

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

JUN 22 3 20 PM '95

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) LOCAL 13000 CWA, AFL-CIO C00109535 061495	
PATRICIA A. MAISANO, TREASURER	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported	
2124 RACI STREET	
CITY, STATE and ZIP CODE	
PHILADELPHIA PA 19103	
2. FEC IDENTIFICATION NUMBER C00109535	
3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)	

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year End Report  
 July 31 Mid Year Report (Non-election Year Only)  
 Termination Report
- Monthly Report Due On:  
 February 20  June 20  October 20  
 March 20  July 20  November 20  
 April 20  August 20  December 20  
 May 20  September 20  January 31
- 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

9 5 0 3 0 1 6 0 9 0 4

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 7-1-95 through 12-31-95		
6. (a) Cash on Hand January 1, 19 95		\$ 73,912.69
(b) Cash on Hand at Beginning of Reporting Period	\$ 118,991.66	
(c) Total Receipts (from Line 10)	\$ 47,487.10	\$ 95,159.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 166,478.76	\$ 163,072.53
7. Total Disbursements (from Line 30)	\$ 37,750.55	\$ 40,344.32
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 128,728.21	\$ 128,728.21
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20483 Toll Free 800-424-9530 Local 202-218-3420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer  
PATRICIA A. MAISANO

Signature of Treasurer  
*Patricia A. Maisano*

Date  
1-18-96

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



**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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**NAME OF COMMITTEE (in Full)**

CWA LOCAL 13000, AFL-CIO

9 4 0 3 0 1 6 9 9 6

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOSEPH V. CLINTON 18 RUTH RD ROCKHAVEN, PA 19015	CWA LOCAL 13000	\$20.00 Mth.	120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 240.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES M. CARTER 320 FOLSON AVE. FOLSON, PA 19033	CWA LOCAL 13000	\$20.00 Mth	120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 240.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PATRICIA A. MAISANO 1012 PUTNAM HILL RD. MALLINGFORD, PA 19066	CWA LOCAL 13000	\$20.00 Mth	120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 240.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
EDWARD T. CARR 982 NETHERWOOD DR. BLUE BELL, PA 19422	CWA LOCAL 13000	\$20.00 Mth	120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 240.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID V. EVANS 1571 CRISTVIER DR PITTSBURGH, PA 15237	CWA LOCAL 13000	\$20.00 Mth	120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 240.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOSEPH J. GALLAGHER 4131 ORCHARD LN PHILADELPHIA, PA 19154	CWA LOCAL 13000	\$20.00 Mth	120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 240.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAKLS BRADLEY 111 SWARTHMORE AVE RIDDLY PARK PA 19078	HILL ATLANTIC	4.75 weekly	123.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 247.00	

**SUBTOTAL** of Receipts This Page (optional) .....

843.50

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

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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
DEBORAH BRICKER 804 LUTHER ST HARRISBURG PA 17112	BELL ATLANTIC Occupation	5.00 weekly	130.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$ 260.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
EDWIN DORSON 1959 MAPLE AVE CROYDON PA 19021	BELL ATLANTIC Occupation	5.00 weekly	130.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$ 260.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DEBRA CHIDN-SPENCE 537 THOMPSON AVE CLAIRTON PA 15025	BELL ATLANTIC Occupation	5.00 weekly	130.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$ 260.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD JOHNS 480 HONINGER RD WASHINGTON PA 15301	BELL ATLANTIC Occupation	4.75 weekly	123.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$ 247.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM LEIBACH 310 GAYBERRY DR PITTSBURGH PA 15237	BELL ATLANTIC Occupation	5.00 weekly	130.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$ 260.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DENNIS MARTIN 659 E WISLART ST PHILADELPHIA PA 19134	BELL ATLANTIC Occupation	4.75 weekly	123.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$ 247.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GRAIG MCGINLEY 1956 MAPLE AVE CROYDON PA 19021	BELL ATLANTIC Occupation	5.00 weekly	130.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$ 260.00	

SUBTOTAL of Receipts This Page (optional)	897.00
TOTAL This Period (last page this line number only)	

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 3 OF 4  
FOR LINE NUMBER 17 (a) (i)

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**NAME OF COMMITTEE (In Full)**

