

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
 CRA LOCAL 13000 AFL-CIO
 PATRICIA A. MATSAMU, TREASURER

ADDRESS (Number and street) Check if different than previously reported
 2124 RACE STREET

CITY, STATE and ZIP CODE
 PHILADELPHIA PA 19103

2. FEC IDENTIFICATION NUMBER
 CD0109595

3. This committee has qualified as a multicandidate committee (see FEC FORM 100)

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 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

6	Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
	4-1-96 through 6-3-96		
6.	(a) Cash on Hand January 1, 1996		\$ 128,728.21
	(b) Cash on Hand at Beginning of Reporting Period	\$ 136,321.36	
	(c) Total Receipts (from Line 19)	\$ 22,795.18	\$ 45,727.33
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 159,116.54	\$ 174,455.54
7.	Total Disbursements (from Line 20)	\$ 73,060.04	\$ 38,399.04
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 136,056.50	\$ 136,056.50
9.	Debits and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 600 E Street, NW Washington, DC 20460 Toll Free 800-424-9630 Local 202-719-9400
10.	Debits 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. MATSAMU

Signature of Treasurer: _____ Date: 7-9-96

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

96-03-060-2437

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/93)

NAME OF COMMITTEE DMA LOCAL 13000, AFL-CIO		REPORT COVERING PERIOD FROM: 6-1-96 TO: 6-30-96	
		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 (see Schedule A)	360.00	360.00	11(a)(i)
ii. Unitemized	21,751.75	43,960.00	11(a)(ii)
iii. Total (add i and ii) >	22,111.75	44,320.00	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a, b, and c) >			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.)	683.43	1,407.33	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	22,795.18	45,727.33	19
20. Total Federal Receipts (subtract line 18 from line 19) >	22,795.18	45,727.33	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share	360.04	1,849.04	21(a)(ii)
b. Other Federal Operating Expenditures			21(b)
c. Total Operating Expenditures (add a, i, and b) >			21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	9,400.00	21,650.00	23
24. Independent Expenditures (see Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (see Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individual/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	13,300.00	15,900.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	23,060.04	38,399.04	30
31. Total Federal Disbursements (subtract line 21 a, ii from line 30) >	23,060.04	38,399.04	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) >			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) >			37

06-03-060-10-96

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) (1)

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)

CMA LOCAL 13000, AFL-CIO

6542-090-EO-96

A. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ALEX MINISIAN, JR. 890 HANTHORNE AVE MECHANICSBURG PA 17055		BELL ATLANTIC-PA.	5-1-96	360.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation SPLICING TECHNICIAN	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
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 (has page this line number only)				360.00

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) (11)

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NAME OF COMMITTEE (in Part)

CNA LOCAL 13000, AFL-CIO

96-03-060-2440

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
CNA LOCAL 13000 BOARD (MONTHLY DEDUCTIONS)	CNA LOCAL 13000	4-10-96 5-10-96 6-12-96	180.00 180.00 150.00 <u>510.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation EXECUTIVE BOARD	Aggregate Year-to-Date > \$ 1,040.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
UNION MEMBERS (WEEKLY PAYROLL DEDUCTIONS) ONE PARKWAY PHILADELPHIA, PA 19102	BELL ATLANTIC-PA.	4-15-96 5-15-96 6-15-96	8,106.25 6,953.00 6,397.25 <u>21,456.50</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 42,367.50	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
PAM GURMAN 224 DOOLITTLE ST CARNEGIE PA 15106	CNA LOCAL 13000	4-10-96 5-10-96 6-12-96	20.00 20.00 25.00 <u>65.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SECRETARY	Aggregate Year-to-Date > \$ 125.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
CATHY McDONELL 5653 N. 2ND ST. PHILADELPHIA PA 19120	CNA LOCAL 13000	4-10-96 5-10-96 6-12-96	10.00 20.00 25.00 <u>55.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SECRETARY	Aggregate Year-to-Date > \$ 55.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
UNION MEMBERS (MONTHLY PAYROLL DEDUCTIONS)	JULS	4-10-96 5-1-96 6-4-96	3.25 3.00 3.00 <u>9.25</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 9.25	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
UNION MEMBERS (MONTHLY PAYROLL DEDUCTIONS)	COMCAST CABLEVISION	5-1-96	48.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 116.25	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
UNION MEMBERS (MONTHLY PAYROLL DEDUCTIONS)	RAY COMMUNICATIONS	5-15-96	68.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 187.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

21,751.75

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Statement Page

PAGE 1 OF 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)

CNA LOCAL 13000, AFL-CIO

96-03-060-2441

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MELLON PSFS BANK 18TH & MARKET STS. PHILADELPHIA PA 19102	INTEREST RECEIVED Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-30-96 5-31-96 6-30-96	245.16 226.34 213.93 685.43
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 file line number only)

685.43

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER 21 (a) (15)

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NAME OF COMMITTEE (In Full)

