

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

**C00109595**      **041493**      **P-209**  
**THOMAS D. MCCALLA**  
**EMCAL 13800 GWA AFL+CIO**  
**2124 RACE STREET**  
**PHILADELPHIA PA 19103**

JUL 6 2 57 PM '93

2. FEC IDENTIFICATION NUMBER

C00109595

3. This committee qualified as a multicandidate committee **DURING THIS** Reporting Period on \_\_\_\_\_ (date).

## 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:

<input type="checkbox"/> February 20	<input type="checkbox"/> June 20	<input type="checkbox"/> October 20
<input type="checkbox"/> March 20	<input type="checkbox"/> July 20	<input type="checkbox"/> November 20
<input type="checkbox"/> April 20	<input type="checkbox"/> August 20	<input type="checkbox"/> December 20
<input type="checkbox"/> May 20	<input type="checkbox"/> September 20	<input type="checkbox"/> January 31

Twelfth day report preceding \_\_\_\_\_ (Type of Election)

election on \_\_\_\_\_ in the State of \_\_\_\_\_

Thirtieth day 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 1-1-93 through 6-30-93		
6. (a) Cash on Hand January 1, 19 93		\$ 12,942.26
(b) Cash on Hand at Beginning of Reporting Period	\$ 12,942.26	
(c) Total Receipts (from Line 19)	\$ 41,973.01	\$ 41,973.01
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 54,915.27	\$ 54,915.27
7. Total Disbursements (from Line 30)	\$ 19,763.50	\$ 19,763.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 35,151.77	\$ 35,151.77
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	

For further information contact:  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-376-3120

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

THOMAS MCCALLA

Signature of Treasurer

Date

7-2-93

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

FEC FORM 3X

(revised 1/1/91)

23036442508

**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 1-1-93	TO: 6-30-93
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
17.	Contributions (other than loans) From:		
a.	Individual/Persons Other Than Political Committees		
i.	Itemized (use Schedule A)		
ii.	Unitemized	41,695.00	41,695.00
iii.	Total (add i and ii) ▶	41,695.00	41,695.00
b.	Political Party Committees		
c.	Other Political Committees (such as PACs)		
d.	Total Contributions (add a iii, b and c) ▶	41,695.00	41,695.00
12.	Transfers From Affiliated/Other Party Committees		
13.	All Loans Received		
14.	Loan Repayments Received		
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17.	Other Federal Receipts (Dividends, Interest, etc.)	278.01	278.01
18.	Transfers from Nonfederal Account for Joint Activity		
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ▶	41,973.01	41,973.01
20.	Total Federal Receipts (subtract line 18 from line 19) ▶	41,973.01	41,973.01
<b>II. Disbursements</b>			
21.	Operating Expenditures:		
a.	Shared Federal/Non-Federal Activity (from Schedule H4)		
i.	Federal Share		
ii.	Non-Federal Share		
b.	Other Federal Operating Expenditures	6,763.50	6,763.50
c.	Total Operating Expenditures (Add a i, a ii, and b) ▶	6,763.50	6,763.50
22.	Transfers to Affiliated/Other Party Committees		
23.	Contributions to Federal Candidates/Committees and Other Political Committees	7,000.00	7,000.00
24.	Independent Expenditures (use Schedule E)		
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26.	Loan Repayments Made		
27.	Loans Made		
28.	Refunds of Contributions To:		
a.	Individuals/Persons Other Than Political Committees		
b.	Political Party Committees		
c.	Other Political Committees (such as PACs)		
d.	Total Contribution Refunds (Add a, b and c) ▶		
29.	Other Disbursements	6,000.00	6,000.00
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ▶	19,763.50	19,763.50
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) ▶	19,763.50	19,763.50
<b>III. Net Contributions/Operating Expenditures</b>			
32.	Total Contributions (other than loans) (from line 11d)		
33.	Total Contribution Refunds (from line 28d)		
34.	Net Contributions (other than loans) (subtract line 33 from 32)		
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) ▶	6,763.50	6,763.50
36.	Offsets to Operating Expenditures (from line 15)		
37.	Net Operating Expenditures (subtract line 36 from 35) ▶	6,763.50	6,763.50