CWA LOCAL 13000, AFL-CIO

9303016090

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
JULIA McLAUGHLIN 925 MAIN ST BRESSLER PA 17133	BELL ATLANTIC	5.00 weekly	130.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 260.00	
ALEX KINISHAK 890 HAWTHORNE AVE MECHANICSBURG PA 17055	BELL ATLANTIC	5.00 weekly	130.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 260.00	
MICHAEL D'RURKE 6012 ROSLYN ST BOSTON PA 15135	BELL ATLANTIC	5.00 weekly	130.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 760.00	
CAROL PAUL FOREST GATES APTS APT 49 MADONIA NJ 08049	BELL ATLANTIC	5.00 weekly	130.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 260.00	
CAROLINE PATTERSON 1412 NORLETT ST SHARON HILL PA 19079	BELL ATLANTIC	5.00 weekly	130.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 260.00	
KEN STOUT 248 PERKASIE AVE QUAKERTOWN PA 18951	BELL ATLANTIC	4.75 weekly	123.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 247.00	
FRED TRAVALINE 1269 S HANOVER ST POTTSTOWN PA 19464	BELL ATLANTIC	5.00 weekly	130.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 260.00	

SUBTOTAL of Receipts This Page (optional)

903.50

TOTAL This Period (last page the line number only)

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NAME OF COMMITTEE (in Full)

CWA LOCAL 13000, AFL-CIO

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KAREN WACHTER 210 COLLEGE HILL RD ENOLA PA 17075	BELL ATLANTIC	5.00 weekly	130.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 260.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JONATHAN WESLOVER 1633 HAWTHORN LN STATE COLLEGE PA 16801	BELL ATLANTIC	5.00 weekly	130.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 260.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID WILLIAMS 307 PLYMOUTH AVE WILKES-BARRRE PA 18702	BELL ATLANTIC	5.00 weekly	130.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 260.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM STEENSON 3733 CALIFORNIA AVE PITTSBURGH PA 15212	BELL ATLANTIC	4.00 weekly	104.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 208.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID SAMSON P O BOX 164 OX YUKF RD LAKE ARIEL PA 18436	BELL ATLANTIC	5.00 weekly	130.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 260.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BOB BODINE 2419 FITZGERALD ST PHILADELPHIA PA 19145	RAY COMMUNICATIONS	20.00 mth	120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 240.00	
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 > \$	

SUBTOTAL of Receipts This Page (optional) ..... 744.00

TOTAL This Period (last page this line number only) ..... 3,388.00

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NAME OF COMMITTEE (in Full)

CWA LOCAL 13000, AFL-CIO

9503016990

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
UNION MEMBERS (WEEKLY DEDUCTIONS) COMCAST CABLEVISION	COMCAST CABLEVISION	7-1-95 to 12-31-95	126.75
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	\$ 277.75
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
UNION MEMBERS (WEEKLY DEDUCTIONS) G T E OPERATIONS	G T E OPERATIONS	7-1-95 to 12-31-95	15.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	\$ 54.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
UNION MEMBERS (WEEKLY DEDUCTIONS) RAY COMMUNICATIONS	RAY COMMUNICATIONS	7-1-95 to 12-31-95	78.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	\$ 496.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHUCK EMMETT 5118 MCCANDLESS RD BUILER, PA 16001		12-1-95	20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	\$ 40.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CARL HEDGES R D 2 NEW FLORENCE, PA 15944		12-1-95	20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	\$ 40.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TONY CONTE 667 RACE ST ALTOONA, PA 16601		12-1-95	20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	\$ 40.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PAM GORHAN 226 INGRAM AVE. PITTSBURCH, PA 15205		12-1-95	35.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	\$ 35.00

SUBTOTAL of Receipts This Page (optional)

314.75

This Period (last page this line number only)

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**NAME OF COMMITTEE (in Full)**

CWA LOCAL 13090, AFL-CIO

93030169901

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
UNION MEMBERS (WEEKLY DEDUCTIONS) DEL. ATLANTIC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	BELL ATLANTIC Occupation: Aggregate Year-to-Date > \$ 87,471.50	7-1-95 to 12-31-95	42,249.75
B. 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 > \$		
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) .....	42,249.75
<b>TOTAL</b> This Period (last page this line number only) .....	42,560.50



