

FEDERAL ELECTION COMMISSION MAIL ROOM

Oct 23 9 27 AM '95

October 28, 1994

Jennifer K. Wall
Reports Analyst
Federal Election Commission
999 E Street NW
Washington, DC 20463

Identification Number: C00034066

Reference: July Quarterly Report (4/1/94-6/30/94)


Dear Ms. Wall:

The refund made to District 1199C Legal Services occurred because the check which we received in February, 1994 was mislabeled. As I explained to you on the telephone there are checks sent to the District for contributions from the employer on behalf of employees in the Legal Services Fund, and other funds as stipulated in the collective bargaining agreement. In addition we have voluntary checkoff at many of our institutions for members to make a \$5.00 contribution once yearly which is then transmitted to the Political Action Fund. These contributions are made in the unitemized column of the report, because they are from individuals who have voluntarily contributed \$5.00.

In the above, the check which came in was labeled for the Political Action Fund, which was deposited. The error was not discovered until April, 1994 because the institution in question then became delinquent in its payment to the Legal Services Fund. As soon as we were informed of the error, the refund was made to them and was reported as indicated.

I hope that this satisfactorily answers the questions that were raised in your letter.

Sincerely,


Marguerite Morrison, Treasurer

2
3
4
5
6
7
8
9

DISTRICT
1199C

Political Action Fund 1319 Locust Street, Philadelphia, Pa. 19107 (215) 735-1300

HENRY NICHOLAS, Chairperson
MARGUERITE MORRISON, Treasurer

October 3, 1994

Jennifer K. Wall, Reports Analyst
Reports Analysis Division
Federal Election Commission
999 E Street NW
Washington, DC 20463


Identification Number: C00034066

Reference: October Quarterly Report (7/1/94-9/30/94)

Dear Ms. Wall:

Enclosed please find the above-mentioned report.

Sincerely,


Marguerite Morrison,
Treasurer

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) DISTRICT 1199C, NATIONAL UNION OF HOSPITAL AND HEALTH CARE EMPLOYEES POLITICAL ACTION FUND		2. FEC IDENTIFICATION NUMBER C00034066
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1319 LOCUST STREET		
CITY, STATE and ZIP CODE PHILADELPHIA, PA 19107		
3. <input checked="" 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 |

Twelfth day report preceding _____ (Type of Election)

election on _____ in the State of _____

Thirtieth day 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>7/1/94</u> through <u>9/30/94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ 3,123.71
(b) Cash on Hand at Beginning of Reporting Period	\$ 3,297.18	
(c) Total Receipts (from Line 18)	\$ 13,354.00	\$ 48,157.47
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 16,651.18	\$ 51,281.18
7. Total Disbursements (from Line 30)	\$ 15,000.00	\$ 49,630.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 1,651.18	\$ 1,651.18
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 202-219-3420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ -0-	

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		Date
Signature of Treasurer: 		10/3/94

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 AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE DISTRICT 1199C NUHHC POLITICAL ACTION		REPORT COVERING PERIOD FROM 7/1/94 TO 9/30/94	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		-0-	2,000.00
ii. Unitemized		3,354.00	24,157.47
iii. Total (add i and ii) >		3,354.00	26,157.47
b. Political Party Committees		-0-	-0-
c. Other Political Committees (such as PACs)		-0-	12,000.00
d. Total Contributions (add a ii, b and c) >		3,354.00	38,157.47
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, Rebates, etc.)		-0-	-0-
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		10,000.00	10,000.00
17. Other Federal Receipts (Dividends, Interest, etc.)		-0-	-0-
18. Transfers from Nonfederal Account for Joint Activity		-0-	-0-
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		13,354.00	48,157.47
20. Total Federal Receipts (subtract line 18 from line 19) >		-0-	-0-
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share		-0-	-0-
ii. Non-Federal Share		-0-	-0-
b. Other Federal Operating Expenditures		-0-	-0-
c. Total Operating Expenditures (add a i, a ii, and b) >		-0-	-0-
22. Transfers to Affiliated/Other Party Committees		-0-	-0-
23. Contributions to Federal Candidates/Committees and Other Political Committees		-0-	5,000.00
24. Independent Expenditures (use Schedule E)		-0-	-0-
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		-0-	-0-
26. Loan Repayments Made		-0-	-0-
27. Loans Made		-0-	-0-
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees		-0-	-0-
b. Political Party Committees		-0-	-0-
c. Other Political Committees (such as PACs)		12,000.00	12,000.00
d. Total Contribution Refunds (add a, b and c) >		12,000.00	12,000.00
29. Other Disbursements		3,000.00	33,630.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 29d, and 29) >		15,000.00	44,630.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		-0-	-0-
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)		3,354.00	38,157.47
33. Total Contribution Refunds (from line 28d)		12,000.00	12,000.00
34. Net Contributions (other than loans) (subtract line 33 from line 32)		8,646.00	26,157.47
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		-0-	-0-
36. Offsets to Operating Expenditures (from line 15)		-0-	-0-
37. Net Operating Expenditures (subtract line 36 from line 35) >		-0-	-0-

