

DISTRICT



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

1319 LOCUST STREET • PHILADELPHIA, PENNSYLVANIA 19107-5488 • 215-735-1200 • FAX: 215-735-9873

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MARGUERITE MORRISON
Secretary/Treasurer

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Executive Vice-President

December 21, 2004

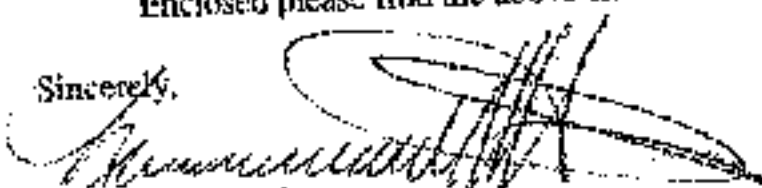
Bradley Decker
Campaign Finance Analyst
Reports Analysis Division
Federal Election Commission
999 E Street NW
Washington, DC 20463

RE: Amended Quarterly Report (07/01/2004-9/30/2004)
And Amended 30 Day Post-Election Report (10/1/2004-11/22/2004)
for #C00034066

Dear Mr. Decker:

Enclosed please find the above-mentioned amended reports.

Sincerely,


Marguerite Morrison,
Treasurer

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FEDERAL
OPERATIONS CENTER
2005 JAN -3 P 12:52

RECEIVED
FEDERAL MAIL
OPERATIONS CENTER RQ-2



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

December 10, 2004

Marguerite Morrison, Treasurer
District 1199C National Union of Hospital
& Health Care Employees Political
Action Fund
1319 Locust Street
Philadelphia, PA 19107

**Response Due Date:
January 10, 2005**

Identification Number: C00034066

Reference: October Quarterly Report (7/1/04 - 9/30/04)

Dear Ms. Morrison:

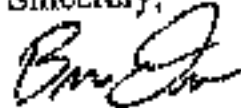
This letter is prompted by the Commission's preliminary review of the report(s) referenced above. This notice requests information essential to full public disclosure of your federal election campaign finances. **An adequate response must be received at the Commission by the response date noted above.** An itemization of the information needed follows:

-The total listed on Line 11(d), Column B of the Detailed Summary Page appears to be incorrect. Please be advised that you should add the "Calendar Year-to-Date" total from your previous report to the current "Total This Period" figure from Column A to derive the correct Column B total. Please amend your report and any subsequent reports that may be affected by this correction.

Unlike previous election cycles, you will not receive an additional notice from the Commission on this matter. Adequate responses received on or before this date will be taken into consideration in determining whether audit action will be initiated. **Requests for extensions of time in which to respond will not be considered.** Failure to provide an adequate response by this date may result in an audit of the committee. Failure to comply with the provisions of the Act may also result in an enforcement action against the committee. Any response submitted by your committee will be placed on the public record and will be considered by the Commission prior to taking enforcement action.

Electronic filers must file amendments (to include statements, designations and reports) in an electronic format and must submit an amended report in its entirety, rather than just these portions of the report that are being amended. If you should have any questions regarding this matter or wish to verify the adequacy of your response, please contact me on our toll-free number (800) 424-9530 (at the prompt press 5 to reach the Reports Analysis Division) or my local number (202) 694-1301.

Sincerely,



Bradley Decker

Campaign Finance Analyst
Reports Analysis Division

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

DISTRICT 11790 NATIONAL UNION OF HOSPITAL & HEALTH CARE EMPLOYEES

ADDRESS (number and street) 1319 LOCUST STREET

CITY STATE ZIP CODE PHILADELPHIA PA 19107

2. FEC IDENTIFICATION NUMBER

00034066

3. IS THIS REPORT NEW (N) OR AMENDED (A) NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)	(a) Quarterly Reports	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11)
	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)	
	(b) Monthly Report Due On:	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12)
	(c) 12-Day PRE-Election Report for the:	Primary (12F)	General (12G)	Runoff (12R)	
		Convention (12C)	Special (12S)		
	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R)	Special (30S)	

5. Covering Period 07/31/2004 through 09/30/2004

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 MARGUERITE MORRISON

Signature of Treasurer *[Handwritten Signature]* Date 12/21/2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2009)

Write or Type Committee Name

DISTRICT 1199C, NUHHC, POLITICAL ACTION FUND

Report Covering the Period From: 07 01 2004

To: 09 30 2004

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (if itemized (use Schedule A),)	-0-	-0-
(ii) Unitemized	-0-	8,144.38
(iii) TOTAL (add Lines 11(a)(i) and (ii))	-0-	8,144.38
(b) Political Party Committees	-0-	-0-
(c) Other Political Committees (such as PACs)	-0-	-0-
(d) Total Contributions (add Lines 11(a)(i), (b), and (c)) (Carry Totals to Line 39, page 5)	-0-	8,144.38
12. Transfers From Affiliated/Other Party Committees	-0-	-0-
13. All Loans Received	-0-	-0-
14. Loan Repayments Received	-0-	-0-
15. Offsets To Operating Expenditures (Refunds, Rescates, etc.) (Carry Totals to Line 37, page 5)	-0-	-0-
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-0-	-0-
17. Other Federal Receipts (Dividends, Interest, etc.)	-0-	-0-
18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3)	-0-	-0-
(b) Levin Funds (from Schedule H5)	-0-	-0-
(c) Total Transfers (add 18(a) and 18(b))	-0-	-0-
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	-0-	8,144.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	-0-	-0-

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

The FEC 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"/> USPS First Class Mail	Postmarked 12/22/04
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>QAU</i> PREPARER	1/3/05 DATE PREPARED