

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

1. NAME OF COMMITTEE (in full) CWA LOCAL 13000 AFL-CIO	2. FEC IDENTIFICATION NUMBER June 21 11 52 AM '99
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 2124 RACE STREET	3. <input type="checkbox"/> This committee has qualified as a multi-candidate committee (see FEC Form 1M)
CITY, STATE, and ZIP CODE PHILADELPHIA, PA 19103	

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only)
- Termination report
- Monthly Report Due On:
- |                                      |   |                                      |
|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> February 20 | <input checked="" 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 \_\_\_\_\_ (election type)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- Thirtieth day report following the General Election  
on \_\_\_\_\_ in the State of \_\_\_\_\_
- (b) Is this Report an Amendment  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>5/01/99</u> through <u>5/31/99</u>		
6. (a) Cash on Hand, January 1, <u>1999</u>		\$104,615.48
(b) Cash on Hand at Beginning of Reporting Period	\$134,800.20	
(c) Total Receipts (from line 19)	\$10,758.50	\$56,096.22
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$145,558.70	\$657,805.13
7. Total Disbursements (from line 30)	\$10,674.50	\$25,827.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$134,884.20	\$134,884.20
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct, and complete.

Type or Print Name of Treasurer

Signature of Treasurer: *Patricia A. Marsano*

Date: 6-17-99

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

2025 RELEASE UNDER E.O. 14176

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

(revised 1/1/81)

NAME OF COMMITTEE		REPORT COVERING PERIOD		
CWA LOCAL 13000 AFL-CIO		FROM 5/01/99	TO: 5/31/99	
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:				
a. Individual/Persons Other Than Political Committees				
i. Itemized (Use Schedule A)	.....	\$220.00	\$880.00	11.a.i
ii. Unitemized	.....	\$10,420.68	\$57,389.18	11.a.ii
iii. Total	..... (add i and ii)	\$10,640.68	\$58,269.18	11.a.iii
b. Political Party Committees		0.00	0.00	11.b
c. Other Political Committees (such as PACs)		0.00	0.00	11.c
d. Total Contributions		\$10,640.68	\$58,269.18	11.d
12. Transfers From Affiliated/Other Party Committees		0.00	0.00	12
13. All Loans Received		0.00	0.00	13
14. Loan Repayments Received		0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)		\$117.82	\$649.79	17
18. Transfers From Nonfederal Account for Joint Activity		0.00	0.00	18
19. Total Receipts		\$10,758.50	\$58,096.22	19
20. Total Federal Receipts		\$10,758.50	\$56,096.22	20
II. Disbursements				
21. Operating Expenditures:				
a. Shared Federal/Non-Federal Activity (from Schedule H4)				
i. Federal Share	.....	0.00	0.00	21.a.i
ii. Non-Federal Share	.....			21.a.ii
b. Other Federal Operating Expenditures				21.b
c. Total Operating Expenditures		\$24.50	\$61.50	21.c
22. Transfers to Affiliated/Other Party Committees		0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees		0.00	0.00	23
24. Independent Expenditures (Use Schedule E)		0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (Use Sch. F)		0.00	0.00	25
26. Loan Repayments Made		0.00	0.00	26
27. Loans Made		0.00	0.00	27
28. Refunds of Contributions To:				
a. Individuals/Persons Other Than Political Committees	.....	0.00	0.00	28.a
b. Political Party Committees	.....	0.00	0.00	28.b
c. Other Political Committees (such as PACs)	.....	0.00	0.00	28.c
d. Total Contributions Refunds	..... (add a, b, and c)	0.00	0.00	28.d
29. Other Disbursements		\$10,650.00	\$25,766.00	29
30. Total Disbursements		\$10,674.50	\$25,827.50	30
31. Total Federal Disbursements		0.00	0.00	31
III. Net Contributions / Operating Expenditures				
32. Total Contributions (other than loans) (from line 11 d)		0.00	0.00	32
33. Total Contribution Refunds (from line 28 d)		0.00	0.00	33
34. Net Contributions (other than loans) (subtract line 33 from 32)		0.00	0.00	34
35. Total Federal Operating Expenditures		0.00	0.00	35
36. Offsets to Operating Expenditures (from line 15)		0.00	0.00	36
37. Net Operating Expenditures		0.00	0.00	37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 3 OF 8  
FOR LINE NUMBER

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 CLINTON 18 RUTH ROAD BROOKHAVEN, PA 19015  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	CWA LOCAL 13000  Occupation EXECUTIVE BOARD MEMBER Aggregate Year-to-Date > \$ 150.00	5/01/99	\$30.00
PATRICIA MAISANO 1012 PUTNAM BLVD. WALLINGFORD, PA 19086  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	CWA LOCAL 13000  Occupation EXECUTIVE BOARD MEMBER Aggregate Year-to-Date > \$ 150.00	5/01/99	\$30.00
EDWARD CARR 982 NETHERWOOD DRIVE BLUE BELL, PA 19422  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	CWA LOCAL 13000  Occupation EXECUTIVE BOARD MEMBER Aggregate Year-to-Date > \$ 150.00	5/01/99	\$30.00
GERALD HARRIS 1405 CHAPLIN STREET CONWAY, PA 15027  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	CWA LOCAL 13000  Occupation EXECUTIVE BOARD MEMBERS Aggregate Year-to-Date > \$ 150.00	5/01/99	\$30.00
CATHERINE MCDOWELL 5653 N. SECOND STREET PHILA, PA 19120  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	CWA LOCAL 13000  Occupation SECRETARY Aggregate Year-to-Date > \$ 115.00	5/06/99	\$25.00
PAN GORMAN 224 DOOLITTLE STREET CARNEGIE, PA 15106  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	CWA LOCAL 13000  Occupation SECRETARY Aggregate Year-to-Date > \$ 115.00	5/06/99	\$25.00
MOSTOLLER, PAUL 5422 HAMILTON ROAD GIBSONIA, PA 15044  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	N. PITTS TELEPHONE  Occupation UNION MEMBER Aggregate Year-to-Date > \$	5/06/99	\$50.00

