINSON 229 CALDER ST ALTOONA PA 16602	BELL ATLANTIC-PA	5.00 WK	100.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SET		
	Aggregate Year-to-Date	\$ 201.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J.D. WESTOVER 4 HORNBERGER DR MCALISTERVILLE PA 17049	BELL ATLANTIC-PA	5.00 WK	122.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation OPT		
	Aggregate Year-to-Date	\$ 245.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
D.G. WILLIAMS 307 PLYMOUTH AVE WILKES-BARRE PA 18702	BELL ATLANTIC-PA	5.00 WK	122.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation OPT		
	Aggregate Year-to-Date	\$ 245.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C.N. VEZTORSKI 12418 TYRONE RD PHILADELPHIA PA 19154	BELL ATLANTIC-PA	4.75 WK	117.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SENIOR FIELD CLERK		
	Aggregate Year-to-Date	\$ 232.75	
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) 585.00

TOTAL This Period (last page this line number only) 4,166.25

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11 (a) (ii)

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
UNION MEMBERS (PAYROLL DEDUCTIONS)	RAY COMMUNICATIONS	7-17-97	28.00
		10-3-97	46.00
Occupation		11-10-97	18.00
Occupation		12-4-97	5.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General		Aggregate Year-to-Date	97.00
<input type="checkbox"/> Other (specify):		\$ 206.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
UNION MEMBERS (PAYROLL DEDUCTIONS)	CONCAST CABLEVISION	7-28-97	50.75
		11-10-97	43.50
Occupation			94.25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General		Aggregate Year-to-Date	
<input type="checkbox"/> Other (specify):		\$ 168.50	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NELSON PORT 232 YANKEE RD LOT 82 QUAKERTOWN PA 18951	BELL ATLANTIC-PENNA	9-2-97	150.00
Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General		Aggregate Year-to-Date	
<input type="checkbox"/> Other (specify):		\$ 150.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
UNION MEMBERS (WEEKLY DEDUCTIONS)	BELL ATLANTIC-PA	7-97	50,063.25
		8-97	
Occupation		9-97	
Occupation		10-97	
Occupation		11-97, 12-97	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General		Aggregate Year-to-Date	
<input type="checkbox"/> Other (specify):		\$ 95,470.75	
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		Aggregate Year-to-Date	
<input type="checkbox"/> Other (specify):		\$	
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		Aggregate Year-to-Date	
<input type="checkbox"/> Other (specify):		\$	
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		Aggregate Year-to-Date	
<input type="checkbox"/> Other (specify):		\$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

50,404.50

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 15

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)

CNA LOCAL 13000, AFL-CIO

A. Full Name, Mailing Address and ZIP Code MELLON PSFS BANK 18TH & MARKET STREET PHILADELPHIA PA 19102	Name of Employer ACCOUNT ANALYSIS FEE REFUND	Date (month, day, year) 1997	Amount of Each Receipt this Period 5.79
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Aggregate Year-to-Date > \$ 5.79	
B. Full Name, Mailing Address and ZIP Code			
C. Full Name, Mailing Address and ZIP Code			
D. Full Name, Mailing Address and ZIP Code			
E. Full Name, Mailing Address and ZIP Code			
F. Full Name, Mailing Address and ZIP Code			
G. Full Name, Mailing Address and ZIP Code			

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

5.79

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 16

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NAME OF COMMITTEE (In Full)

CWA LOCAL 13000, AFL-CIO

A. Full Name, Mailing Address and ZIP Code COMMITTEE TO ELECT ROBERT THOMAS STATE SEN 171 OLD STATE RD CHICORA PA 16025 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer REFUND OF CAMPAIGN CONTRI Occupation Aggregate Year-to-Date > \$ 27.50	Date (month, day, year) 7-21-97	Amount of Each Receipt this Period 27.50
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	27.50

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 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 PSFS BANK 18TH & MARKET STREET PHILADELPHIA PA 19102	INTEREST RECEIVED	7-31-97 8-31-97 9-30-97 10-30-97 11-30-97 12-31-97	229.61 229.47 263.13 255.33 223.21 252.61
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,545.05		1,453.36
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):	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):	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):	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):	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):	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):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

1,453.36

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21 (b)

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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DICK JOHNS 800 GLENN ST WASHINGTON PA 15301	WORKED POLLS 9/9/97 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-15-97	50.00
JOE VITA 537 CONARROE ST PHILADELPHIA PA 19128	WORKED POLLS 11/4/97 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-20-97	50.00
JOE QUIGLEY 225 RECTOR ST PHILADELPHIA PA 19128	WORKED POLLS 11-4-97 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-20-97	50.00
MELLON PSFS BANK 18TH & MARKET STS PHILADELPHIA PA 19102	ACCOUNT ANALYSIS FEE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-31-97 12-31-97	8.63 24.00 <u>32.63</u>
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)

