



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

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

MAY 25 1994

Identification Number: C00109595

Reference: Year End Report (7/1/93-12/31/93)

Dear Ms. Maisano:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule B of your report (pertinent portion(s) attached) discloses a contribution(s) which appears to exceed the limits set forth in the Act. 2 U.S.C. §441a(a) precludes a multicandidate committee from making a contribution to a candidate for federal office in excess of \$5,000 per election.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with clarifying information. If you have made an excessive contribution, you should notify the recipient and request a refund of the amount in excess of \$5,000 and/or notify the recipient in writing of your redesignation of the contribution. In the best interest of your committee, all refunds and redesignations should be made within sixty days of the treasurer's receipt of the contribution(s).

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of the refund request sent to the contributor. In addition, any refunds should be disclosed on Schedule A supporting Line 16 of the report covering the period during which they are received. Any redesignations should be disclosed as memo entries on Schedule B supporting Line 23 of the report covering the period during which the redesignation is made. 11 CFR §110.1(b)

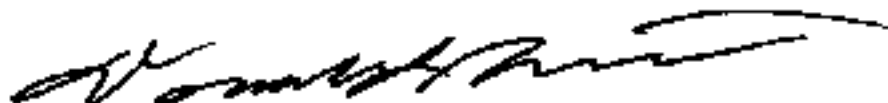
Although the Commission may take further legal action regarding the excessive contribution(s), your prompt

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action in obtaining a refund and/or redesignating the contribution(s) will be taken into consideration.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 219-3580.

Sincerely,



Donald L. Averett
Senior Reports Analyst
Reports Analysis Division

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UNCLAS

FINANCED DISBURSEMENTS

For information submit this for each category of the Detailed Summary Page

These items and disbursements may also be used by the person for the purpose of collecting contributions or for campaign purposes or for campaign purposes of any political committee to which contributions have been received.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CHAS. FOR CONGRESS P.O. BOX 1150 WASHINGTON, D.C. 20000	CAMPAIGN EXPENSES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-22-91 8-28-91	3,800.00 3,000.00
PUGLIETTA FOR CONGRESS P.O. BOX 12653 WASHINGTON, D.C. 20000	CAMPAIGN EXPENSES Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-9-91	2,000.00
LUCIEN BLACKWELL FOR CONGRESS P.O. BOX 32807 PHILADELPHIA, PA 19101	CAMPAIGN EXPENSES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-31-91	2,000.00
MISTRAYER '92 85 OLD DUBLIN FIDE BOYLESTON, PA 16801	CAMPAIGN EXPENSES Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-13-91	4,000.00
(Empty)	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
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SUBTOTAL of Disbursements This Page (enter):

TOTAL This Period (add page 2 to the number only):

18,000.00

1. Full Name, Calling Address and ZIP Code	Purpose of Disbursement	Date Month, Day, Year	Amount of Each Disbursement This Period
THE TRUST COMPANY 1500 MARKET STREET PHILADELPHIA, PA. 19102	RETIRED RETIREMENT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> Spouse <input type="checkbox"/> Other (specify)	9-18-93	1,000.00
CITIZENS FOR IMPROVING 1235 WALNUT STREET, SUITE 500 PHILADELPHIA, PA. 19102	RETIRED RETIREMENT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> Spouse <input type="checkbox"/> Other (specify)	11-23-92	1,000.00
[Illegible]	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> Spouse <input type="checkbox"/> Other (specify)	Date Month, Day, Year	Amount of Each Disbursement This Period
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1. Purpose of Disbursement This Page (optional)

2. Total of Disbursements This Page (optional)

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