

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. C00109595 101998 P 272  
 PATRICIA A. MAISANO  
 LOCAL 13000 CWA AFL-CIO  
 2124 RACE STREET  
 PHILADELPHIA PA 19103

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

DEC 5 10 54 AM '98

2. FEC IDENTIFICATION NUMBER  
C00109595

3.  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)
- XX POST GENERAL
- 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

- 12-Day Pre-Election Report for the \_\_\_\_\_  
 (Type of Election)  
 election on \_\_\_\_\_ in the State of \_\_\_\_\_
- 30-Day Post-Election Report following the General Election  
 on \_\_\_\_\_ in the State of \_\_\_\_\_

- (b) Is this Report an Amendment?  YES  NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Covering Period	10-15-98 through 11-23-98		
8. (a)	Cash on Hand January 1, 19 98		\$ 150,969.52
(b)	Cash on Hand at Beginning of Reporting Period	\$ 98,968.12	
(c)	Total Receipts (from Line 19)	\$ 23,657.53	\$ 120,101.63
(d)	Subtotal (add Lines 6(b) and 8(c) for Column A and Lines 6(a) and 8(c) for Column B)	\$ 122,625.65	\$ 271,071.15
7.	Total Disbursements (from Line 20)	\$ 13,427.75	\$ 161,873.25
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 8(d))	\$ 109,197.90	\$ 109,197.90
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 20463 Toll Free 800-424-9530 Local 202-694-1100
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	

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 12/2/98

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 9/93)

**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 10-15-98 TO 11-23-98	
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		1,917.50	3,574.00
ii. Unitemized		21,637.27	114,750.62
iii. Total (add i and ii) >		23,554.77	118,324.62
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions (add a ii, b and c) >			
12. Transfers From Affiliated/Other Party Committees			
13. All Loans Received			
14. Loan Repayments Received			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			100.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			
17. Other Federal Receipts (Dividends, Interest, etc.)		102.76	1,677.01
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		23,657.53	120,101.63
20. Total Federal Receipts (subtract line 18 from line 19) >		23,657.53	120,101.63
<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		327.75	35,419.75
c. Total Operating Expenditures (add a i, a ii, and b) >			
22. Transfers to Affiliated/Other Party Committees		6,500.00	6,500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees		5,000.00	78,000.00
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. Individual/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		1,600.00	41,953.50
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		13,427.75	161,873.25
31. Total Federal Disbursements (subtract line 21 a i from line 30) >		13,427.75	161,873.25
<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) >		327.75	35,419.75
36. Offsets to Operating Expenditures (from line 15)			
37. Net Operating Expenditures (subtract line 36 from 35) >			

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 6

FOR LINE NUMBER 11 (a) (1)

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 V. CLINTON 18 RUTH RD BROOKHAVEN PA 19015	CWA LOCAL 13000	11/13/98	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	\$ 330.00	
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	11/13/98	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation EXECUTIVE BOARD MEMBER		
	Aggregate Year-to-Date	\$ 360.00	
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 BLVD WALLINGFORD PA 19086	CWA LOCAL 13000	11/13/98	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	\$ 330.00	
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	11/13/98	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	\$ 330.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GERALD HARRIS 1405 CHAPLIN ST CONWAY PA 15027	CWA LOCAL 13000	11/13/98	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	\$ 330.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CATHY MCDOWELL 5653 N SECOND ST PHILADELPHIA PA 19120	CWA LOCAL 13000	11/13/98	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SECRETARY		
	Aggregate Year-to-Date	\$ 235.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PAM CORMAN 224 DOOLITTLE ST CARNEGIE PA 15106	CWA LOCAL 13000	11/13/98	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SECRETARY		
	Aggregate Year-to-Date	\$ 235.00	

**SUBTOTAL** of Receipts This Page (optional) ..... 230.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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PAGE 2 OF 6  
FOR LINE NUMBER 11 (a) (1)

