

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2001 JAN 27 A 9 16

1. NAME OF COMMITTEE (in full) Communication Workers Of America	2. FEC IDENTIFICATION NUMBER C00109595
ADDRESS (number and street) Check if different than previously reported. 2124 Race Street	3. <input type="checkbox"/> This committee qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE Philadelphia, PA 19103	

4. TYPE OF REPORT

(a) April 15 Quarterly Report Monthly Report Due On:

February 20 June 20 October 20
 July 15 Quarterly Report March 20 July 20 November 20
 October 15 Quarterly Report April 20 August 20 December 20
 January 31 Year End Report May 20 September 20 January 31

July 31 Mid-Year Report (Non-election Year Only)

Termination Report

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>11/28/2000</u> through <u>12/31/2000</u>		
6. (a) Cash on Hand January 1, 20 <u>00</u>		\$158,263.54
(b) Cash on Hand at Beginning of Reporting Period	\$123,005.12	
(c) Total Receipts (from Line 19)	\$12,980.54	\$150,926.98
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$135,985.66	\$309,190.50
7. Total Disbursements (from Line 30)	\$42,929.00	\$216,133.84
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$93,056.66	\$93,056.66
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$0.00	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 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)	\$0.00	

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: 1/19/01

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

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

(revised 1/1/91)

NAME OF COMMITTEE Communication Workers Of America	REPORT COVERING PERIOD FROM 11/28/2000 TO: 12/31/2000	
	COLUMN A Total This Period	COLUMN B Calendar Year
I. RECEIPTS		
11. Contributions (other than loans) From:		
a. Individuals/Persons Other Than Political Committees		
i. Itemized (Use Schedule A)	\$309.00	\$2,297.00 11(a)(i)
ii. Unitemized	\$12,586.50	\$145,432.76 11(a)(ii)
iii. Total (add i and ii)	\$12,895.50	\$147,729.76 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 (add a ii, b and c)	\$12,895.50	\$147,729.76 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	\$2,000.00 16
17. Other Federal Receipts (Dividends, Interest, etc.)	\$85.04	\$1,197.20 17
18. Transfers from Nonfederal Account for Joint Activity	\$0.00	\$0.00 18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)	\$12,980.54	\$150,926.96 19
20. Total Federal Receipts (subtract line 18 from line 19)	\$12,980.54	\$150,926.96 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	\$0.00	\$0.00 21(a)(ii)
b. Other Federal Operating Expenditures	\$27,929.00	\$42,996.49 21(b)
c. Total Operating Expenditures (add a i, a ii, and b)	\$27,929.00	\$42,996.49 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	\$85,500.00 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 Schedule 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 Contribution Refunds (add a, b and c)	\$0.00	\$0.00 28(d)
29. Other Disbursements	\$15,000.00	\$87,837.95 29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	\$42,929.00	\$216,133.84 30
31. Total Federal Disbursements (subtract line 21 a ii from line 30)	\$42,929.00	\$216,133.84 31
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	\$12,895.50	\$147,729.76 32
33. Total Contribution Refunds (from line 28d)	\$0.00	\$0.00 33
34. Net Contributions (other than loans)(subtract line 33 from 32)	\$12,895.50	\$147,729.76 34
35. Total Federal Operating Expenditures (add 21 a i and 21 b)	\$27,929.00	\$42,996.49 35
36. Offsets to Operating Expenditures (from line 15)	\$0.00	\$0.00 36
37. Net Operating Expenditures (subtract line 36 from 35)	\$27,929.00	\$42,996.49 37

SCHEDULE A

ITEMIZED RECEIPTS

Any information reported from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for campaign purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in full)
 Communication Workers Of America

