

DISTRICT
1199C

Political Action Fund

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

HENRY NICHOLS, Chairperson
MARGUERITE MORRISON, Treasurer

April 12, 1994

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

RE: District 1199C, NUHHCE Political Action Fund Report
End-of-Year Report, Mid-Year Report
April Quarterly Report


Dear Ms. Wall:

I am enclosing the Amended End-of-Year Report (7/1/93-12/31/93) which you cited in your letter to me which I received on April 6, 1994. I have made the changes, i.e. totalling line 11(d), Columns A & B. I noticed that it was not totalled in the previous report, so I am enclosing that also.

You also mentioned that contributions to federal candidates should be done on line 23, and non-federal candidates on line 29. I understand that this did not require any changes, but was for future reporting.

Since the end of the reporting period for the Quarterly Report is so close, I am also enclosing that report. Thank you for your assistance.

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, NAT'L UNION OF HOSP. & HEALTHCARE EMPLOYEES	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1319 LOCUST STREET	2. FEC IDENTIFICATION NUMBER C0034066
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) 11/29/91

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>1/1/94</u> through <u>3/31/94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ 3,123.71
(b) Cash on Hand at Beginning of Reporting Period	\$ 3,123.71	
(c) Total Receipts (from Line 18)	\$ 22,164.90	\$ 22,164.90
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 25,288.61	\$ 25,288.61
7. Total Disbursements (from Line 30)	\$ 17,150.00	\$ 17,150.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 8,138.61	\$ 8,138.61
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 800 E Street, NW Washington, DC 20483 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	
Signature of Treasurer 	Date 4/12/94

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

FEC FORM 3X

(revised 9/83)

FECFORM101

9 4 0 3 8 9 2 4 3 7 5

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

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD	
DISTRICT 1990, NUHCE, POLITICAL ACTION FUND		FROM 11/1/94	TO 3/31/94
		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 -	- 0 -
	ii. Unitemized	10,164.90	10,164.90
	iii. Total (add i and ii) >	10,164.90	10,164.90
	b. Political Party Committees	- 0 -	- 0 -
	c. Other Political Committees (such as PACs)	12,000.00	12,000.00
	d. Total Contributions (add a, b and c) >	22,164.90	22,164.90
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) >	22,164.90	22,164.90
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	5,000.00	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. Individuals/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	12,150.00	12,150.00
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	17,150.00	17,150.00
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)	22,164.90	22,164.90
33.	Total Contribution Refunds (from line 28d)	- 0 -	- 0 -
34.	Net Contributions (other than loans) (subtract line 33 from 32)	22,164.90	22,164.90
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 -

9 4 0 3 8 9 2 4 3 7 6

11(a)(ii)
11(a)(i)
11(a)(ii)
11(b)
11(c)
11(d)
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21(a)(ii)
21(a)(i)
21(b)
21(c)
22
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26
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28(a)
28(b)
28(c)
28(d)
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37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 5
FOR LINE NUMBER 110

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, NUHCE, Political Action Fund

A. Full Name, Mailing Address and ZIP Code

AFSCME Council 13 Political Action Fund
4081 EXECUTIVE PARK DRIVE
HARRISBURG, PA 17111-1599

Name of Employer

AMERICAN FEDERATION OF STATE, COUNTY & MUNICIPAL EMPLOYEES

Date (month, day, year)

3/23/94

Amount of Each Receipt this Period

\$12,000.00

Receipt For: Primary General
 Other (specify):

Occupation
LABOR ORGANIZATION
Aggregate Year-to-Date \$12,000.00

B. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Receipt For: Primary General
 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: Primary General
 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: Primary General
 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: Primary General
 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: Primary General
 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: Primary General
 Other (specify):

Occupation
Aggregate Year-to-Date \$

SUBTOTAL of Receipts This Page (optional)

12,000.00

TOTAL This Period (see page this line number only)

94038924377

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 5
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

DISTRICT 1199C, NUHHCW, POLITICAL ACTION FUND

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FATTAH FOR CONGRESS 2043 WALNUT STREET PHILA. PA 19104	QUAKA FATTAH - HOUSE OF REPRESENTATIVES 2ND DISTRICT - PENNSYLVANIA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General \$5,000.00	3/23/94	5,000.00
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

94038924378

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	5,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 5 OF 5
FOR LINE NUMBER 27

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, NUHHC, 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 OF STATE REP. W. CURTIS THOMAS 511 N. BROAD, FIRST FL. PHILA. PA 19107	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/21/94	2,000.00
DISTRICT 1199T 50 PARK PLACE NEWARK, NJ 07102	Tickets to Political Fundraiser Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Annual Event	2/25/94	150.00
CATHERINE BAKER KROLL FOR GOVERNOR P.O. Box 480 HARRISBURG, PA 17108-0480	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/23/94	10,000.00
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)

12,150.00

94038924379

**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
4-15-94

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

JCS.
 PREPARER

4-18-94
 DATE PREPARED

94038924330