

DISTRICT
1199C

Political Action Fund 1319 Locust Street, Philadelphia, PA 19107 (215) 765-1800

HENRY NICHOLAS, Chairperson
MARGUERITE MORRISON, Treasurer

February 22, 1994

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

RE: District 1199C, NUHCE Political Action Fund Report
Mid-Year Report and End of Year Report

Dear Ms. Wall:

Enclosed find the revised Mid-Year Report (1/1/93-6/30/93). It addresses all of the items that you referred to except the issue regarding the Legal Services Fund check which was deposited into the Political Action Fund in error. The contribution which you indicated should be shown on Schedule A, is, in fact, contributions which are made, by way of a check-off authorization, deductions which occur once a year and forwarded to us by the institution. These deductions are made by individuals and do not exceed \$25.00, most being \$5.00 per year.

I hope that this addresses the issues that you raised in your letter. I am also enclosing a revised End of Year Report (7/1/93-12/31/93) to reflect the changes that you indicated. If there is anything further that you require, please advise. Thank you.

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. **C00034066** **112991**
MARGUERITE MORRISON
DISTRICT 1199C NAT'L UNION OF
HOSPITAL & HEALTH CARE EMPLOYE
1319 LOCUST STREET
PHILA PA 19107

FEB 24 11 16 AM '94

2. FEC IDENTIFICATION NUMBER
3. This committee qualified as a multicandidate committee DURING THIS Reporting Period on (date).

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)

- 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

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 _____

Termination Report

(b) Is this Report an Amendment? YES NO

SUMMARY

5. Covering Period 1/1/93 through 6/30/93

COLUMN A This Period COLUMN B Calendar Year-to-Date

6. (a) Cash on Hand January 1, 19__		\$ 11,409.53
(b) Cash on Hand at Beginning of Reporting Period	\$ 11,409.53	
(c) Total Receipts (from Line 19)	\$ 9,344.07	\$ 9,344.07
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 20,753.60	\$ 20,753.60
7. Total Disbursements (from Line 30)	\$ 11,959.92	\$ 11,959.92
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 8,793.68	\$ 8,793.68
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)	\$ -0-	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20483
Toll Free 800-424-9530
Local 202-376-3120

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
Marguerite Morrison

Date
2/22/94

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

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DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD	
DISTRICT 1992 POLITICAL ACTION FUND		FROM 1/1/92	TO 6/30/92
		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)	500.00	500.00	
ii. Unitemized	8844.07	8844.07	
iii. Total (add i and ii) >	9344.07	9344.07	
b. Political Party Committees	-0-	-0-	
c. Other Political Committees (such as PACs)	-0-	-0-	
d. Total Contributions (add a i, b and c) >	-0-	-0-	
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	-0-	-0-	
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) >	9344.07	9344.07	
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	3200.00	3200.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees	500.00	500.00	
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	85.00	85.00	
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)	-0-	-0-	
d. Total Contribution Refunds (Add a, b and c) >	-0-	-0-	
29. Other Disbursements	8174.92	8174.92	
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	11959.92	11959.92	
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)	-0-	-0-	
33. Total Contribution Refunds (from line 28d)	-0-	-0-	
34. Net Contributions (other than loans) (subtract line 33 from 32)	-0-	-0-	
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 35) >	-0-	-0-	

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 7
FOR LINE NUMBER 11(a)

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, NUHICE, POLITICAL ACTION FUND

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES S. WHITE 503 CATHERINE ST. PHILA PA 19146	TEMPLE UNIVERSITY	6/17/93	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: EXECUTIVE VICE PRESIDENT	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

9 4 3 8 3 4 6 4 5

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 7
FOR LINE NUMBER 22

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NAME OF COMMITTEE (in Full)

