

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Communication Workers of America Local 13000

ADDRESS (number and street) 2124 Race Street
 Check if different than previously reported. (ACC)
Philadelphia PA 19103

2. **FEC IDENTIFICATION NUMBER** C00109595
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2009 through 06 30 2009

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 Mary Beth Gambone

Signature of Treasurer Electronically Filed by Mary Beth Gambone Date 06 30 2009

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Communication Workers of America Local 13000

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		198070.92
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	198070.92									
(c) Total Receipts (from Line 19)	81463.42	81463.42								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	279534.34	279534.34								
7. Total Disbursements (from Line 31)	52185.22	52185.22								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	227349.12	227349.12								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
Communication Workers of America Local 13000

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	720.00	720.00
(ii) Unitemized	79988.25	79988.25
(iii) TOTAL (add Lines 11(a)(i) and (ii)	80708.25	80708.25
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	80708.25	80708.25
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	755.17	755.17
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	81463.42	81463.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	81463.42	81463.42

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	4446.19	4446.19
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	4446.19	4446.19
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	10000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	37739.03	37739.03
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	52185.22	52185.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	52185.22	52185.22

DETAILED SUMMARY PAGE
of Disbursements

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	80708.25	80708.25
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	80708.25	80708.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	4446.19	4446.19
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4446.19	4446.19

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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)
Communication Workers of America Local 13000

A.	Full Name (Last, First, Middle Initial) Thomas Crawford	Date of Receipt MM / DD / YYYY 02 / 05 / 2009
	Mailing Address 696 Roosevelt Rd	Transaction ID: 90325.C2269
	City State Zip Code Pittsburgh PA 15237-1031	Amount of Each Receipt this Period 240.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation CWA Local 13000 Board Member	Payroll Deduction: (40.00- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

B.	Full Name (Last, First, Middle Initial) Mary Beth Gambone	Date of Receipt MM / DD / YYYY 02 / 05 / 2009
	Mailing Address 3837 Hallman Ave	Transaction ID: 90325.C2268
	City State Zip Code Collegeville PA 19426-1027	Amount of Each Receipt this Period 240.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation CWA Local 13000 Board Member	Payroll Deduction: (40.00- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

C.	Full Name (Last, First, Middle Initial) Jeff Reamer	Date of Receipt MM / DD / YYYY 02 / 05 / 2009
	Mailing Address 410 Madison Ave	Transaction ID: 90325.C2274
	City State Zip Code Hatboro PA 19040-2122	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation CWA Local 13000 Board Member	Payroll Deduction: (40.00- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional)	▶	680.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 7 / 19	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Communication Workers of America Local 13000

A.	Full Name (Last, First, Middle Initial) Jeff Reamer		Date of Receipt	
	Mailing Address 410 Madison Ave		M M / D D / Y Y Y Y 05 / 08 / 2009	
	City	State	Zip Code	Transaction ID: 90629.C2345
	Hatboro	PA	19040-2122	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		C	40.00
	Name of Employer CWA Local 13000		Occupation Board Member	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00		

SUBTOTAL of Receipts This Page (optional)	▶	40.00
TOTAL This Period (last page this line number only)	▶	720.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 19
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Communication Workers of America Local 13000

A.

Full Name (Last, First, Middle Initial)
Firstrust Bank

Mailing Address 555 E City Ave

City State Zip Code
Bala Cynwyd PA 19004-1115

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
117.61

Date of Receipt
MM / DD / YYYY
01 / 01 / 2009

Transaction ID: 90330.C2318

Amount of Each Receipt this Period
117.61

Other Receipt

B.

Full Name (Last, First, Middle Initial)
Firstrust Bank

Mailing Address 555 E City Ave

City State Zip Code
Bala Cynwyd PA 19004-1115

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
326.83

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: 90629.C2319

Amount of Each Receipt this Period
209.22

Other Receipt

C.

Full Name (Last, First, Middle Initial)
Haverford Trust Company

Mailing Address Three Radnor Corporate Center, Sui

City State Zip Code
Wayne PA 19087-8796

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.49

Date of Receipt
MM / DD / YYYY
04 / 30 / 2009

Transaction ID: 90629.C2334

Amount of Each Receipt this Period
425.49

Other Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **752.32**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 9 / 19	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Communication Workers of America Local 13000

A.	Full Name (Last, First, Middle Initial) Haverford Trust Company		Date of Receipt
	Mailing Address Three Radnor Corporate Center, Sui		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Wayne	PA	19087-8796
	FEC ID number of contributing federal political committee.		Transaction ID: 90629.C2370
	C		Amount of Each Receipt this Period
Name of Employer		Occupation	<input type="text" value="2.85"/>
Receipt For:		Aggregate Year-to-Date ▼	Other Receipt
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="428.34"/>	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="2.85"/>
TOTAL This Period (last page this line number only)	<input type="text" value="755.17"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Communication Workers of America Local 13000

A.

Full Name (Last, First, Middle Initial)
Print N Press

Mailing Address 110 West Market Street

City Wilmington State DE Zip Code 19804-

Purpose of Disbursement
Printing

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90325.E1040
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	0	9

Amount of Each Disbursement this Period

356.00

PRINTING

B.

