

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEB 24 11 28 AM '94

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
DISTRICT 11990 NATIONAL UNION OF HOSPITAL & HEALTH CARE EMPLOYEES P.A.F.

ADDRESS (number and street) Check if different than previously reported
1319 LOCUST ST.

CITY, STATE and ZIP CODE
PHILADELPHIA, PA 19107

2. FEC IDENTIFICATION NUMBER
C00034066

3. 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:

- 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 _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Covering Period <u>7/1/93</u> through <u>12/31/93</u>		
6. (a) Cash on Hand January 1, 19 <u>93</u>		\$ 11,409.53
(b) Cash on Hand at Beginning of Reporting Period	\$ 8793.68	
(c) Total Receipts (from Line 19)	\$ 17525.03	\$ 16,869.10
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 16,318.71	\$ 28,278.63
7. Total Disbursements (from Line 30)	\$ 13,195.00	\$ 25,154.92
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 3,123.71	\$ 3,123.71
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
600 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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.

3 4 0 3 8 3 5 4 6 5 1

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE <u>DISTRICT 11900, NIAH4C63 POLITICAL ACTION FUND</u>		REPORT COVERING PERIOD	
		FROM <u>7/1/93</u>	TO: <u>12/31/93</u>
		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-	500.00
ii. Unitemized		7525.03	16369.10
iii. Total (add i and ii) >		7525.03	16869.10
b. Political Party Committees		-0-	-0-
c. Other Political Committees (such as PACs)		-0-	-0-
d. Total Contributions (add a ii, 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) >		7525.03	16,869.10
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		12,995.00	16195.00
23. Contributions to Federal Candidates/Committees and Other Political Committees		-0-	500.00
24. Independent Expenditures (use Schedule E)		-0-	-0-
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(f)) (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)		-0-	-0-
d. Total Contribution Refunds (add a, b and c) >		-0-	-0-
29. Other Disbursements		300.00	8574.92
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		13195.00	25154.92
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		-0-	500.00
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-

2 4 0 3 8 0 5 4 6 5 2

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 4
FOR LINE NUMBER 22

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 NUHOC POLITICAL ACTION FUND

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MARYLANDERS FOR GLUNDERING 40 JOHN WARE JR. 2300 BRYN MAWR AVE. PHILA. PA 19131	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/7/93	\$250.00
B. Full Name, Mailing Address and ZIP Code FRIENDS OF CATHERINE BAKER KILL 40 PAT McCARTNEY 526 HAMILTON ROAD MARION, PA 19066	CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/23/93	\$500.00
C. Full Name, Mailing Address and ZIP Code PHILA. AFL-CIO COPE 1225 VINE ST. PHILA. PA 19107	TICKETS FOR COPE BAND Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/3/93	\$2800.00
D. Full Name, Mailing Address and ZIP Code FRIENDS OF W. CURTIS THOMAS 528 G. TULPEHOCKEN ST. PHILA. PA 19131	CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/15/93	6500.00
E. Full Name, Mailing Address and ZIP Code BILL CAMPBELL FOR MAYOR-ATLANTA 40 DIST. 1199C 1319 LOCUST ST. PHILA. PA 19107	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/23/93	\$245.00
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 FRIENDS OF MARK SINGEL P.O. BOX 11624 HARRISBURG, PA 17108	CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/93	\$5000.00
H. Full Name, Mailing Address and ZIP Code COMMITTEE FOR DAVID DINKINS 40 AFSCME 1625 L ST. NW, WASHINGTON, DC 20036	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20/93	\$3500.00
I. Full Name, Mailing Address and ZIP Code DEMOCRATIC CAMPAIGN COMM. OF PHILA 1425 WALNUT ST. PHILA. PA 19102	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/15/93	\$200.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

12,995.00

3
4
5
6
7
8
9
0
1
2

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)

DISTRICT 1199C NUHHOE POLITICAL ACTION FUND

2
4
0
3
8
6
5
4
6
5
4

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PENNSYLVANIA NOW c/o PHILA-NOW 1215 CHESTNUT ST. PHILA-PA 19107	AD IN PROGRAM BOOK Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>93 CONVENTION</u>	9/28/93	\$500.00
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)	\$ 200.00
TOTAL This Period (last page this line number only)	

**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

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

[Signature]
 PREPARER

2-24-94
 DATE PREPARED

2
4
3
8
3
5
4
6
5
0