DISTRICT
1199J
National Union of Hospital and
Health Care Employees, AFSCME, AFL-CIO
Robert Treat Center
50 Park Place, 6th Floor
Newark, New Jersey 07102
(201) 624-1199
FAX: (201) 622-0801

RECEIVED
FEDERAL ELECTION
COMMISSION
ADMINISTRATIVE
JUL 14 10 21 AM '95

Victor Garcia
President
Joseph Franklin
Secretary Treasurer
Myrtle Hartsfield
1st Vice President
Virginia Stephens, R.N.
2nd Vice-President
Susan M. Cleary
3rd Vice-President
Jammetta Seabrook
4th Vice-President

July 13, 1995

Federal Election Commission
999 East Street, N.W.
Washington, D.C. 20463

RE: C00079327 District 1199J, N.U.H.H.C.E.
AFSCME, AFL-CIO Political Action Committee
Amended April 1, 1995 through June 30, 1995

Dear Gentlepeople:

Enclosed, please find our Amended Quarterly Report covering the period of April 1, 1995, through June 30, 1995.

If you have any questions, please let me know.

Sincerely,

Joseph Franklin
Secretary-Treasurer

lm

Enclosure

VIA FEDERAL EXPRESS

95037122675

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION COMMISSION
ADMINISTRATIVE DIVISION
JUL 14 10 21 AM '95

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
DISTRICT 1199J, N.U.H.H.C.E. AFSCME, ALF-CIO
POLITICAL ACTION FUND

ADDRESS (number and street) ☐ Check if different than previously reported
THE ROBERT TREAT CENTER
50 PARK PLACE, 6TH FLOOR

CITY, STATE and ZIP CODE
NEWARK, NEW JERSEY 07102

2. FEC IDENTIFICATION NUMBER
C00079327

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
5. Covering Period 4/1/95 through 6/30/95		
6. (a) Cash on Hand January 1, 1995		$ 3,918.26
(b) Cash on Hand at Beginning of Reporting Period	$ 10,301.26	
(c) Total Receipts (from Line 19)	$ 3,171.00	$ 9,704.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 13,472.26	$ 13,622.26
7. Total Disbursements (from Line 30)	$ 220.00	$ 370.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 13,252.26	$ 13,252.26
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)	$ 4,149.42	

For further information contact:
Federal Election Commission
999 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
JOSEPH FRANKLIN

Signature of Treasurer: Joseph L Franklin
Date: July 13, 1995

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

FEC FORM 3X
(revised 8/93)

FE4AN101

9 5 0 3 7 1 2 2 6 0 6

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page ___ of ___ for
LINE NUMBER _____
(Use separate schedules for each numbered line)

Name of Committee (in Full) DISTRICT 1199J, NUHHCE AFSCME AFL-CIO PAC	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor DISTRICT 1199J 50 PARK PLACE, 6TH FLOOR NEWARK, NEW JERSEY 07102	$4,149.42	-0-	-0-	$4,149.42
Nature of Debt (Purpose): ADVANCE MONEYS FOR A FUND RAISER				
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)				$4,149.42
2) TOTALS This Period (last page in this line only)				$4,149.42
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)				$4,149.42

FE4AN101

9 5 0 3 9 0 2 2 6 0 7

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 7/14/95
☐	First Class Mail	POSTMARKED
☐	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

J. A. U.
PREPARER

7/14/95
DATE PREPARED

FEC FORM 70-2 (12/92)

9 5 0 3 9 1 2 2 5 1 8