3303442557

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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

2303642600

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
EXECUTIVE BOARD, PAYROLL DEDUCTION, MONTHLY	CWA LOCAL 13000	1-1-93 2-1-93 3-1-93 4-1-93 5-1-93 6-1-93	120.00 120.00 120.00 120.00 120.00 120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 720.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
UNION MEMBERS, PAYROLL DEDUCTION, WEEKLY	BELL OF PENNSYLVANIA		40,975.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 40,975.00	
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 > \$	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	
<b>TOTAL</b> This Period (last page this line number only) .....	47,695.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in Full)  
CWA LOCAL 13000

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PSFS 15TH & MARKET STREETS PHILADELPHIA, PA. 19102		1-31-93	34.39
	Occupation	2-28-93	40.17
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		3-31-93	49.01
		4-30-93	49.62
		5-21-93	32.21
Aggregate Year-to-Date		\$ 212.40	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MELLON BANK, N.A. MELLON BANK CENTER PITTSBURGH, PA. 15259		5-31-93	11.66
	Occupation	6-30-93	60.75
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date \$ 72.61	
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):		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):		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):		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):		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):		Aggregate Year-to-Date \$	

7 3 3 3 4 4 2 3 6 1

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	
<b>TOTAL</b> This Period (last page this line number only) .....	278.01

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (in Full)  
CMA LOCAL 13000

2303442562

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
IRS PHILADELPHIA, PA. 19255	TAX INTEREST FOR 1992 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1-28-93	700.00
B. Full Name, Mailing Address and ZIP Code GLICKMAN, BERKOVITZ, LEVINSON & WEINER ONE BEYER OFFICE PARK SUIT 200 OLD YORK RD & TOWNSHIP LINE RD ELKINS PARK, PA. 19117	Purpose of Disbursement ACCTG COSTS TO 12-31-92 ACCTG COSTS TO 3-31-93 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 2-26-93 5-21-93	Amount of Each Disbursement This Period 520.00 240.00
C. Full Name, Mailing Address and ZIP Code BELL OF PA. BOX 600 402 FAYETTE ST CONSHOHOCKEN, PA 19428	Purpose of Disbursement ACCTG COSTS FOR 1992 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 4-26-93	Amount of Each Disbursement This Period 5,053.50
D. Full Name, Mailing Address and ZIP Code ALEX MINISHAK 890 HAWTHORNE AV MECHANICSBURG, PA. 17055	Purpose of Disbursement WORKING POLLS 5-18-93 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6-9-93	Amount of Each Disbursement This Period 50.00
E. Full Name, Mailing Address and ZIP Code HARRY SOLT 608 E 8TH ST NORTHAMPTON, PA. 18067	Purpose of Disbursement WORKING POLLS 5-18-93 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6-9-93	Amount of Each Disbursement This Period 50.00
F. Full Name, Mailing Address and ZIP Code BILL MCLAUGHLIN 366 YARNALL DR SPRINGFIELD, PA. 19064	Purpose of Disbursement WORKING POLLS 5-18-93 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6-9-93	Amount of Each Disbursement This Period 50.00
G. Full Name, Mailing Address and ZIP Code JOE VITA 255 LAURISTON ST PHILADELPHIA, PA. 19128	Purpose of Disbursement WORKING POLLS 5-18-93 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6-9-93	Amount of Each Disbursement This Period 50.00
H. Full Name, Mailing Address and ZIP Code JOE QUIGLEY 225 RECTOR ST PHILADELPHIA, PA. 19128	Purpose of Disbursement WORKING POLLS 5-18-93 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6-9-93	Amount of Each Disbursement This Period 50.00
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) .....