Full Name (Last, First, Middle Initial)
Internal Revenue

Mailing Address Service Center

City Ogden State UT Zip Code 84201-0012

Purpose of Disbursement
1120-POL Report

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90325.E1046
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	9		2	0	0	9

Amount of Each Disbursement this Period

1482.00

1120-POL REPORT

C.

Full Name (Last, First, Middle Initial)
Daniel A. Winters & Company

Mailing Address Chadds Ford Professional Center
Building 200, Suite 205

City Chadds Ford State PA Zip Code 19317-

Purpose of Disbursement
Accounting

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90325.E1043
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	9		2	0	0	9

Amount of Each Disbursement this Period

2415.00

ACCOUNTING

SUBTOTAL of Disbursements This Page (optional)

4253.00

TOTAL This Period (last page this line number only)

4253.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Communication Workers of America Local 13000

A. Full Name (Last, First, Middle Initial) Friends of Congressman Holden Mailing Address P.O. Box 37 City Saint Clair State PA Zip Code 17970- Purpose of Disbursement 17TH CONGRESSIONAL DISTRICT Candidate Name T. TIMOTHY HOLDEN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 17 Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90629.E1070 Date of Disbursement 06 / 16 / 2009
	Amount of Each Disbursement this Period 5000.00 17TH CONGRESSIONAL DISTRICT
B. Full Name (Last, First, Middle Initial) Patrick Murphy For Congress Mailing Address P.O. Box 868 City Levittown State PA Zip Code 19058-0868 Purpose of Disbursement 8TH CONGRESSIONAL DISTRICT Candidate Name PATRICK J MURPHY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 08 Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90629.E1071 Date of Disbursement 06 / 22 / 2009
	Amount of Each Disbursement this Period 5000.00 8TH CONGRESSIONAL DISTRICT

SUBTOTAL of Disbursements This Page (optional) ▶

10000.00

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

10000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 12 / 19

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Communication Workers of America Local 13000

A.	Full Name (Last, First, Middle Initial) Philadelphia Council Afl-CIO Pac Mailing Address 22 South 22nd Street City Philadelphia State PA Zip Code 19103- Purpose of Disbursement FUNDRAISER Candidate Name <input type="text"/> Category/Type <input type="text"/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 90325.E1048 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 9 Amount of Each Disbursement this Period <input type="text" value="2500.00"/>
B.	Full Name (Last, First, Middle Initial) Friends of Alan Butkovitz Mailing Address 7730 Richards Street City Philadelphia State PA Zip Code 19152- Purpose of Disbursement PHILADELPHIA CITY CONTROLLER Candidate Name <input type="text"/> Category/Type <input type="text"/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 90629.E1060 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 9 Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
C.	Full Name (Last, First, Middle Initial) Friends of Bill Mackey Mailing Address 112 Kiln Drive City Andreas State PA Zip Code 18211- Purpose of Disbursement 124TH LEGISLATIVE DISTRICT Candidate Name <input type="text"/> Category/Type <input type="text"/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 90629.E1059 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 9 Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

SUBTOTAL of Disbursements This Page (optional) ▶	<input type="text" value="4500.00"/>
TOTAL This Period (last page this line number only) ▶	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Communication Workers of America Local 13000

A.	Full Name (Last, First, Middle Initial) Friends of Bob Brady	Transaction ID: 90325.E1042 Date of Disbursement 02 / 18 / 2009
	Mailing Address P.O. Box 22646	Amount of Each Disbursement this Period 5000.00
	City Philadelphia State PA Zip Code 19110-2646	
	Purpose of Disbursement RECEPTION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of Curtis Jones, Jr.	Transaction ID: 90325.E1041 Date of Disbursement 02 / 10 / 2009
	Mailing Address 1511 Dondill Place	Amount of Each Disbursement this Period 500.00
	City Philadelphia State PA Zip Code 19122-	
	Purpose of Disbursement CITY COUNCILMAN 4TH DISTRICT	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Asplen for Da	Transaction ID: 90629.E1058 Date of Disbursement 04 / 22 / 2009
	Mailing Address P.O. Box 463	Amount of Each Disbursement this Period 500.00
	City Doylestown State PA Zip Code 18901-	
	Purpose of Disbursement DISTRICT ATTORNEY BUCKS COUNTY	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Communication Workers of America Local 13000

A. Full Name (Last, First, Middle Initial)
Chester County Democratic Committee

Mailing Address 37 South High Street

City West Chester State PA Zip Code 19382-

Purpose of Disbursement
FUNDRAISER

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90629.E1069

Date of Disbursement

06 / 05 / 2009

Amount of Each Disbursement this Period

200.00

B. Full Name (Last, First, Middle Initial)
Montgomery County Democratic Committee

Mailing Address P.O. Box 857

City Norristown State PA Zip Code 19404-

Purpose of Disbursement
ANNUAL GOLF OUTING FUNDRAISER

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90629.E1068

Date of Disbursement

06 / 04 / 2009

Amount of Each Disbursement this Period

1500.00

C. Full Name (Last, First, Middle Initial)
Friends of Diane Morgan

Mailing Address P.O. Box 37

City Ambler State PA Zip Code 19002-

Purpose of Disbursement
MONT. COUNTY CONTROLLER

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90629.E1067

Date of Disbursement

06 / 01 / 2009

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional) ▶

1950.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Communication Workers of America Local 13000

