

25038731176
**REPORT OF COMMUNICATION COSTS
 BY CORPORATIONS AND MEMBERSHIP ORGANIZATIONS**

(See reverse side for instructions.)

1. (a) NAME OF ORGANIZATION NEW YORK'S HEALTH & HUMAN SERVICE UNION 1991/5034, AFL-CIO		2. IDENTIFICATION NUMBER (Assigned by FEC) C70002258
(b) ADDRESS (Number and Street) 300 WEST 43 RD STREET		3. TYPE OF ORGANIZATION (Check Appropriate Box) <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Labor Organization <input type="checkbox"/> Membership Organization <input type="checkbox"/> Trade Association <input type="checkbox"/> Cooperative <input type="checkbox"/> Corporation without capital stock
(c) CITY, STATE AND ZIP CODE NEW YORK, NY 10036		

4. TYPE OF REPORT (Check One):
 (a) April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report
 12 Day Pre-General Election Report held on 10/21/04 in the State of NY
 January 31 Year End Report
 (b) Is this Report an Amendment? YES NO

5. THIS REPORT COVERS THE PERIOD 10/1/04 THROUGH 10/31/04

SUMMARY OF COMMUNICATION COSTS

Type of Communication	Class or Category Communicated With	Date(s) of Communication	Check One		Identify Candidate, Office Sought, District and State, and Whether for Primary or General Election	Cost of Communication (Per Candidate)
			Support	Oppose		
<input type="checkbox"/> Direct Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Telegram <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Executive/Administrative Personnel <input type="checkbox"/> Stockholders <input type="checkbox"/> Members				SEE ATTACHED	
<input type="checkbox"/> Direct Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Telegram <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Executive/Administrative Personnel <input type="checkbox"/> Stockholders <input type="checkbox"/> Members					

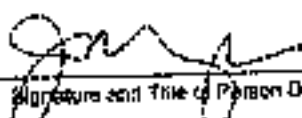
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 FEDERAL ELECTION COMMISSION
 OPERATIONS CENTER
 10/25 FEB 10 AM 03:22

(NOTE: For additional communications, attach separate sheets containing the same information as above.)

TOTAL COMMUNICATION COSTS FOR THIS PERIOD \$ 501.20

I certify that I have examined this report and, to the best of my knowledge and belief, it is true, correct and complete.

JENNIFER CUNNINGHAM
 Type or Print Name


 Signature and Title of Person Designated to Sign This Report

EXECUTIVE
 VICE PRESIDENT

2/19/05
 Date

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

WHERE TO FILE:
 Federal Election Commission
 999 E Street, N.W.
 Washington, D.C. 20463

FOR FURTHER INFORMATION CONTACT:
 Federal Election Commission
 Toll Free: 800-424-9530
 Local: 202-219-3420

List of Member Communication for FEC Form 7

Communication Type	Class or Category	Communication Date	CHECK ONE	Candidate Name	State	Office Type	Election	Cost
Telephone	Members	10/13/2004	Support	Barack Obama	New York	U.S. House of Representatives #29	General	961.19
Telephone	Members	10/13/2004	Support	Ernst, Timothy	New York	U.S. House of Representatives #1	General	\$11,178
Telephone	Members	10/13/2004	Support	Figlio, Erik	New York	U.S. House of Representatives #27	General	\$85.39
Telephone	Members	10/13/2004	Support	McCarthy, Carolyn	New York	U.S. House of Representatives #4	General	\$258.64
Total								\$504.20

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 type="checkbox"/> USPS First Class Mail	Postmarked
<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 checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>FedEx</i>	Shipping Date: <i>2/9/05</i>
<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>AM 10</i> PREPARER (5/2004)	<i>2/16/05</i> DATE PREPARED