

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

1076

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

1. NAME OF COMMITTEE (in full)
CWA LOCAL 13000 AFL-CIO

ADDRESS (number and street) Check if different than previously reported
2124 RACE STREET

CITY, STATE, and ZIP CODE
PHILADELPHIA, PA 19103

2. FEC IDENTIFICATION NUMBER
May 21 11 04 AM '99

3. This committee has qualified as a multi-candidate 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

March 20

April 20

May 20

June 20

July 20

August 20

September 20

October 20

November 20

December 20

January 31

Twelfth day report preceding

(election type)

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 <u>4/01/99</u> through <u>4/30/99</u>		
6. (a) Cash on Hand, January 1, <u>1999</u>		\$104,615.48
(b) Cash on Hand at Beginning of Reporting Period	\$127,644.21	
(c) Total Receipts (from line 10)	\$10,655.99	\$45,337.72
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$138,300.20	\$512,246.43
7. Total Disbursements (from line 30)	\$3,500.00	\$15,153.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$134,800.20	\$134,800.20
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		For further information contact:
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530
Local 202-219-3420

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

Signature of Treasurer

Patricia A. Masano

Date

5-19-99

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)**

2 of 6

(revised 1/1/91)

NAME OF COMMITTEE CWA LOCAL 13000 AFL-CIO		REPORT COVERING PERIOD FROM 4/01/99 TO: 4/30/99	
		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)		\$170.00	\$660.00
ii. Unitemized		\$10,362.00	\$46,968.50
iii. Total (add i and ii)		\$10,532.00	\$47,628.50
b. Political Party Committees		0.00	0.00
c. Other Political Committees (such as PACs)		0.00	0.00
d. Total Contributions (add a iii, b and c)		\$10,532.00	\$47,628.50
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.)		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.)		\$123.99	\$531.97
18. Transfers From Nonfederal Account for Joint Activity		0.00	0.00
19. Total Receipts (add 11d, 12, 13, 14, 16, 17, and 18)		\$10,655.99	\$45,337.72
20. Total Federal Receipts (subtract line 18 from line 19)		\$10,655.99	\$45,337.72
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share		0.00	0.00
ii. Non-Federal Share			
b. Other Federal Operating Expenditures			
c. Total Operating Expenditures (add a i, a ii, and b)			\$37.00
22. Transfers to Affiliated/Other Party Committees		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees		0.00	0.00
24. Independent Expenditures (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Sch. 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. Individual/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 Contributions Refunds (add a, b, and c)		0.00	0.00
29. Other Disbursements		\$3,500.00	\$15,116.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)		\$3,500.00	\$15,153.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30)		0.00	0.00
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)		0.00	0.00
33. Total Contribution Refunds (from line 28d)		0.00	0.00
34. Net Contributions (other than loans) (subtract line 33 from 32)		0.00	0.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b)		0.00	0.00
36. Offsets to Operating Expenditures (from line 15)		0.00	0.00
37. Net Operating Expenditures (subtract line 36 from 35)		0.00	0.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 16
FOR LINE NUMBER

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
JOSEPH CLINTON 18 RUTH ROAD BROOKHAVEN, PA 19015	CWA LOCAL 13000	4-01-99	\$30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation EXECUTIVE BOARD MEMBER	Aggregate Year-to-Date > \$120.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PATRICIA MAISANO 1012 PUTNAM BLVD. WALLINGFORD, PA 19086	CWA LOCAL 13000	4-01-99	\$30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation EXECUTIVE BOARD MEMBER	Aggregate Year-to-Date > \$120.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
EDWARD CARR 982 NETHERWOOD DRIVE BLUE BELL, PA 19422	CWA LOCAL 13000	4-01-99	\$30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation EXECUTIVE BOARD MEMBER	Aggregate Year-to-Date > \$120.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GERALD HARRIS 1405 CHAPLIN STREET CONWAY, PA 15027	CWA LOCAL 13000	4-01-99	\$30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation EXECUTIVE BOARD MEMBER	Aggregate Year-to-Date > \$120.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CATHERINE MCDOWELL 5653 N. SECOND STREET PHILA, PA 19120	CWA LOCAL 13000	4-02-99	\$25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SECRETARY	Aggregate Year-to-Date > \$90.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PAM GORMAN 224 DOOLITTLE STREET CARNEGIE, PA 15106	CWA LOCAL 13000	4-02-99	\$25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SECRETARY	Aggregate Year-to-Date > \$90.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PAUL MOSTOLLER 5422 HAMILTON ROAD GIBSONIA, PA 15044	NORTH PITTSBURGH TELE.	4-07-99	\$50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation UNION MEMBER	Aggregate Year-to-Date > \$50.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$170.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 10
FOR LINE NUMBER