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

\$220.00

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

2025 RELEASE UNDER E.O. 14176

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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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
UNION MEMBER (PAYROLL DEDUCTIONS)	COMCAST CABLEVISION	5/06/99	\$43.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation UNION MEMBER		
	Aggregate Year-to-Date	\$ 94.25	
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)	BELL ATLANTIC	5/14/99	\$10,261.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation UNION MEMBERS		
	Aggregate Year-to-Date	\$ 53,987.50	
C. 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	5/21/99	\$102.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation UNION MEMBERS		
	Aggregate Year-to-Date	\$ 396.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DENN, LIZ 622 GATES LANE ENOLA, PA 17025-1600	BELL ATLANTIC	5/06/99	\$13.68
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation UNION MEMBER		
	Aggregate Year-to-Date	\$ 13.68	
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) .....

\$10,420.68

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

2025 RELEASE UNDER E.O. 14176

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 5 OF 8  
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

CWA LOCAL 13000 AFL-CIO

A. Full Name, Mailing Address and ZIP Code MELLON PSFS BANK 18TH & MARKET STREET PHILA, PA 19102	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	INTEREST RECEIVED	5/28/99	\$117.82
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
		\$ 649.79	
B. 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 <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
	Occupation		
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
	Occupation		
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
	Occupation		
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
	Occupation		
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
	Occupation		
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)

\$117.82

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

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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
MELLON BANK 78 S MARKET PHILA, PA 19102	BANK FEES	4/30/99	\$10.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	5/21/99	12.00
	<input checked="" type="checkbox"/> Other (specify)	5/21/99	2.50
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		

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

\$24.50

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

SECTION 501(c)(6)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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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
COMMITTEE TO ELECT SANDRA MOSTEN P.O. BOX 5212 HARRISBURG, PA 17110	FUNDRAISER Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/06/99	\$300.00
B. Full Name, Mailing Address and ZIP Code MONTCO LEADERSHIP FUND 2826 MT. CARMEL AVENUE GLENSIDE, PA 19038	FUNDRAISER Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/06/99	\$500.00
C. Full Name, Mailing Address and ZIP Code CASEY FOR AUDITOR 231 N. FRONT ST, SUITE 409 HARRISBURG, PA 17110	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/06/99	\$2,000.00
D. Full Name, Mailing Address and ZIP Code COMMITTEE TO ELECT DONNA O'DONNELL 237 S. 18TH STREET PHILA, PA 19103	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/06/99	\$500.00
E. Full Name, Mailing Address and ZIP Code BORSKI FOR CONGRESS P.O. BOX 26846 PHILA, PA 19134	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/06/99	\$5,000.00
F. Full Name, Mailing Address and ZIP Code KENNETH STOUT 248 PERKASIE AVENUE QUAKERTOWN, PA 18951	WORKING POLLS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/20/99	\$50.00
G. Full Name, Mailing Address and ZIP Code COMMITTEE TO ELECT DAN ROMANIELLO 601 WENTWORTH AVENUE PITTSBURGH, PA 15216	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/20/99	\$200.00
H. Full Name, Mailing Address and ZIP Code EILEEN WAGNER 357 ROCKFIELD ROAD PITTSBURGH, PA 15243	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/20/99	\$200.00
L. Full Name, Mailing Address and ZIP Code COMMITTEE TO ELECT DEBRA TODD P.O. BOX 2286 PITTSBURGH, PA 15230	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/20/99	\$1,000.00

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

\$9,750.00

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 8 OF 8  
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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 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
PETRARCE ELECTION COMMITTEE 409 FRANKLIN AVENUE VANDERGRIFT, PA 15690	CONTRIBUTION	5/20/99	\$200.00
MIKE STACK FOR CITY COUNCIL 1600 LOCUST STREET PHILA, PA 19103	CONTRIBUTION	5/20/99	\$200.00
COMMITTEE TO ELECT KEN WESTCOTT 315 THIRD AVE CARNEGIE, PA	CONTRIBUTION	5/20/99	\$200.00
TOM PARISH FOR JUDGE 1815 HOMVILLE ROAD READING, PA 19601	CONTRIBUTION	5/21/99	\$300.00

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

\$900.00

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

2025 RELEASE UNDER E.O. 14176

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 6-17-99
<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	
<i>See</i> PREPARER	6-21-99 DATE PREPARED

2025 RELEASE UNDER E.O. 14176