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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
D.K. BRICKER 804 LUTHER ST HARRISBURG PA 17112	BELL ATLANTIC-PENNSYLVANIA	\$5/WK	45.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SET	Aggregate Year-to-Date > \$ 290.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
L.N. HAMILTON #1 FEATHER BED LN NORRISTOWN PA 19403	BELL ATLANTIC-PENNSYLVANIA	\$7/WK	63.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SET	Aggregate Year-to-Date > \$ 285.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
J.S. HARTZELL 473 HATBORD RD CHURCHVILLE PA 18966	BELL ATLANTIC-PENNSYLVANIA	\$7/WK	63.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SERVICES TECHNICIAN	Aggregate Year-to-Date > \$ 308.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
J.C. KINCADE 326 N FLUNK RD BOYERTOWN PA 19512	BELL ATLANTIC-PENNSYLVANIA	\$10/WK	90.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SPLICING TECH	Aggregate Year-to-Date > \$ 430.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
E.F. MOONEY 322 ROSEBERRY ST PHILADELPHIA 19148	BELL ATLANTIC-PENNSYLVANIA	\$7/WK	63.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SERVICES TECH	Aggregate Year-to-Date > \$ 287.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
K.L. WACHTER 210 COLLEGE HILL RD ENOLA PA 17025	BELL ATLANTIC-PENNSYLVANIA	\$7.50/WK	67.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SET	Aggregate Year-to-Date > \$ 355.50	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
T.P. NHARTON 2725 LAFAYETTE ST BENSALEM PA 19020	BELL ATLANTIC-PENNSYLVANIA	\$7/WK	63.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SPLICING TECH	Aggregate Year-to-Date > \$ 308.00	

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

454.50

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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PAGE 3 OF 6

FOR LINE NUMBER 11 (a) (1)

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**NAME OF COMMITTEE (in Full)**

CWA LOCAL 13000, AFL-CIO

A. Full Name, Mailing Address and ZIP Code D. BABNEW 409 BRADFORD RD CHERRY HILL NJ 08034 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer BELL ATLANTIC-PENNSYLVANIA Occupation SERVICES TECH Aggregate Year-to-Date > \$ 225.00	Date (month, day, year) \$5/WK	Amount of Each Receipt This Period 45.00
B. Full Name, Mailing Address and ZIP Code J.S. BAKER 359 RAIBLE DR DUNCANSVILLE PA 16635 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer BELL ATLANTIC-PENNSYLVANIA Occupation SET Aggregate Year-to-Date > \$ 220.00	Date (month, day, year) \$5/WK	Amount of Each Receipt this Period 45.00
C. Full Name, Mailing Address and ZIP Code T.P. CRAWFORD 423 N SCHOOL ST PITTSBURGH PA 15202 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer BELL ATLANTIC-PENNSYLVANIA Occupation SERVICES TECH Aggregate Year-to-Date > \$ 222.50	Date (month, day, year) \$5/WK	Amount of Each Receipt This Period 45.00
D. Full Name, Mailing Address and ZIP Code G.P. EVERLY 12082 GLENFIELD RD. PHILADELPHIA PA 19154 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer BELL ATLANTIC-PENNSYLVANIA Occupation SPLICING TECH Aggregate Year-to-Date > \$ 225.00	Date (month, day, year) \$5/WK	Amount of Each Receipt this Period 45.00
E. Full Name, Mailing Address and ZIP Code D. GHIDON-SPENCE 5377 THOMPSON AVE CLAIRTON PA 15025 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer BELL ATLANTIC-PENNSYLVANIA Occupation STAFF CLERK Aggregate Year-to-Date > \$ 225.00	Date (month, day, year) \$5./WK	Amount of Each Receipt this Period 45.00
F. Full Name, Mailing Address and ZIP Code R.M. HINES 10 E. 5TH ST. POTTSTOWN PA 19464 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer BELL ATLANTIC-PENNSYLVANIA Occupation SPLICING TECH Aggregate Year-to-Date > \$ 225.00	Date (month, day, year) \$5/WK	Amount of Each Receipt this Period 45.00
G. Full Name, Mailing Address and ZIP Code R.L. JOHNS 800 GLENN ST WASHINGTON PA 15301 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer BELL ATLANTIC-PENNSYLVANIA Occupation SPLICING TECH Aggregate Year-to-Date > \$ 220.00	Date (month, day, year) \$5/WK	Amount of Each Receipt This Period 45.00

**SUBTOTAL** of Receipts This Page (optional) ..... 315.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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PAGE 4 OF 6

