

REPORT OF RECEIPTS AND DISBURSEMENTS

RECEIVED
FEC MAIL ROOM

For Other Than An Authorized Committee
(Summary Page)

2000 AUG 10 P 2:26

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) GWA Local 13000 AFL-CIO		2. FEC IDENTIFICATION NUMBER 000109595
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 2124 Race Street, 3rd Floor		
CITY, STATE and ZIP CODE Philadelphia, PA 19103		
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 <u>7/01/2000</u> through <u>7/31/2000</u>		
6. (a) Cash on Hand January 1, 19_____		\$ 158,263.54
(b) Cash on Hand at Beginning of Reporting Period	\$ 166,218.67	
(c) Total Receipts (from Line 19)	\$ 11,653.56	\$ 86,536.77
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 177,872.23	\$ 244,800.31
7. Total Disbursements (from Line 30)	\$ 1,222.00	\$ 68,150.08
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 176,650.23	\$ 176,650.23
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 20483 Toll Free 800-424-9530 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

8-3-00

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 1/1/91)

NAME OF COMMITTEE CWA Local 13000 AFL-CIO		REPORT COVERING PERIOD FROM 7/01/2000 TO 7/31/2000	
		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 (use Schedule A)	244.00	805.00	11(a)(i)
ii. Unitemized	11,299.00	84,834.01	11(a)(ii)
iii. Total (add i and ii) >	11,543.00	85,639.01	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a ii, b and c) >	11,543.00	85,639.01	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.)	110.56	897.76	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	11,653.56	86,536.77	19
20. Total Federal Receipts (subtract line 18 from line 19) >	11,653.56	86,536.77	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(i)
i. Federal Share			21(a)(ii)
ii. Non-Federal Share		1,464.08	21(b)
b. Other Federal Operating Expenditures			21(c)
c. Total Operating Expenditures (add a i, a ii, and b) >		1,464.08	21(d)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees		45,500.00	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:			28(a)
a. Individual/Persons Other Than Political Committees			28(b)
b. Political Party Committees			28(c)
c. Other Political Committees (such as PACs)			28(d)
d. Total Contribution Refunds (add a, b and c) >	1,222.00	21,186.00	29
29. Other Disbursements			30
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	1,222.00	68,150.08	31
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	1,222.00	68,150.08	
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 ii and 21 b) >			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 OF
FOR LINE NUMBER 11 (A) (I)

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
LYNN HAMILTON #1 FEATHERBED LANE AUDUBON, PA 19403	BELL ATLANTIC Occupation	7/17/00 PAYROLL DEDUCTION	\$40.00 (\$10.00 WEEKLY)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
B. Full Name, Mailing Address and ZIP Code JOSEPH KINCADE, JR 326 N. FUNK ROAD BOYERTOWN, PA 19512	BELL ATLANTIC Occupation	7/17/00 PAYROLL DEDUCTION	\$48.00 (\$12.00 WEEKLY)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$288.00		
C. Full Name, Mailing Address and ZIP Code PATRICIA A. MAISANO 1012 PUTNAM BLVD WALLINGFORD, PA 19086	CWA LOCAL 13000 Occupation EXEC. BOARD	7/08/00	\$51.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$357.00		
D. Full Name, Mailing Address and ZIP Code EDWARD MOONEY 322 ROSEBERRY STREET PHILA, PA 19148	CWA LOCAL 13000 Occupation EXEC. BOARD	7/08/00	\$75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$535.00		
E. Full Name, Mailing Address and ZIP Code EDWARD CARR 982 NETHERWOOD DRIVE BLUE BELL, PA 19422	CWA LOCAL 13000 Occupation EXEC. BOARD	7/08/00	\$30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$210.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	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):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	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):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional) \$244.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 17

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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
MELLON PSFS BANK 18TH & MARKET STREET PHILA, PA 19103	INTEREST RECEIVED	7/31/00	\$110.56
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$ 897.76			
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) \$110.56

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 1 OF 1
FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

GWA 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 JOHN LAWLESS P.O. BOX 7024 AUDUBON, PA 19407	FUNDRAISER Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/12/00	\$100.00
B. Full Name, Mailing Address and ZIP Code COMMITTEE TO ELECT DAN SURRA 6 SHAMMUT SQUARE, S. ST MARY'S ST ST. MARY, PA 15857	FUNDRAISER Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/12/00	\$250.00
C. Full Name, Mailing Address and ZIP Code PETRARCA ELECTION COMMITTEE 409 FRANKLIN AVENUE VANDERGRIFT, PA 15690	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/14/00	\$300.00
D. Full Name, Mailing Address and ZIP Code PENNSYLVANIANS FOR KAISER 3846 EDGE ROAD PITTSBURGH, PA 15227	STATE REP-41ST DISTRICT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/14/00	\$250.00
E. Full Name, Mailing Address and ZIP Code FRIENDS OF TOM YEWIC 125 PUDLINER LANE JOHNSTOWN, PA 15909	HOUSE REP-72ND Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/14/00	250.00
F. Full Name, Mailing Address and ZIP Code FRIEND OF CALTAGIRONE 2521 HILL ROAD READING, PA 19606	FUNDRAISER Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/14/00	\$72.00
G. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)


\$1,222.00

TOTAL This Period (last page this line number only)

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 (R/C) 8-14-00
<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	
 PREPARER	8-10-00 DATE PREPARED