6,763.50

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (in Full)

CMA LOCAL 13000

9303442663

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
RON KLINK FOR CONGRESS 107 S. 2ND. ST JEANNETTE, PA. 15844	FUND RAISER 3-12-93 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-10-93	5,000.00
B. Full Name, Mailing Address and ZIP Code BORSKI FOR CONGRESS P. O. BOX 26846 PHILADELPHIA, PA. 19134	FUND RAISER 5-24-93 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-7-93	1,000.00
C. Full Name, Mailing Address and ZIP Code FOGLIETTA FOR CONGRESS P. O. BOX 15052 WASHINGTON, D.C. 20003	FUND RAISER 6-21-93 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-21-93	1,000.00
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) .....

7,000.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (in full)

CMA LOCAL 13000

7  
3  
3  
4  
4  
4  
3  
4  
3  
6  
4

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRIENDS OF AUGUSTA CLARK 1925 S. 21ST ST. PHILADELPHIA, PA. 19145	FUND RAISER 3-8-93 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-26-93	100.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
COMMITTEE TO ELECT LYNNE ABRAHAM 1604 WALNUT ST SUITE 200 PHILADELPHIA, PA. 19103	FUND RAISER 3-31-93 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-10-93	150.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PEOPLE TO ELECT JACK WAGNER MAYOR 2502 W LIBERTY AV PITTSBURGH, PA. 15216	CAMPAIGN EXPENSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-8-93	2,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
COMMITTEE TO ELECT HERBERT "CORKY" GOLDSTEIN P.O. BOX 5161 HARRISBURG, PA. 17110	FUND RAISER 4-28-93 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-26-93	500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DEMO. COMMITTEE OF PHILADELPHIA C/O 21ST WARD 225 RECTOR ST PHILADELPHIA, PA 19128	FUND RAISER 5-10-93 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-7-93	250.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
COMMITTEE TO ELECT HARRY FIELD SCHIERFF P.O. BOX 2428 ALTOONA, PA. 16603	CAMPAIGN EXPENSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-7-93	200.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BUTKOVITZ FOR LEGISLATURE 1023 KNOX ST PHILADELPHIA, PA. 19111	FUND RAISER 5-24-93 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-21-93	1,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PA. FOR RALPH KAISER 3846 EDGE RD PITTSBURGH, PA. 15227	FUND RAISER 6-14-93 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-9-93	200.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
COMMITTEE TO ELECT LARRY BRUDY 2460 LAKEMONT DR GIBSONIA, PA. 15044	CAMPAIGN EXPENSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-10-93	200.00

SUBTOTAL of Disbursements This Page (optional)

4,600.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)  
CNA LOCAL 13000

1303314360

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
LUCHANSKY FOR COUNTY COUNCIL 1224 AMERICAN ST N. CATASAUQUA, PA. 18032	CAMPAIGN EXPENSE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-10-93	100.00
B. Full Name, Mailing Address and ZIP Code PEOPLE FOR KEEPING FRED BELARDI 838 N. IRVING AV SCRANTON, PA. 18510	FUND RAISER 6-8-93 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-10-93	100.00
C. Full Name, Mailing Address and ZIP Code COMMITTEE TO KEEP RAYFORD A. KEANS COMMON PLEAS JUDGE 1925 S 21ST ST. PHILADELPHIA, PA. 19145	FUND RAISER 5-1-93 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-10-93	100.00
D. Full Name, Mailing Address and ZIP Code COMMITTEE TO ELECT HAPPY FERNANDEZ 3400 BARING ST PHILADELPHIA, PA. 19104	FUND RAISER 7-14-93 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-10-93	100.00
E. Full Name, Mailing Address and ZIP Code BENSALEM DEMO ORG 2840 TYLER AV EDDINGTON, PA. 19020	CAMPAIGN EXPENSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1-18-93	500.00
F. Full Name, Mailing Address and ZIP Code COMMITTEE TO ELECT JOHN GARDNER 333 MULBERRY ST BERWICK, PA. 18603	CAMPAIGN EXPENSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1-19-93	500.00
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)	1,400.00
TOTAL This Period (last page this line number only)	6,000.00



**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 <i>July 2, 1993</i>
<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
		under DATE OF RECEIPT
<i>E. J.</i>		<i>July 6, 1993</i>
PREPARER		DATE PREPARED

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