



**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

HENRY NICHOLAS
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MICHELE MILLS-McCULLOUGH
Executive Vice-President

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Executive Vice-President

MARGUERITE MORRISON
Secretary-Treasurer

Vice President
GWENDOLYN JOHNSON

January 28, 2008

Federal Election Commission
999 E Street NW
Washington, DC 20463

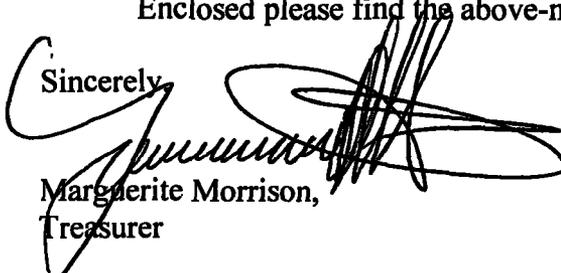
RECEIVED
FEC MAIL CENTER
2008 FEB - 4 AM 11:00

RE: Year End Report (1/1/2007 through 12/1/2007) for #C00034066

Dear Sir/Madam:

Enclosed please find the above-mentioned report.

Sincerely,


Marguerite Morrison,
Treasurer

United We Care



51122994992

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
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USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) _____
 C00034066 091798 P 268
 MARGUERITE MORRISON
 DISTRICT 1199C NAT'L UNION OF
 HOSPITAL & HEALTH CARE EMPLOYE
 1319 LOCUST STREET
 PHILA PA 19107

2. FEC IDENTIFICATION NUMBER _____
 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)

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

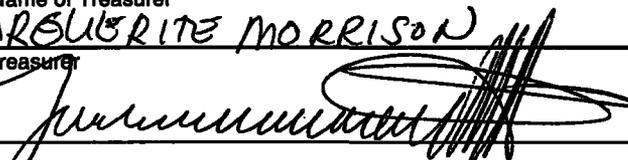
| 5. Covering Period | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|---|
| 1/1/2007 through 12/31/2007 | | |
| 6. (a) Cash on Hand January 1, 2007 | | \$ 690.52 |
| (b) Cash on Hand at Beginning of Reporting Period | \$ 690.52 | |
| (c) Total Receipts (from Line 19) | \$ -0- | \$ -0- |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | \$ 690.52 | \$ 690.52 |
| 7. Total Disbursements (from Line 30) | \$ -0- | \$ -0- |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | \$ 690.52 | \$ 690.52 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | \$ -0- | 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) | \$ 116,666.00 | |

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



Date

1/28/08

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

FEC FORM 3X

(revised 9/93)

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE <u>2</u> OF <u>2</u> |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE: (In Full)

DISTRICT 1199C, NUHCE, POLITICAL ACTION FUND

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <u>DISTRICT 1199C, NUHCE, POLITICAL ACTION FUND</u> | Nature of Debt (Purpose): <u>Contribution deposited into wrong account. monies were immediately disbursed and were not available to deposit into the non-federal account.</u> |
| Mailing Address <u>1319 LOCUST STREET</u> | |
| City State Zip Code <u>PHILA. PA 19107</u> | |

| | | | |
|--|---|-----------------------------------|--|
| Outstanding Balance Beginning This Period <u>66666.00</u> | Amount Incurred This Period <u>-0-</u> | Payment This Period <u>-0-</u> | Outstanding Balance at Close of This Period <u>66666.00</u> |
|--|---|-----------------------------------|--|

| | |
|---|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <u>DISTRICT 1199C, NUHCE, POLITICAL ACTION FUND</u> | Nature of Debt (Purpose): <u>Contribution deposited into wrong account. Monies were disbursed and are not available to return or to deposit into non-federal account.</u> |
| Mailing Address <u>1319 LOCUST STREET</u> | |
| City State Zip Code <u>PHILA. PA 19107</u> | |

| | | | |
|--|---|-----------------------------------|--|
| Outstanding Balance Beginning This Period <u>50000.00</u> | Amount Incurred This Period <u>-0-</u> | Payment This Period <u>-0-</u> | Outstanding Balance at Close of This Period <u>50000.00</u> |
|--|---|-----------------------------------|--|

| | |
|--|---------------------------|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor | Nature of Debt (Purpose): |
| Mailing Address | |
| City State Zip Code | |

| | | | |
|---|-----------------------------|---------------------|---|
| Outstanding Balance Beginning This Period | Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period <u>116666.00</u> |
|---|-----------------------------|---------------------|---|

| | |
|--|--|
| 1) SUBTOTALS This Period This Page (optional).....▶ | |
| 2) TOTALS This Period (last page this line number 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)▶ | |

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.

20070622119

| | |
|--|-------------------------------|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
| <input checked="" type="checkbox"/> USPS First Class Mail | Postmarked 1/28/08 |
| <input type="checkbox"/> USPS Registered/Certified | Postmarked (R/C) |
| <input type="checkbox"/> USPS Priority Mail | Postmarked |
| Delivery Confirmation™ or Signature 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 |
| Next Business Day Delivery <input type="checkbox"/> | |
| <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 |

CMR
 PREPARER 2/4/08
 (3/2005) DATE PREPARED