

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEC MAIL ROOM

2001 FEB -8 P 2:21

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE C00034066                      102700                      P 284 MARGUERITE MORRISON DISTRICT 11990 NAT'L UNION OF HOSPITAL & HEALTH CARE EMPLOYE 1319 LOCUST STREET PHILA    PA 19107		2. FEC IDENTIFICATION NUMBER
		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:

- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20      | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20    | <input type="checkbox"/> July 20      | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20    | <input type="checkbox"/> August 20    | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20      | <input type="checkbox"/> September 20 | <input type="checkbox"/> 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
5. Covering Period <u>7/1/2000</u> through <u>9/30/2000</u>		
6. (a) Cash on Hand January 1, 2000		\$ 1796.63
(b) Cash on Hand at Beginning of Reporting Period	\$ 1796.63	
(c) Total Receipts (from Line 19)	\$ 3063.00	\$ 3063.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 4859.63	\$ 4859.63
7. Total Disbursements (from Line 30)	\$ 4447.54	\$ 4447.54
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 412.09	\$ 412.09
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$66,666.00	

For further information contact:  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-6530  
Local 202-694-1100

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

2/2/2001

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 9/99)

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
DISTRICT 1990 POLITICAL ACTION FUND	FROM 7/1/2000	TO 9/30/2000	
	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			11(a)(i)
i. Itemized (use Schedule A)	- 0 -	- 0 -	11(a)(ii)
ii. Unitemized	3063.00	3063.00	11(a)(iii)
iii. Total (add i and ii) >	3063.00	3063.00	11(b)
b. Political Party Committees	- 0 -	- 0 -	11(c)
c. Other Political Committees (such as PACs)	- 0 -	- 0 -	11(d)
d. Total Contributions (add a iii, b and c) >	3063.00	3063.00	12
12. Transfers From Affiliated/Other Party Committees	- 0 -	- 0 -	13
13. All Loans Received	- 0 -	- 0 -	14
14. Loan Repayments Received	- 0 -	- 0 -	15
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	- 0 -	- 0 -	16
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	- 0 -	- 0 -	17
17. Other Federal Receipts (Dividends, Interest, etc.)	- 0 -	- 0 -	18
18. Transfers from Nonfederal Account for Joint Activity	- 0 -	- 0 -	19
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	3063.00	3063.00	20
20. Total Federal Receipts (subtract line 18 from line 19) >	3063.00	3063.00	
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(i)
i. Federal Share	- 0 -	- 0 -	21(a)(ii)
ii. Non-Federal Share	- 0 -	- 0 -	21(b)
b. Other Federal Operating Expenditures	- 0 -	- 0 -	21(c)
c. Total Operating Expenditures (add a i, a ii, and b) >	- 0 -	- 0 -	22
22. Transfers to Affiliated/Other Party Committees	- 0 -	- 0 -	23
23. Contributions to Federal Candidates/Committees and Other Political Committees	- 0 -	- 0 -	24
24. Independent Expenditures (use Schedule E)	- 0 -	- 0 -	25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	- 0 -	- 0 -	26
26. Loan Repayments Made	- 0 -	- 0 -	27
27. Loans Made	- 0 -	- 0 -	
28. Refunds of Contributions To:			28(a)
a. Individual/Persons Other Than Political Committees	- 0 -	- 0 -	28(b)
b. Political Party Committees	- 0 -	- 0 -	28(c)
c. Other Political Committees (such as PACs)	- 0 -	- 0 -	28(d)
d. Total Contribution Refunds (add a, b and c) >	- 0 -	- 0 -	29
29. Other Disbursements	4447.54	4447.54	30
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	4447.54	4447.54	31
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	4447.54	4447.54	
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)	3063.00	3063.00	32
33. Total Contribution Refunds (from line 28d)	- 0 -	- 0 -	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	3063.00	3063.00	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 35 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 39

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 11990 POLITICAL ACTION FUND**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
NATIONAL UNION OF HOSPITAL & HEALTH CARE EMPLOYEES 9-25 ALING ST. NEWARK, NJ 07102	PEOPLE Breakfast Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Annual Fundraiser	7/14/2000	3447.54
MINNER CAMPAIGN P.O. Box A DOVER, DE 19903	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/26/2000	1000.00
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) .....

4447.54

**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				
CONTRIBUTION WAS DEPOSITED IN WRONG 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