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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
R. C. KANSPEDES 5017 VAN VOORHIS DR BETHEL PARK PA 15102	BELL ATLANTIC-PENNSYLVANIA	\$5/WK	45.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SPlicing TECH	Aggregate Year-to-Date > \$ 220.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
G. L. LEACH 20 HILLCREST DR HUFFLIN PA 17058	BELL ATLANTIC-PENNSYLVANIA	\$5/WK	45.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SET	Aggregate Year-to-Date > \$ 225.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
H. J. LEIBACH 310 BAYBERRY DR PITTSBURGH PA 15237	BELL ATLANTIC-PENNSYLVANIA	\$5/WK	45.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SPlicing TECH	Aggregate Year-to-Date > \$ 225.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
R. C. MARKLEY 135 DUNKIRK DR WARRENS MARK PA 16877	BELL ATLANTIC-PENNSYLVANIA	\$5/WK	45.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SPlicing TECH	Aggregate Year-to-Date > \$ 225.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
R. A. MORFLAK 351 E. PIKE ST. HONESDALE PA 15342	BELL ATLANTIC-PENNSYLVANIA	\$5/WK	45.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SERVICES TECH	Aggregate Year-to-Date > \$ 225.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
R. E. MYERS THREE GREENFIELD DR PARADISE PA 17562	BELL ATLANTIC-PENNSYLVANIA	\$7/WK	63.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SET	Aggregate Year-to-Date > \$ 249.75	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
M. T. O'Rourke 6011 ROSLYN ST BOSTON PA 15135	BELL ATLANTIC-PENNSYLVANIA	\$5/WK	45.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SPlicing TECH	Aggregate Year-to-Date > \$ 225.00	

**SUBTOTAL** of Receipts This Page (optional) ..... 333.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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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
R. N. RAY 466 LIMESTONE DR BETHEL PARK PA 15106	BELL ATLANTIC-PENNSYLVANIA	\$5/WK	45.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SPLICING TECH	Aggregate Year-to-Date > \$ 225.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. D. REMINGTON 178 ST JOSEPH ST PITTSBURGH PA 15210	BELL ATLANTIC-PENNSYLVANIA	\$5/WK	45.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SPLICING TECH	Aggregate Year-to-Date > \$ 225.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
K. H. ROBBINS 170 ELEPHANT RD DUBLIN PA 18917	BELL ATLANTIC-PENNSYLVANIA	\$5/WK	45.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SPLICING TECH	Aggregate Year-to-Date > \$ 225.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
D. E. SANSON P O BOX 51 HONESDALE PA 18431	BELL ATLANTIC-PENNSYLVANIA	\$5/WK	45.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SERVICES TECH	Aggregate Year-to-Date > \$ 225.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C. SODOSKI 371 E 7TH AVE TRAPPE PA 19426	BELL ATLANTIC-PENNSYLVANIA	\$5/WK	45.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SERVICES TECH	Aggregate Year-to-Date > \$ 225.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
W. E. STEENSON 27 CORBETT DR IXMIN PA 15642	BELL ATLANTIC-PENNSYLVANIA	\$5/WK	45.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SET	Aggregate Year-to-Date > \$ 225.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
D. STEPHENS 4929 N 9TH ST PHILADELPHIA PA 19141	BELL ATLANTIC-PENNSYLVANIA	\$5/WK	45.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SET	Aggregate Year-to-Date > \$ 225.00	

**SUBTOTAL** of Receipts This Page (optional) ..... 315.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 6 OF 6  
FOR LINE NUMBER 17 (a) (i)

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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
K. W. STOUT 248 PERKASIE AVE QUAKERTOWN PA 18951 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	BELL ATLANTIC-PENNSYLVANIA Occupation SPLICING TECH Aggregate Year-to-Date > \$ 225.00	\$5/WK	45.00
B. Full Name, Mailing Address and ZIP Code C. B. SWANGER 2515 HOLLAND AVE HUNTINGDON PA 16652 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	BELL ATLANTIC-PENNSYLVANIA Occupation SPLICING TECH Aggregate Year-to-Date > \$ 225.00	\$5/WK	45.00
C. Full Name, Mailing Address and ZIP Code J. F. TOMLINSON 229 CALDER ST ALTOONA PA 16602 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	BELL ATLANTIC-PENNSYLVANIA Occupation SET Aggregate Year-to-Date > \$ 225.00	\$5/WK	45.00
D. Full Name, Mailing Address and ZIP Code J. D. WESTOVER 26 BELL RD MCALISTERVILLE PA 17049 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	BELL ATLANTIC-PENNSYLVANIA Occupation OPT Aggregate Year-to-Date > \$ 225.00	\$5/WK	45.00
E. Full Name, Mailing Address and ZIP Code D. G. WILLIAMS 307 PLYMOUTH AVE WILKES-BARRE PA 18702 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	BELL ATLANTIC-PENNSYLVANIA Occupation OPT Aggregate Year-to-Date > \$ 220.00	\$5/WK	45.00
F. Full Name, Mailing Address and ZIP Code N. HOLVINGTON R D 7 BOX 7728A STROUSBURG PA 18360 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	BELL ATLANTIC-PENNSYLVANIA Occupation SPLICING TECH Aggregate Year-to-Date > \$ 220.00	\$5/WK	45.00
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) ..... 270.00