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NAME OF COMMITTEE (in Full)

CWA LOCAL 13000, AFL-CIO

9 5 0 3 0 1 6 0 9 . 2

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MELION PSFS BANK 18TH & MARKET STS PHILADELPHIA, PA 19102	INTEREST	7-31-95 to 12-31-95	243.80 279.91 267.93 266.19 250.71 226.06
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	1,534.60	
Aggregate Year-to-Date > \$ 2,639.59			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	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) .....	1,534.60

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (in Full)			
CWA LOCAL 13000, AFL-CIO			
<b>A. Full Name, Mailing Address and ZIP Code</b>	<b>Purpose of Disbursement</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Disbursement This Period</b>
MELDON PSFS BANK 18TH & MARKET STS PHILADELPHIA PA 19102	ACCOUNT ANALYSIS FEE WIRE TRANSFER	7-31-95 to 12-31-95	65.55 to 24.00 <u>89.55</u>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
<b>B. Full Name, Mailing Address and ZIP Code</b>	<b>Purpose of Disbursement</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Disbursement This Period</b>
BELL ATLANTIC SPECIAL ACCOUNTS P O BOX 437 COCKEYSVILLE, MD 21030	COSTS FOR DEDUCTING PAC DEDUCTIONS PAYROLL	9-26-95	4,941.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
<b>C. Full Name, Mailing Address and ZIP Code</b>	<b>Purpose of Disbursement</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Disbursement This Period</b>
FRANK PEITZ 60 KITTANNING PIKE PITTSBURGH PA 15215	WORKED POLLS 11-7-95	11-13-95	50.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
<b>D. Full Name, Mailing Address and ZIP Code</b>	<b>Purpose of Disbursement</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Disbursement This Period</b>
JDC VITA 1537 CONARDE ST PHILADELPHIA, PA 19128	WORKED POLLS 11-7-95	11-13-95	50.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
<b>E. Full Name, Mailing Address and ZIP Code</b>	<b>Purpose of Disbursement</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Disbursement This Period</b>
JOE QUIGLEY 225 RECTOR ST PHILADELPHIA PA 19128	WORKED POLLS 11-7-95	11-15-95	50.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
<b>F. Full Name, Mailing Address and ZIP Code</b>	<b>Purpose of Disbursement</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Disbursement This Period</b>
KENNETH STOUT 218 PERKASIE AVE QUAKERTOWN, PA 18951	WORKED POLLS 11-7-95	11-29-95	50.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
<b>G. Full Name, Mailing Address and ZIP Code</b>	<b>Purpose of Disbursement</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Disbursement This Period</b>
RENE RUPP 207 KIRKWOOD DR PITTSBURGH PA 15215	WORKED POLLS 11-7-95	11-29-95	50.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
<b>H. Full Name, Mailing Address and ZIP Code</b>	<b>Purpose of Disbursement</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Disbursement This Period</b>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
<b>I. Full Name, Mailing Address and ZIP Code</b>	<b>Purpose of Disbursement</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Disbursement This Period</b>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
<b>SUBTOTAL of Disbursements This Page (optional)</b> .....			
<b>TOTAL This Period (last page this line number only)</b> .....			5,280.55

9403016093

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 22

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**NAME OF COMMITTEE (In Full)**

CWA LOCAL 15000, A-L-CIO

9 5 0 3 0 1 6 0 9 : 4

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
WRAP-PRC 1317 SWISSVILLE AVE MILKINSBURG, PA 15224	1995 FUND RAISER Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-16-95	100.00
CWA COPE 501 THIRD ST NW WASHINGTON DC 20001	CWA COPE QUOTE FOR 1995 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-7-95	15,000.00
C. 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
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) .....

