

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

JUL 18 1 07 PM '98

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (Print)		
C00109595	060498	F 267
PATRICIA A. MAISANO		
LOCAL 13000 CWA AFL-CIO		
2124 RACE STREET		
PHILADELPHIA PA 19103		
2. FEC IDENTIFICATION NUMBER C00109595		
3. <input type="checkbox"/> 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	4-1-98 through 6-30-98		
6. (a)	Cash on Hand January 1, 19 98		\$ 150,969.52
(b)	Cash on Hand at Beginning of Reporting Period	\$ 136,205.49	
(c)	Total Receipts (from Line 19)	\$ 32,024.77	\$ 62,882.74
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 168,230.26	\$ 213,852.26
7.	Total Disbursements (from Line 20)	\$ 61,242.00	\$ 106,864.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 106,988.26	\$ 106,988.26
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 880 E Street, NW Washington, DC 20463 Toll Free 800-424-6530 Local 202-694-1100
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

7-14-98

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 8/93)

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

(revised 1/1/81)

NAME OF COMMITTEE		REPORT COVERING PERIOD	
LOCAL 13000, CWA - AFL-CIO		FROM 4-1-98	TO: 6-30-98
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	360.00	360.00	11(a)ii
ii. Unitemized	31,167.25	61,426.50	11(a)iii
iii. Total (add i and ii) >	31,527.25	61,786.50	11(a)iv
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, 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.)	497.52	1,096.24	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	32,024.77	62,882.74	19
20. Total Federal Receipts (subtract line 18 from line 19) >	32,024.77	62,882.74	20
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)i
ii. Non-Federal Share			21(a)ii
b. Other Federal Operating Expenditures	32.00	32,858.50	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >			21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	40,000.00	50,000.00	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	21,210.00	24,005.50	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	61,242.00	106,864.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	61,242.00	106,864.00	31
<b>III. Net Contributions/Operating Expenditures</b>			
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) >	32.00	32,858.50	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 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)**

LOCAL 13000, CWA AFL-CIO

<b>A. Full Name, Mailing Address and ZIP Code</b> ALEX MINISHAK, JR. 890 HAWTHORNE AVE MECHANICSBURG PA 17055  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer BELL ATLANTIC-PENNSYLVANIA  Occupation TECHNICIAN  Aggregate Year-to-Date > \$ 360.00	Date (month, day, year) 5-15-98	Amount of Each Receipt this Period 360.00
<b>B. Full Name, Mailing Address and ZIP Code</b>   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
<b>C. Full Name, Mailing Address and ZIP Code</b>   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
<b>D. Full Name, Mailing Address and ZIP Code</b>   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
<b>E. Full Name, Mailing Address and ZIP Code</b>   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
<b>F. Full Name, Mailing Address and ZIP Code</b>   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
<b>G. Full Name, Mailing Address and ZIP Code</b>   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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	
<b>TOTAL</b> This Period (last 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 Full)**

LOCAL 13000, CWA AFL-CIO

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CWA LOCAL 13000 EXECUTIVE BOARD MEMBERS 2124 RACE ST PHILADELPHIA PA 19103	CWA LOCAL 13000	4-14-98 5-5-98 6-2-98	150.00 150.00 150.00 <u>450.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BOARD MEMBERS	Aggregate Year-to-Date	\$ 900.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CATHY MCDOWELL 5653 N 2ND ST PHILADELPHIA PA 19120	CWA LOCAL 13000	4-14-98 5-5-98 6-2-98	20.00 25.00 20.00 <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	\$ 130.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PAM GORMAN 224 DOOLITTLE ST CARNEGIE PA 15106	CWA LOCAL 13000	4-14-98 5-5-98 6-2-98	20.00 25.00 20.00 <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
UNION MEMBERS (PAYROLL DEDUCTIONS)	COMCAST CABLEVISION	4-17-98	43.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation UNION MEMBERS	Aggregate Year-to-Date	\$ 94.25
E. 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	4-17-98 5-28-98 5-28-98	16.00 12.00 4.00 <u>32.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation UNION MEMBERS	Aggregate Year-to-Date	\$ 53.00
F. 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)	BELL ATLANTIC-PENNSYLVANIA	4-15-98 5-15-98 6-15-98	9,186.25 9,409.00 11,916.50 <u>30,511.75</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation UNION MEMBERS	Aggregate Year-to-Date	\$ 60,124.25
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 (last page this line number only) .....