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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
UNION MEMBERS (PAYROLL DEDUCTIONS) Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	BELL ATLANTIC Occupation UNION MEMBERS Aggregate Year-to-Date > \$ <u>43,726.00</u>	4-15-99 4-15-99	\$260.00 \$9,995.00
B. Full Name, Mailing Address and ZIP Code UNION MEMBERS (PAYROLL DEDUCTIONS) Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	RAY COMMUNICATIONS Occupation UNION MEMBERS Aggregate Year-to-Date > \$ <u>294.00</u>	4-19-99	\$107.00
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period

SUBTOTAL of Receipts This Page (optional)

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

\$10,362.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 16
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

CWA LOCAL 13000 AFL-CIO

A. Full Name, Mailing Address and ZIP Code MELLON PSFS BANK 18TH & MARKET STREET PHILA, PA 19102	Name of Employer INTEREST RECEIVED Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 4-30-99	Amount of Each Receipt this Period \$123.99
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code			
C. Full Name, Mailing Address and ZIP Code			
D. Full Name, Mailing Address and ZIP Code			
E. Full Name, Mailing Address and ZIP Code			
F. Full Name, Mailing Address and ZIP Code			
G. Full Name, Mailing Address and ZIP Code			

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$123.99

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 6 OF 6
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

CWA 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 ON POLITICAL EDUCATION PA AFL-CIO 101 PINE STREET HARRISBURG, PA 17101	POLITICAL EDUCATION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	4-01-99	\$1,500.00
B. Full Name, Mailing Address and ZIP Code 145TH ASSEMBLY 108 SACRAMENTO DRIVE QUAKERTOWN, PA 18951	FUNDRAISER Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	4-01-99	\$100.00
C. Full Name, Mailing Address and ZIP Code JOHN STREET 1323 ARCH ST, SUITE 200 PHILA, PA 19107	FUNDRAISER Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	4-20-99	\$100.00
D. Full Name, Mailing Address and ZIP Code COMMITTEE TO ELECT STEVE BROOKENS 2233 SPRING GARDEN STREET PHILA, PA 19130	FUNDRAISER Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	4-20-99	\$1,000.00
E. Full Name, Mailing Address and ZIP Code DEMOCRATIC COMMITTEE OF PHILADELPHIA 1421 WALNUT STREET PHILA, PA 19102	FUNDRAISER Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	4-20-99	\$300.00
F. Full Name, Mailing Address and ZIP Code FRIENDS OF RICK SCHWARTZ 733 PROVIDENCE DRIVE PITTSBURGH, PA 15239	FUNDRAISER Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	4-20-99	\$200.00
G. Full Name, Mailing Address and ZIP Code FRIENDS OF SCOTT BLACKER 1901 IRONWOOD LANE BENSALEM, PA 19020	FUNDRAISER Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	4-20-99	\$100.00
H. Full Name, Mailing Address and ZIP Code ELMER BOLINGER HCR 1, BOX 159 HUNTINGDON, PA 16652	FUNDRAISER Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	4-29-99	\$200.00
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)

\$3,500.00

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 5-19-94
<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>SEN</i> PREPARER	5-24-94 DATE PREPARED