FEC FORM 1	STATEMENT OF ORGANIZATION	Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name Example: If typing, type is changed) over the lines.	12FE4M5
Communicatio	n Workers of America Local 1300)0
ADDRESS (number and stree	2124 Race Street	
(Check if address is changed)	 Philadelphia	PA 19103
	CITY	STATE ZIP CODE
COMMITTEE'S E-MAIL ADD (Check if address is changed)	PRESS (Please provide only one e-mail address) mbgambone@cwalocal13000.org	
COMMITTEE'S WEB PAGE	ADDRESS (URL)	
(Check if address is changed)		
2. DATE 01	04 / Y Y Y Y 04 2012	
3. FEC IDENTIFICATION	NUMBER C C00109595	
4. IS THIS STATEMENT	NEW (N) OR X AMENDED (A)	
I certify that I have examine Type or Print Name of Treas	d this Statement and to the best of my knowledge and belief it surer Mary Beth Gambone	is true, correct and complete.
Ma Signature of Treasurer	ry Beth Gambone [Electronically Filed]	Date 01 / 04 / 2012
NOTE: Submission of false, en	roneous, or incomplete information may subject the person signing the ANY CHANGE IN INFORMATION SHOULD BE REPORTED W	
Office Use Only	For further information cc Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	

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F	EC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE • Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
(u) (b)	ŏ	This committee is an authorized committee, and is NOT a principal campaign committee. (Comp	lete the candidate
Name Candi			
Candi Party	idate Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candi			
Part	y Con	nmittee:	
(d)			Democratic, Republican, etc.) Par
Polit	tical A	ction Committee (PAC):	
(e)	\times	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected organization is
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate sec committee. (i.e., nonconnected committee)	pregated fund or par
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint	t Func	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.	FEC ID number	

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

Communication Workers of America Local 13000

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

	Mailing Address																																		
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										(СІТ	Y										ST	ATE	-					ZIF	> C		DE			
	Relationship:	Conne	cted	Org	janiz	zatio	n	/	Affil	iate	ed C	Con	nmi	ttee	•	J	oint	Fur	ndra	aisir	ng F	₹ер	rese	enta	tive	9		Lea	ade	rsh	ip I	PAG	C SI	oons	sor
7.	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.																																		
		Mary E	Beth	Gam	nbon	e																													
	Full Name	Mary E	Beth	Gam	nbon																			1											
	Full Name Mailing Address	Mary E	3eth		nbon 24 R		e Str	reet																											
		Mary E	Beth				e Str															 							 	 	 	 			
		Mary E	3eth	21:																			 			19	103	 	 		 				
		Mary E	3eth	21:	24 R			reet				 Y												 		19	103		 ZIF	р С		L DE			

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name Mary Bet	th Gambone
Mailing Address	2124 Race Street
	Philadelphia
	CITY STATE ZIP CODE
Title or Position	Telephone number 215 564 6169

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent																	I										
Mailing Address																											
																				L							
							CI	ΓY								ST/	λΤΕ					ZI	ΡC	DE			
Title or Position																											
											Tel	eph	ione	e ni	umt	ber											

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

	Haverford Trust		
Mailing Address	Three Radnor Corperate Center		
	Suite 450		
	Radnor	PA	19087-4546
	CITY	STATE	ZIP CODE
Name of Bank, D	epository, etc.		
	First Trust Bank		
	555 City Avenue		
Mailing Address			
	Bala Cynwyd	PA	19004
	CITY	STATE	ZIP CODE