9 3 3 0 4 3 5

SCHEDULE A

ITEMIZED RECEIPTS

Use expense schedule(s) for each category of the Detailed Summary Page

PAGE 3 OF 5

FOR LINE NUMBER

16

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)

A. Full Name, Mailing Address and ZIP Code
FRIENDS OF CATHERINE BAKER KNOLL
660 BOAS STREET, SUITE 1110
HARRISBURG, PA 17102

Name of Employer **Candidate:**

Catherine Baker Knoll

Date (month, day, year)

7/21/94

Amount of Each Receipt this Period

10,000.00

Receipt For: Primary General

Other (specify): **Refund of Contribution**

Occupation **PA STATE TREASURER**

Aggregate Year-to-Date > \$ **10,000.00**

B. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

Aggregate Year-to-Date > \$

Receipt For: Primary General

Other (specify):

C. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

Aggregate Year-to-Date > \$

Receipt For: Primary General

Other (specify):

D. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

Aggregate Year-to-Date > \$

Receipt For: Primary General

Other (specify):

E. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

Aggregate Year-to-Date > \$

Receipt For: Primary General

Other (specify):

F. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

Aggregate Year-to-Date > \$

Receipt For: Primary General

Other (specify):

G. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

Aggregate Year-to-Date > \$

Receipt For: Primary General

Other (specify):

SUBTOTAL of Receipts This Page (optional)

10,000.00

TOTAL This Period (last page this line number only)

2 3 0 3 0 0 4 3 6

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 4 OF 5

FOR LINE NUMBER

280

Any information copied from such Reports and Statements may not be 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 FNR)

DISTRICT 11990, NUHCE POLITICAL ACTION FUND

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
COUNCIL IS APSOME POLITICAL ACTION FUND 4031 EXECUTIVE-PARK DRIVE HARRISBURG, PA 17111-1599	Refund of Contribution	7/29/94	12,000.00
B. 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
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)

12,000.00

2 5 0 3 0 1 4 3 3 1 7

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 5 OF 5
FOR LINE NUMBER 29

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 1199C, NUHCOE POLITICAL ACTION FUND

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRIENDS TO ELECT CHRISTINE TARTAGLIONE 1407 VAN KIRK STREET PHILADELPHIA, PA 19149	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/19/94	500.00
FRIENDS OF CATHERINE BAKER KNOLL 660 BOAS STREET, SUITE 110 HARRISBURG, PA 17102	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/22/94	1000.00
FRIENDS OF MARK SINGEL P.O. BOX 11624 HARRISBURG, PA 17108	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/27/94	1000.00
UNITED BLACK DEMOCRATIC WARD LEADERS 236 N. 59th ST. PHILA. PA 19139	Tickets for Reception Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/29/94	500.00
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)

3,000.00

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

The Commission has added this page to the end of this filing to indicate how it was received.

Hand Delivered DATE OF RECEIPT

First Class Mail POSTMARKED
10/20/95

Registered/Certified Mail POSTMARKED

No Postmark

Postmark Illegible

Received from the House Office of Records and Registration DATE OF RECEIPT

Received from the Senate Office of Public Records DATE OF RECEIPT

Other (Specify): POSTMARKED
and/or DATE OF RECEIPT

E.S. 10/23/95
PREPARER DATE PREPARED

2
3
4
5
6
7
8
9