A. Full Name, Mailing Address and Zip Code Donald Babrow 409 Bradford Road Cherry Hill, NJ 08034- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer CWA Local 13000 Occupation Board Member	Date (month, day, year) Payroll Deduction: (15.00/pay period)	Amount of Each Receipt this Period 15.00
Aggregate Year-to-Date -> 263.00			
B. Full Name, Mailing Address and Zip Code Edward Carr 552 Wetherwood Drive Blue Bell, PA 19422 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer CWA Local 13000 Occupation Board Member	Date (month, day, year) Payroll Deduction: (30.00/pay period)	Amount of Each Receipt this Period 30.00
Aggregate Year-to-Date -> 360.00			
C. Full Name, Mailing Address and Zip Code Pam Gorman 224 Doolittle Street Carnegie, PA 15106- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer CWA Local 13000 Occupation Senior Administrator	Date (month, day, year) Payroll Deduction: (25.00/pay period)	Amount of Each Receipt this Period 25.00
Aggregate Year-to-Date -> 265.00			
D. Full Name, Mailing Address and Zip Code Lynn Hamilton #1 Featherbed Lane Norristown, PA 19403- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Bell Atlantic Occupation Employee of Bell Atlantic	Date (month, day, year) Payroll Deduction: (40.00/pay period)	Amount of Each Receipt this Period 40.00
Aggregate Year-to-Date -> 480.00			
E. Full Name, Mailing Address and Zip Code Joseph Kincaid 326 N. Funk Road Boyertown, PA 19512- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Bell Atlantic Occupation Employee of Bell Atlantic	Date (month, day, year) Payroll Deduction: (48.00/pay period)	Amount of Each Receipt this Period 48.00
Aggregate Year-to-Date -> 576.00			
F. Full Name, Mailing Address and Zip Code Patricia Maisano 1012 Putnam Boulevard Wallingford, PA 19086- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer CWA Local 13000 Occupation Board Member	Date (month, day, year) Payroll Deduction: (51.00/pay period)	Amount of Each Receipt this Period 51.00
Aggregate Year-to-Date -> 612.00			
G. Full Name, Mailing Address and Zip Code Cathy McDowell 5653 North 2nd Street Philadelphia, PA 19120- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer CWA Local 13000 Occupation Senior Administrator	Date (month, day, year) Payroll Deduction: (25.00/pay period)	Amount of Each Receipt this Period 25.00
Aggregate Year-to-Date -> 265.00			

SUBTOTAL of Receipts This Page (optional)	5234.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
 Communication Workers Of America

A. Full Name, Mailing Address and Zip Code Ed Mooney 322 Roseberry Street Philadelphia, PA 19148-	Name of Employer CWA Local 13000	Date (month, day, year)	Amount of Each Receipt this Period 75.00
	Occupation Board Member	Payroll Deduction: (75.00/pay period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$57.00		
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)	\$75.00
TOTAL This Period (last page this line number only)	\$309.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

Any information copied from such Reports and Statements may not be valid or used by any person for the purpose of obtaining 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)
Communication Workers Of America

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 Philadelphia, PA 19103-	INTEREST RECEIVED	11/30/2000	44.77
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation bank bank		
	Aggregate Year-to-Date ->	1,156.93	
Mellon PSFS Bank 18th & Market Street Philadelphia, PA 19103-	INTEREST RECEIVED	12/29/2000	40.27
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation bank bank		
	Aggregate Year-to-Date ->	1,197.20	

SUBTOTAL of Receipts This Page (optional)	\$85.04
TOTAL This Period (last page this line number only)	\$85.04

SCHEDULE B

ITEMIZED DISBURSEMENTS

Any information received 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)
 Communication Workers Of America

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CWA Local 13000 2124 Race Street Philadelphia, PA 19103-	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/18/2000	6,540.00
Comm Workers of America 501 3rd Street, NW Washington, DC 20001-2797	COPE CAPITA <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/11/2000	9,000.00
Printing American Screen 215 Saline Street Pittsburgh, PA 15207-	PAC SHIRTS <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/18/2000	10,239.00

SUBTOTAL of Disbursements This Page (optional)	\$27,779.00
TOTAL This Period (last page this line number only)	\$27,779.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the detailed Summary Page	EAGE	OF
		1
FOR LINE NUMBER		
29		

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NAME OF COMMITTEE (In Full)
 Communication Workers Of America

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Casey for Governor P.O. Box 20085 Scranton, PA 18502-0085	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/14/2006	15,000.00
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)	/ /	Amount of Each Disbursement This Period
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)	/ /	Amount of Each Disbursement This Period
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)	/ /	Amount of Each Disbursement This Period
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)	/ /	Amount of Each Disbursement This Period
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)	/ /	Amount of Each Disbursement This Period
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)	/ /	Amount of Each Disbursement This Period
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)	/ /	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	\$15,000.00
TOTAL This Period (last page this line number only)	\$15,000.00

**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) 1-27-01
<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>ML</i>	1-27-01
PREPARER	DATE PREPARED