**TOTAL** This Period (last page this line number only) ..... 1,917.50



**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 11 (a) (ii)

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 UNION MEMBERS (PAYROLL DEDUCTIONS)	Name of Employer COMCAST CABLEVISION Occupation UNION MEMBERS	Date (month, day, year) 10/20/98	Amount of Each Receipt this Period 43.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$ 188.00			
B. Full Name, Mailing Address and ZIP Code UNION MEMBERS (PAYROLL DEDUCTIONS)	Name of Employer RAY COMMUNICATIONS Occupation UNION MEMBERS	Date (month, day, year) 11/13/98	Amount of Each Receipt this Period 43.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$ 117.00			
C. Full Name, Mailing Address and ZIP Code PAUL MDSTOLLER 5422 HAMILTON RD GIBSONIA PA 15044	Name of Employer NORTH PITTSBURGH TELEPHONE Occupation TECHNICIAN	Date (month, day, year) 11/13/98	Amount of Each Receipt this Period 94.77
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$ 94.77			
D. Full Name, Mailing Address and ZIP Code UNION MEMBERS (PAYROLL DEDUCTIONS)	Name of Employer BELL ATLANTIC-PENNSYLVANIA Occupation UNION MEMBERS	Date (month, day, year) 10/15/98 11/14/98	Amount of Each Receipt this Period 9,624.25 11,632.25 21,456.50
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 Occupation	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 Occupation	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 Occupation	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 > \$			

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

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

21,637.27

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 17

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**NAME OF COMMITTEE (In Full)**

CNA LOCAL 13000, AFL-CIO

A. Full Name, Mailing Address and ZIP Code MELLON PSFS BANK 18TH & MARKET STREETS PHILADELPHIA PA 19102  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  INTEREST RECEIVED  Occupation  Aggregate Year-to-Date > \$ 1,677.01	Date (month, day, year)  10/31/98	Amount of Each Receipt this Period  102.76
B. 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
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) .....

102.76

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 21 (b)

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**NAME OF COMMITTEE (in Full)**

CNA 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
MELLON PSFS BANK 18TH & MARKET STREETS PHILADELPHIA PA 19102	ACCOUNTING FEES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/98	77.75
ROSE MCCLAIN 8 BUNKER LN THORNDALE PA 19372	WORKED POLLS 11/3/98 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/5/98	50.00
KENNETH STOUT 248 PERKASIE AVE QUAKERTOWN PA 18951	WORKED POLLS 11/3/98 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/9/98	50.00
WILLIAM MUEHLBERGER 302 INMAN TER WILLOW GROVE PA 19090	WORKED POLLS 11/3/98 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/9/98	50.00
DARYL TOWNSEND 901 N 64TH ST PHILADELPHIA PA 19151	WORKED POLLS 11/3/98 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/23/98	50.00
BRIAN BEALE 6622 LEEDS ST PHILADELPHIA PA 19151	WORKED POLLS 11/3/98 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/23/98	50.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional) .....

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

327.75

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2  
FOR LINE NUMBER 22

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)**

CNA 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
PENNSYLVANIA AFL-CIO LABOR PAC 230 STATE STREET HARRISBURG PA 17101	COORDINATED CAMPAIGN Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/21/98	1,500.00
B. Full Name, Mailing Address and ZIP Code PENNSYLVANIA AFL-CIO COPE 230 STATE STREET HARRISBURG PA 17101	COORDINATED CAMPAIGN Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/21/98	5,000.00
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) .....

6,500.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 23

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**NAME OF COMMITTEE (In Full)**

CNA 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
FATTAH FOR CONGRESS 2043 WALNUT ST 1ST FLOOR REAR PHILADELPHIA PA 19103	1998 GENERAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/98	5,000.00
B. 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
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) .....

5,000.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 29

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**NAME OF COMMITTEE (in Full)**

CNA 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
LEVDANSKY FOR LEGISLATURE BOX 416L R D 3 ELIZABETH PA 15037	FUND RAISER 10/26/98 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/21/98	100.00
FRIENDS OF TOM SCRIMENTI 57 S PEARL ST NORTHEAST PA 16428	1998 GENERAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/28/98	500.00
COMMITTEE TO ELECT EILEEN MCCAUL 833 LOGAN ST POTTSTOWN PA 19464	1998 GENERAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/98	500.00
FRIENDS OF ALLYSON SCHWARTZ P O BOX 25317 PHILADELPHIA PA 19119	1998 GENERAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/98	500.00
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) .....

1,600.00

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 12/2/98
<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>Egc</i> PREPARER	 12/5/98 DATE PREPARED