CMA LOCAL 13000, AFL-CIO

2442-090-53-96

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MELTON 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)	6-30-96	10.00
KENNETH W. STOLT 248 PERKASIE AVE QUAKERTOWN PA 18951	WORKED POLLS 4-23-96 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-24-96	50.00
HAROLD E. SOLT 608 E 8TH ST NORTHAMPTON PA 18061	WORKED POLLS 4-23-96 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-24-96	50.00
DONALD PRITCHARD 4010 CRABAPPLE DR MCKEES ROCK PA 15136	WORKED POLLS 4-23-96 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-24-96	50.00
GERALD HARRIS 1405 CHAPLIN ST CONWAY PA 15027	WORKED POLLS 4-23-96 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-24-96	50.00
JOSEPH QUIGLEY 225 RECTOR ST PHILADELPHIA PA 19128	WORKED POLLS 4-23-96 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-24-96	50.00
JOE VITA 255 LAURISTON ST PHILADELPHIA PA 19128	WORKED POLLS 4-23-96 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-24-96	50.00
AUGGIE BAETKE 118 MAYFIELD AVE ROCKLEDGE PA 19046	WORKED POLLS 4-23-96 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-24-96	50.00
L. 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)	350.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 73

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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
FOGLIETTA FOR CONGRESS P O BOX 40078 PHILADELPHIA PA 19106	1996 CAMPAIGN EXPENSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-19-96	2,400.00
B. Full Name, Mailing Address and ZIP Code MURRAY FOR CONGRESS P O BOX 234 WASHINGTON CROSSING PA 18977	1996 CAMPAIGN EXPENSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-19-96	2,000.00
C. Full Name, Mailing Address and ZIP Code JOE HOEFFEL FOR CONGRESS COMMITTEE 30 W AIRY ST NORRISTOWN PA 19401	1996 CAMPAIGN EXPENSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-19-96	5,000.00
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

96-03-060-2143

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page line line number only)	9,400.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 7 OF 2
FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

OWA LOCAL 13000, AFL-CIO

4-14-96 09:03:24

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
KNOLL FOR TREASURER COMMITTEE P O BOX 4524 PITTSBURGH PA 15205	1996 CAMPAIGN EXPENSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	4-11-96	1,000.00
FRIENDS FOR HENDRICKS 29 ESSEX COURT QUAKERTOWN PA	1996 CAMPAIGN EXPENSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	4-18-96	300.00
PENNSYLVANIANS FOR RALPH KAISER 3846 EDGE RD PITTSBURGH PA 15227	1996 CAMPAIGN EXPENSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	4-18-96	500.00
PENNSYLVANIANS FOR KANJORSKI 126 FRANKLIN ST WILKES-BARRE PA 18701	1996 CAMPAIGN EXPENSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	4-19-96	5,000.00
CITIZENS FOR HUGHES P O BOX 13031 PHILADELPHIA PA 19101	1996 CAMPAIGN EXPENSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	4-19-96	300.00
FRIENDS TO RE-ELECT SENATOR BELL 800 W 24TH ST UPLAND PA 19013	1996 CAMPAIGN EXPENSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	4-19-96	2,000.00
BOB SOOBY FOR STATE REPRESENTATIVE P O BOX 74 LANCHORNE PA 19047	1996 CAMPAIGN EXPENSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	4-19-96	300.00
CITIZENS FOR ROBERT C. DONATUCCI 2336 S 21ST ST PHILADELPHIA PA 19145	1996 CAMPAIGN EXPENSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	4-19-96	200.00
FRIENDS OF LOPEZ 96 1404 BUDD AVE BETHLEHEM PA 18018	1996 CAMPAIGN EXPENSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	4-19-96	300.00

SUBTOTAL of Disbursements This Page (optional)

9,900.00

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 2
FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

CWA LOCAL 13000, AFL-CIO

96-03-060-2445

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
RE-ELECT MR. W. "BILL" RIEGER 1141 RISING SUN AVE PHILADELPHIA PA 19140	1996 CAMPAIGN EXPENSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-19-96	300.00
B. Full Name, Mailing Address and ZIP Code MUSTO SENATE COMMITTEE 1017 OAK ST PITTSBURGH PA 15260	1996 CAMPAIGN EXPENSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-19-96	300.00
C. Full Name, Mailing Address and ZIP Code COMMITTEE TO ELECT JAROLIN 11 W MAIN ST PLYMOUTH PA 18651	1996 CAMPAIGN EXPENSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-19-96	300.00
D. Full Name, Mailing Address and ZIP Code RE-ELECT MIRE VEON P O BOX 327 BEAVER FALLS PA 15040	1996 CAMPAIGN EXPENSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-13-96	2,000.00
E. Full Name, Mailing Address and ZIP Code THE RE-ELECT REP. BELFANTI COMMITTEE 49 EAST AVE MT CARMEL PA 17851	FUND RAISER 6-12-96 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-28-96	500.00
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)

3,400.00

TOTAL This Period (last page this line number only)

13,300.00

**Federal Election Commission
ENVELOPE REPLACEMENT PAGE
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D. A. G.
PREPARER

7/8/96
DATE PREPARED

FEC FORM 70-2 (12/82)