

DISTRICT



NATIONAL UNION OF HOSPITAL AND HEALTH CARE EMPLOYEES
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President

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Executive Vice-President

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Executive Vice-President

MARGUERITE STANFORD
Secretary-Treasurer

JOHN HUNDZYNSKI
Vice President

October 17, 2014

Reports Analysis Division
Federal Election Commission
999 E Street NW
Washington, DC 20463

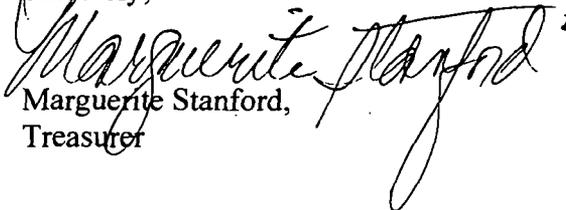
FEC Identification Number: C00034066

RE: October 15 Quarterly Report (07/01/2014-09/30/2014)

Dear Sir/Madam:

Enclosed please find the above-mentioned report.

Sincerely,


Marguerite Stanford,
Treasurer

United We Care



FROM: HNN: 41140

**FEC
FORM 3X**

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

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1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

DISTRICT 1199C NATIONAL UNION OF HOSPITAL AND HEALTH CARE EMPLOYEES

ADDRESS (number and street)

1319 LOCUST ST



Check if different than previously reported. (ACC)

PHILADELPHIA

PA

19107

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00034066

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



July 31 Mid-Year Report (Non-election Year Only) (MY)



Termination Report (TER)

(b) Monthly Report Due On:



Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)



Nov 20 (M11) (Non-Election Year Only)



Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)



Dec 20 (M12) (Non-Election Year Only)



Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the State of

XX

(d) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the State of

XX

5. Covering Period

04 / 01 / 2014

through

09 / 30 / 2014

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 Stanford

Signature of Treasurer

Marguerite Stanford

Date

10 / 01 / 2014

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

Office Use Only

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

DISTRICT 119900, NUHUCE, POLITICAL ACTION FUND

Report Covering the Period:

From:

07 ' 01 ' 2014

To:

09 ' 30 ' 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2014</u>		690.52
(b) Cash on Hand at Beginning of Reporting Period.....	690.52	
(c) Total Receipts (from Line 19)	1,000.00	1,000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1,690.52	1,690.52
7. Total Disbursements (from Line 31)	1,000.00	1,000.00
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-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	1,166.66 00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

DISTRICT 11990, NUHOLS, POLITICAL ACTION FUND

Report Covering the Period: From: MM ' DD ' YYYY 07 ' 01 ' 2014 To: MM ' DD ' YYYY 09 ' 30 ' 2014

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

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		
(i) Itemized (use Schedule A).....		
(ii) Unitemized.....	1,000.00	1,000.00
(iii) TOTAL (add Lines 11(a)(i) and (ii).....▶		
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	1,000.00	1,000.00
12. Transfers From Affiliated/Other Party Committees.....		
13. All Loans Received.....		
14. Loan Repayments Received.....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		
17. Other Federal Receipts (Dividends, Interest, etc.).....		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....		
(b) Levin Funds (from Schedule H5).....		
(c) Total Transfers (add 18(a) and 18(b))..		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	1,000.00	1,000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1,000.00	1,000.00

11-00000-11-00000

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	1,000.00	1,000.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1,000.00	1,000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	1,000.00	1,000.00

FORM 3X-1001

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Ex-
penditures

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

- 33. Total Contributions (other than loans)
(from Line 11(d), page 3)
- 34. Total Contribution Refunds
(from Line 28(d))
- 35. Net Contributions (other than loans)
(subtract Line 34 from Line 33)
- 36. Total Federal Operating Expenditures
(add Line 21(a)(i) and Line 21(b))
- 37. Offsets to Operating Expenditures
(from Line 15, page 3)
- 38. Net Operating Expenditures
(subtract Line 37 from Line 36)

1,000.00

1,000.00

11-11-11

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

DISTRICT 1199C, POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

District 1199c Political Action Fund

Nature of Debt (Purpose):

Deposited in error.
Funds disbursed.
Not available to repay.

Mailing Address

1319 Locust St.

City

State

Phila PA

Zip Code

19107

Outstanding Balance Beginning This Period

666666.00

Amount Incurred This Period

-0-

Payment This Period

-0-

Outstanding Balance at Close of This Period

666666.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

District 1199c Political Action Fund

Nature of Debt (Purpose):

Deposited in error.
Funds disbursed
Not available to repay.

Mailing Address

1319 Locust St

City

State

Philadelphia, PA

Zip Code

19107

Outstanding Balance Beginning This Period

500000.00

Amount Incurred This Period

-0-

Payment This Period

-0-

Outstanding Balance at Close of This Period

500000.00

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

1) SUBTOTALS This Period This Page (optional)..... ▶

116666.00

2) TOTALS This Period (last page this line number only)..... ▶

116666.00

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) ▶



National Union of Hospital
and Health Care Employees
AFSCME, AFT-CIO
1319 Locust Street
Philadelphia, Pa. 19107-5498

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Federal Election Commission
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<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


PREPARER
(8/2013)

10/23/14
DATE PREPARED