182.63

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 22

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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
CWA COPE 501 THIRD ST NW WASHINGTON DC 20001-2797	CWA COPE OXOTE FOR 1997 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-10-97	12,000.00
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 (last page this line number only)

12,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
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
MASCARA FOR CONGRESS P O BOX 1108 WASHINGTON PA 15301	1998 PRIMARY Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-16-97	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 (last 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 1 OF 3
FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

CNA 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
FRIENDS OF ANDY DINNINAN 467 SPRUCE DR EXTON PA 19341	1997 GENERAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-9-97	1,000.00
GREATER WESTMORELAND COUNTY LABOR COUNCIL 102 N MAIN ST GREENSBURG PA 15601	FUND RAISER 8-16-97 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-6-97	20.00
POZONSKY FOR JUDGE RT 50 FLEHR BLDG P O BOX 454 CECIL PA 15321	FUND RAISER 9-8-97 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-6-97	125.00
JUDGE DEL SOLE COMMITTEE 1203 LAW & FINANCE BLDG 429 FOURTH AVE PITTSBURGH PA 15219	1997 GENERAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-15-97	3,000.00
COMMITTEE TO ELECT DENNIS HALLINAH FOR HAYOR 2223 FIRST AVE ALTOONA PA 16602	1997 GENERAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-15-97	300.00
COMMITTEE TO ELECT CLEMMY ALLEN 201 DODD DR WASHINGTON PA 15301	FUND RAISER 10-12-97 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-15-97	220.00
COMMITTEE TO ELECT CLEMMY ALLEN 201 DODD DR WASHINGTON PA 15301	FUND RAISER 10-12-97 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-15-97	100.00
BLAIR COUNTY DEMOCRATIC 29 W 11TH ST TYRONE PA 16686	FUND RAISER 9-26-97 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-15-97	130.00
BLAIR COUNTY DEMOCRATIC 29 W 11TH ST TYRONE PA 16686	FUND RAISER - 1/4 PAGE AD Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-15-97	25.00

SUBTOTAL of Disbursements This Page (optional)

4,920.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 3
FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

CMA 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
FRIENDS OF SAIDEL 1420 LOCUST ST #70 PHILADELPHIA PA 19102	1997 GENERAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-15-97	500.00
FRIENDS OF KAREN RITTER P O BOX 198 QUAKERTOWN PA 18951	1997 GENERAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-18-97	1,000.00
LANCASTER COUNTY DEMOCRATIC COM, 1113 WILLIAMSBURG RD LANCASTER PA 17603	FUND RAISER 10-13-97 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-26-97	100.00
DEMOCRATIC CAMPAIGN COM OF PHILADELPHIA 225 RECTOR ST PHILADELPHIA PA 19128	FUND RAISER 10-23-97 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-26-97	250.00
COMMITTEE TO ELECT KOVACH JURY COMMISSIONER 38 CHRISTMAN ST POTTSTOWN PA 19465	1997 GENERAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-16-97	300.00
DELUCA FOR LEGISLATOR COM 1416 BARBARA DR VERONA PA 15147	FUND RAISER 10-18-97 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-16-97	200.00
TRISH CORBETT JUDGE COM P O BOX 1509 SCRANTON PA 18501	1997 GENERAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-16-97	500.00
GEIS FOR ALTOONA CITY COUNCIL COM 1807 6TH ST ALTOONA PA 16601	1997 GENERAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-16-97	150.00
MONTGOMERY COUNTY COPE 3031 WALTON RD SUITE 113 NORRISTOWN PA 19401	FUND RAISER 11-1-97 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-16-97	200.00

SUBTOTAL of Disbursements This Page (optional) 3,200.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 3
FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

CMA 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
MONTGOMERY COUNTY COPE 3031 WALTON RD SUITE 113 NORRISTOWN PA 19401	FULL PAGE AD Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-16-97	125.00
COMMITTEE TO ELECT JUDGE JOAN DRIE MELVINSKY 426 FORRES AVE. PITTSBURGH PA 15219	1997 GENERAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-16-97	2,000.00
FRIENDS OF HAPPY FERNANDEZ 3400 BARING ST PHILADELPHIA PA 19104	FUND RAISER 10-29-97 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-22-97	250.00
FRIENDS OF TODD EACHUS P O BOX 2174 HAZELTON PA 18201	FUND RAISER 10-26-97 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-22-97	1,000.00
FRIENDS OF KAREN RITTER P O BOX 198 QUAKERTOWN PA 18951	1997 GENERAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-27-97	1,000.00
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) 4,375.00

TOTAL This Period (last page this line number only) 12,495.00

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 1/26/98
<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	
 PREPARER	2/2/98 DATE PREPARED