DISTRICT 1199C, NUHCE, POLITICAL ACTION FUND

2 4 3 3 8 3 4 6 4 6

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AFSCME PEOPLE 1625 L ST. N.W. WASHINGTON, DC 20036	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Pol. Action Fund	1/6/93	\$2000.00
AFSCME PEOPLE 1625 L ST. N.W. WASHINGTON, DC 20036	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Pol. Action Fund	3/9/93	\$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 CRNPAC 300 S. Park Ave. Suite 130 Pomona, CA 91766-1501	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Pol. Action Fund	3/19/93	\$200.00
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)

\$3200.00

TOTAL This Period (last page this line number only)

\$3200.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 5 OF 7
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

DISTRICT 1199C^N POLITICAL ACTION FUND

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
LYNN YEAKEL FOR U.S. SENATE DEBT RETIREMENT 1735 MARKET ST. 35 th FL. HILLS PA 19103	FUNDRAISER Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/23/93	\$500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

2 4 0 3 8 3 4 6 4 7

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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 DISTRICT 1199C LEGAL SERVICES FUND 1319 LOCUST STREET PHILA. PA 19107	Purpose of Disbursement Money deposited in error Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Wrong account	Date (month, day, year) 1/31/93	Amount of Each Disbursement This Period \$5386.16
B. Full Name, Mailing Address and ZIP Code MONTEO GRAPHICS 131 E. 10th ST. CONSHOHOCKEN, PA 19428	Purpose of Disbursement 1000 BUTTONS FOR JUDGE SMITH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 2/18/93	Amount of Each Disbursement This Period 478.00
C. Full Name, Mailing Address and ZIP Code URBAN LEAGUE OF PHILA. 4601 MARKET ST. SUITE 23 PHILA. PA 19139	Purpose of Disbursement 1/2 PAGE AD - JUDGE SMITH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/24/93	Amount of Each Disbursement This Period 300.00
D. Full Name, Mailing Address and ZIP Code FRIENDS OF JANNIE L. BLACKWELL 6831 OSAGE AVE. PHILA. PA 19143	Purpose of Disbursement TICKETS TO FUNDRAISER Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/9/93	Amount of Each Disbursement This Period 200.00
E. Full Name, Mailing Address and ZIP Code Comm. to elect JUDGE DORIS A SMITH SUITE 415, ONE E. PENN CENTER PHILA. PA 19107	Purpose of Disbursement CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/10/93	Amount of Each Disbursement This Period 500.00
F. Full Name, Mailing Address and ZIP Code Comm. to elect MELVIN WAYLAND JUDGE P.O. BOX 1083 HARRISBURG PA 17108	Purpose of Disbursement CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 4/19/93	Amount of Each Disbursement This Period 500.00
G. Full Name, Mailing Address and ZIP Code CLEAR SOUND 9125 N. 6th ST. PHILA. PA 19151	Purpose of Disbursement RENTAL OF SOUND EQUIPMENT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/17/93	Amount of Each Disbursement This Period 107.70
H. Full Name, Mailing Address and ZIP Code KATHLEEN JACKSON 46 DIST. 1199C 1319 LOCUST ST. PHILA. PA 19107	Purpose of Disbursement ELECTION DAY WORKER Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/18/93	Amount of Each Disbursement This Period 50.00
I. Full Name, Mailing Address and ZIP Code SMITH-EDWARDS-DUNLAP Co. 2867 E. ALLEGHENY AVE. PHILA PA 19134	Purpose of Disbursement POLITICAL ACTION CARDS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) PRINTING	Date (month, day, year) 6/8/93	Amount of Each Disbursement This Period 653.00

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SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	8,174.92

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 1190, NUHOC POLITICAL ACTION FUND				
A. Full Name, Mailing Address and Zip Code of Debtor or Creditor EDWINA BAKER 7300 CRESHEIM ROAD PHILA. PA 19119	- 0 -	85.00	85.00	- 0 -
Nature of Debt (Purpose): TO REPAY MONIES EXPENDED FOR PRIMARY ELECTION DAY WORKER.				
B. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
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)				85.00
2) TOTAL This Period (last page this line only)				85.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).				- 0 -
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				85.00

243835449

**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

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2-18-94

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



PREPARER

2-24-94

DATE PREPARED

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