A.	Full Name (Last, First, Middle Initial) Friends of Diane Thompson	Transaction ID: 90629.E1054 Date of Disbursement																			
	Mailing Address 1528 Walnut Street, Suite 1100	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	8		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	8		2	0	0	9												
	City Philadelphia State PA Zip Code 19102-	Amount of Each Disbursement this Period																			
	Purpose of Disbursement PHILA. COMMON PLEAS COURT JUDGE	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																		
1000.00																					
	Candidate Name	Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) McCaffery for District Attorney	Transaction ID: 90629.E1056 Date of Disbursement																			
	Mailing Address P.O. Box 51251	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	2		2	0	0	9												
	City Philadelphia State PA Zip Code 19115-	Amount of Each Disbursement this Period																			
	Purpose of Disbursement PHILADELPHIA DISTRICT ATTORNEY	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																		
2500.00																					
	Candidate Name	Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Friends of Don Cunningham	Transaction ID: 90325.E1045 Date of Disbursement																			
	Mailing Address P.O. Box 644	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	0		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	0		2	0	0	9												
	City Bethlehem State PA Zip Code 18016-	Amount of Each Disbursement this Period																			
	Purpose of Disbursement FUNDRAISER	<table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00																		
2000.00																					
	Candidate Name	Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"> <tr> <td>5500.00</td> </tr> </table>	5500.00
5500.00		
TOTAL This Period (last page this line number only)	<table border="1"> <tr> <td></td> </tr> </table>	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 16 / 19

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Communication Workers of America Local 13000

A.	Full Name (Last, First, Middle Initial) Rendell For Governor Mailing Address 200 S. Broad Street Suite 420 City Philadelphia State PA Zip Code 19102- Purpose of Disbursement GOVERNOR Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90629.E1064 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 9 Amount of Each Disbursement this Period 10000.00
B.	Full Name (Last, First, Middle Initial) Committee to Elect Fran Shields Mailing Address Constitution Place 325 Chestnut Street, Suite 515 City Philadelphia State PA Zip Code 19106-2614 Purpose of Disbursement JUDGE COURT OF COMMON PLEAS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90629.E1063 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 9 Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) Bernard for Freeholder Mailing Address 7000 Antrium Way, Suite 7 City Mount Laurel State NJ Zip Code 08054- Purpose of Disbursement FREEHOLDER BURLINGTON COUNTY Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90629.E1061 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9 Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶	12000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Communication Workers of America Local 13000

<p>A. Full Name (Last, First, Middle Initial) Friends of Steve Lukach</p> <p>Mailing Address 610 W. Market Street</p> <p>City Pottsville State PA Zip Code 17901-</p> <p>Purpose of Disbursement 29TH SENATORIAL DISTRICT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90325.E1044</p> <p>Date of Disbursement MM / DD / YYYY 02 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Doherty for Mayor</p> <p>Mailing Address P.O. Box 205</p> <p>City Scranton State PA Zip Code 18501-</p> <p>Purpose of Disbursement MAYORAL CANDIDATE SCRANTON</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90629.E1055</p> <p>Date of Disbursement MM / DD / YYYY 04 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Ravenstahl for Mayor</p> <p>Mailing Address P.O. Box 23648</p> <p>City Pittsburgh State PA Zip Code 15222-</p> <p>Purpose of Disbursement MAYORAL CANDIDATE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90629.E1062</p> <p>Date of Disbursement MM / DD / YYYY 05 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Communication Workers of America Local 13000

A. Full Name (Last, First, Middle Initial) Image Pointe <hr/> Mailing Address PO Box 657 <hr/> City Waterloo State IA Zip Code 50704-0657 <hr/> Purpose of Disbursement MEMBER SHIRTS Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90325.E1050 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 9
	Amount of Each Disbursement this Period 2721.96
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Image Pointe <hr/> Mailing Address PO Box 657 <hr/> City Waterloo State IA Zip Code 50704-0657 <hr/> Purpose of Disbursement MEMBER SHIRTS Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90629.E1053 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 9
	Amount of Each Disbursement this Period 792.22
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Friends of Sean F. Kennedy <hr/> Mailing Address 248 Rector Street <hr/> City Philadelphia State PA Zip Code 19128- <hr/> Purpose of Disbursement JUDGE PHILADELPHIA Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90629.E1057 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 9
	Amount of Each Disbursement this Period 600.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4114.18

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Communication Workers of America Local 13000

A.

Full Name (Last, First, Middle Initial)
Middletown United

Mailing Address 1565 West Maple Avenue

City Langhorne State PA Zip Code 19047-

Purpose of Disbursement
FUNDRAISER

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90325.E1051

Date of Disbursement

/ /

Amount of Each Disbursement this Period

600.00

SUBTOTAL of Disbursements This Page (optional)

600.00

TOTAL This Period (last page this line number only)

37664.18