31,167.25

**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)**

LOCAL 13000, CNA AFL-CIO

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MELLOW PSFS BANK 18TH & MARKET STS PHILADELPHIA PA 19102	INTEREST RECEIVED	4-30-98 5-31-98 6-30-98	212.73 127.96 156.83
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		497.52
	Aggregate Year-to-Date	\$ 1,096.24	
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 (last page this line number only) .....

497.52

**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)

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NAME OF COMMITTEE (In Full)  
LOCAL 13000, CWA AFL-CIO

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	ACCOUNT ANALYSIS FEE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-30-98 5-31-98	20.00 12.00 32.00
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) .....	32.00

**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)**

LOCAL 13000, CWA AFL-CIO

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DOYLE FOR CONGRESS P O BOX 17426 PITTSBURGH PA 15235	1998 PRIMARY Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-27-98	5,000.00
PAT CASEY FOR CONGRESS 254 WYOMING AVE SCRANTON PA 18503	1998 PRIMARY Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-5-98	5,000.00
BOB BRADY FOR CONGRESS P O BOX 22471 PHILADELPHIA PA 19110	SPECIAL ELECTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-7-98	5,000.00
BOB BRADY FOR CONGRESS P O BOX 22471 PHILADELPHIA PA 19110	1998 PRIMARY Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-7-98	5,000.00
BORSKI FOR CONGRESS P O BOX 26846 PHILADELPHIA PA 19134	FUND RAISER 5-13-98 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-11-98	5,000.00
COYNE FOR CONGRESS 207 HALKETT ST PITTSBURGH PA 15213	1998 GENERAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-28-98	5,000.00
PAT CASEY FOR CONGRESS 254 WYOMING AVE SCRANTON PA 18503	1998 GENERAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-22-98	5,000.00
JOE HOEYEL FOR CONGRESS 30 W AIRY ST NORRISTOWN PA 19401	1998 GENERAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-23-98	5,000.00
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) .....

40,000.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE <b>1</b>	OF <b>2</b>
FOR LINE NUMBER <b>29</b>	

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**NAME OF COMMITTEE (in Full)**

LOCAL 13000, CWA AFL-CIO

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DEMOCRATIC CAMPAIGN COMMITTEE OF PHILA 225 RECTOR ST PHILADELPHIA PA 19126	FUND RAISER 5-7-98 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-1-98	250.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BUTLER COUNTY UNITED LABOR COUNCIL BOX 214B BUTLER PA 16003	FUND RAISER 5-2-98 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-15-98	60.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
LABOR COUNCIL OF BEAVER COUNTY P O BOX A BEAVER PA 15009	FULL PAGE AD Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-15-98	100.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
LABOR COUNCIL OF BEAVER COUNTY P O BOX A BEAVER PA 15009	FUND RAISER 4-24-98 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-15-98	100.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PHILADELPHIA COUNCIL AFL-CIO COPE 22 S 22ND ST 2ND FLOOR PHILADELPHIA PA 19103	FUND RAISER 5-9-98 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-17-98	2,500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
LANCASTER COUNTY DEMOCRATIC COMMITTEE 53 N DUKE ST LANCASTER PA 17602	FUND RAISER 5-9-98 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-21-98	400.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
COMMITTEE TO ELECT CLEMMY ALLEN 201 DODD DR WASHINGTON PA 15301	1998 PRIMARY Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-27-98	1,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRIENDS OF MMH 15E PRESIDENTIAL BLVD SUITE 209 SALA CYNWYD PA 19004	FUND RAISER 5-7-98 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-5-98	10,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRIENDS TO RE-ELECT SENATOR BELL 400 N 24TH ST UPLAND PA 19013	1998 PRIMARY Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-7-98	2,000.00

**SUBTOTAL** of Disbursements This Page (optional) ..... 16,410.00

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



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (in Full)**  
 LOCAL 13000, CMA 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 JENNIFER MANN 2917 FAIRVIEW ST ALLENTOWN PA 18103	1998 PRIMARY Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-7-98	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
COMMITTEE TO RE-ELECT MIKE HORSEY 5141 WALNUT ST PHILADELPHIA PA 19139	1998 PRIMARY Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-8-98	250.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
RICHARD A. KASUNIC CAMPAIGN COMMITTEE R D 1 DUNSBAR PA 15431	FUND RAISER Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-13-98	250.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CITIZENS FOR RON KLINK P O BOX 474 JEANNETTE PA 15644	1998 PRIMARY Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-13-98	3,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CITIZENS FOR RON BUXTON P O BOX 11781 HARRISBURG PA 17108	FUND RAISER 7-1-98 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-17-98	300.00
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) .....	4,800.00
TOTAL This Period (last page this line number only) .....	21,210.00

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 7-14-98
<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	
<i>[Signature]</i> PREPARER	7-18-98 DATE PREPARED