15,100.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (In Full)**  
CWA LOCAL 13000, AFL-CIO

240301679

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FOGLIETTA FOR CONGRESS 5E CORNER 5TH & FITZMATER STS PHILADELPHIA, PA 19147	FUND RAISER 10-3-95 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-4-95	2,000.00
FRIENDS OF CONGRESSMAN HOLDEN 302 MAHANTONGA ST. POOTSVILLE, PA 17901	1995 CAMPAIGN EXP. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-13-95	5,000.00
COYNE FOR CONGRESS 1301 GRANT BLDG. 310 GRANT ST PITTSBURGH, PA 15219	1996 PRIMARY CAMPAIGN EXP. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-14-95	5,000.00
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

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	
<b>TOTAL</b> This Period (last page this line number only) .....	12,000.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (In Full)**  
CWA LOCAL 13600, AFL-CIO

9 6 0 3 0 1 6 9 7 8

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PHOENIXVILLE DEMOCRATIC COMMITTEE 976 CHERRY ST PHOENIXVILLE, PA 19460	FULL PAID AD Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-21-95	60.00
B. Full Name, Mailing Address and ZIP Code PHOENIXVILLE DEMOCRATIC COMMITTEE 976 CHERRY ST PHOENIXVILLE, PA 19460	FUND RAISER 8-20-95 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-21-95	180.00
C. Full Name, Mailing Address and ZIP Code JUDGE PUSMANNO FOR SUPREME COURT 1315 GRANT BLDG 310 GRANT ST PITTSBURGH, PA 15219	1995 CAMPAIGN EXP Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-14-95	1,000.00
D. Full Name, Mailing Address and ZIP Code JOHN PUSHINSKY FOR SUPERIOR COURT COMMITTEE 1808 LAW & FINANCE BLDG 425 FOURTH AVE. PITTSBURGH PA 15219	1995 CAMPAIGN EXP Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-14-95	750.00
E. Full Name, Mailing Address and ZIP Code COMMITTEE TO ELECT ISABEL COVWIN P O BOX 450 NEWTOWN PA 18940	1995 CAMPAIGN EXP Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-14-95	200.00
F. Full Name, Mailing Address and ZIP Code GRIAN S. KLINE FOR SUPERVISOR CAMPAIGN 450 CAL HINDRIA RD QUAKERTOWN, PA 18951	1995 CAMPAIGN EXP Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-14-95	100.00
G. Full Name, Mailing Address and ZIP Code COMMITTEE TO ELECT ROSITA YOUNGLOOD 8532 WILKINS AVE. PHILADELPHIA, PA 19150	FUND RAISER 10-13-95 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-26-95	150.00
H. Full Name, Mailing Address and ZIP Code BLAIR COUNTY DEMOCRATIC COMMITTEE 402 E MAPS AVE. ALTOONA, PA 16602	FALL DINNER 1995 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-27-95	130.00
I. Full Name, Mailing Address and ZIP Code DEMOCRATIC CAMPAIGN COMMITTEE OF PHILADELPHIA 1421 WALNUT ST PHILADELPHIA, PA 19103	FUND RAISER 11-1-95 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-13-95	250.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7,820.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 2  
FOR LINE NUMBER 29

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**NAME OF COMMITTEE (In Full)**

CMA IDEAL 13000, AFL-CIO

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
RF-ELECT DAVID COHEN COUNCILMAN-AT-LARGE 1470 WALNUT ST SUITE 1420 PHILADELPHIA, PA 19102	FUND RAISER 10-17-95 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-16-95	500.00
MONTGOMERY COUNTY COPE 3031 WALTON RD NORRISTOWN PA 19401	FUND RAISER 11-17-95 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-16-95	300.00
MONTGOMERY COUNTY COPL 3031 WALTON RD NORRISTOWN PA 19401	FULL PAGE AD Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-16-95	100.00
COMMITTEE TO ELECT RICK MARIANO FOR CITY COUNCIL P O BOX 52172 PHILADELPHIA, PA 19115	1995 CAMPAIGN EXP. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-16-95	700.00
PENNA. AFL-CIO 101 PINE ST. HARRISBURG, PA 17101	FUND RAISER 11-5-95 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-16-95	1,000.00
PENNA AFL-CIO 101 PINE ST HARRISBURG, PA 17101	FULL PAGE AD Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-16-95	750.00
O'REILLY FOR JUDGE COMMITTEE 107 WOODLAND DR PITTSBURGH, PA 15228	DEPT. RETIREMENT 1995 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-19-95	200.00
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) ..... 2,550.00

**TOTAL** This Period (last page this line number only) ..... 5,370.00

9 5 0 3 0 1 6 2 7

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.

Hand Delivered DATE OF RECEIPT

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and Registration

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Records

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and/or DATE OF RECEIPT

*MS*  
PREPARER

*1-22-96*  
DATE PREPARED

240301699