

DISTRICT



**NATIONAL UNION OF HOSPITAL AND HEALTH CARE EMPLOYEES
AFSCME AFL-CIO**

1319 LOCUST STREET • PHILADELPHIA, PENNSYLVANIA 19107-5498 • 215-735-1300 • FAX 215-735-9878

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January 26, 2001

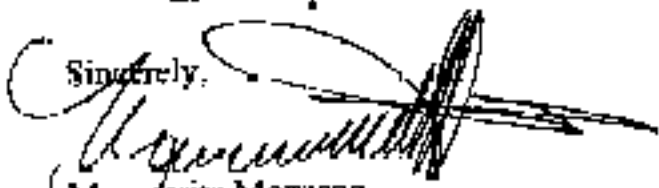
Andrew J. Dodson
Senior Reports Analyst
Reports Analysis Division
Federal Election Commission
999 E Street NW
Washington, DC 20463

RE: Year End Report (11/27/2000 - 12/31/2000)

Dear Mr. Dodson:

Enclosed please find the above-mentioned report.

Sincerely,


Marguerite Morrison,
Treasurer

RECEIVED
FEC MAIL ROOM
2001 JAN 28 A 9 12

United We Care

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE
DISTRICT 1199C POLITICAL ACTION FUND

REPORT COVERING PERIOD
FROM **11/22/2000** TO **12/31/2000**

		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)	- 0 -	- 0 -	11(a)(i)
ii.	Unitemized	441.00	4083.00	11(a)(ii)
iii.	Total (add i and ii) >	441.00	4083.00	11(a)(iii)
b.	Political Party Committees	- 0 -	- 0 -	11(b)
c.	Other Political Committees (such as PACs)	- 0 -	- 0 -	11(c)
d.	Total Contributions (add a ii, b and c) >	441.00	4083.00	11(d)
12.	Transfers From Affiliated/Other Party Committees	- 0 -	- 0 -	12
13.	All Loans Received	- 0 -	- 0 -	13
14.	Loan Repayments Received	- 0 -	- 0 -	14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	- 0 -	- 0 -	15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	- 0 -	- 0 -	16
17.	Other Federal Receipts (Dividends, Interest, etc.)	- 0 -	- 0 -	17
18.	Transfers from Nonfederal Account for Joint Activity	- 0 -	- 0 -	18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	441.00	4083.00	19
20.	Total Federal Receipts (subtract line 18 from line 19) >	- 0 -	- 0 -	20
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			
i.	Federal Share	- 0 -	- 0 -	21(a)(i)
ii.	Non-Federal Share	- 0 -	- 0 -	21(a)(ii)
b.	Other Federal Operating Expenditures (add a i, ii, and b) >	- 0 -	- 0 -	21(b)
c.	Total Operating Expenditures	- 0 -	- 0 -	21(c)
22.	Transfers to Affiliated/Other Party Committees	- 0 -	- 0 -	22
23.	Contributions to Federal Candidates/Committees and Other Political Committees	- 0 -	- 0 -	23
24.	Independent Expenditures (use Schedule E)	- 0 -	- 0 -	24
25.	Coordinated Expenditures Made by Party Committees (E.U.C. 441a)(d)) (use Schedule F)	- 0 -	- 0 -	25
26.	Loan Repayments Made	- 0 -	- 0 -	26
27.	Loans Made	- 0 -	- 0 -	27
28.	Refunds of Contributions To:			
a.	Individuals/Persons Other Than Political Committees	- 0 -	- 0 -	28(a)
b.	Political Party Committees	- 0 -	- 0 -	28(b)
c.	Other Political Committees (such as PACs)	- 0 -	- 0 -	28(c)
d.	Total Contribution Refunds (add a, b and c) >	- 0 -	- 0 -	28(d)
29.	Other Disbursements	500.00	4947.54	29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	500.00	4947.54	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	- 0 -	- 0 -	31
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	441.00	4083.00	32
33.	Total Contribution Refunds (from line 28d)	- 0 -	- 0 -	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	441.00	4083.00	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	- 0 -	- 0 -	35
36.	Offsets to Operating Expenditures (from line 15)	- 0 -	- 0 -	36
37.	Net Operating Expenditures (subtract line 36 from 35) >	- 0 -	- 0 -	37

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 4
FOR LINE NUMBER 29

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)

DISTRICT 1199C POLITICAL ACTION FUND

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ELIZABETH NEUHAUS-SOUTH C/O DISTRICT 1199C 1314 LOCUSTS. PHILA. PA 19107	REPLACEMENT CHECK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/21/2000	500.00
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)	500.00
TOTAL This Period (last page this line number only)	500.00

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Name of Committee (In Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
DISTRICT 1199C POLITICAL ACTION A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor DIST. 1199C POLITICAL ACTION FUND 1319 LOCUST ST. PHILA. PA 19107	66666.00	-0-	-0-	66666.00
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor WRONGS ACCOUNT. NON-FEDERAL CONTRIBUTION INTO FEDERAL ACCOUNT. MONIES WERE DISBURSED, SO FUNDS ARE NOT AVAILABLE TO DEPOSIT IN NON FEDERAL ACCOUNT.				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				66666.00
2) TOTALS This Period (last page in this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				66666.00

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 checked="" type="checkbox"/> First Class Mail	POSTMARKED <i>1-25-01</i>
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<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>Im U</i> PREPARER	<i>1-28-01</i> DATE PREPARED