

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
2012 NOV -7 AM 10:33

FF Office Use Only CENTER

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

DISTRICT 1199C NATIONAL UNION OF HOSPITAL AND HEALTH CARE EMPLOYEES

ADDRESS (number and street)

1319 LOCUST STREET



Check if different than previously reported. (ACC)

PHILADELPHIA

PA

19107

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00034066

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



July 31 Mid-Year Report (Non-election Year Only) (MY)



Termination Report (TER)

(b) Monthly Report Due On:



Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)



Nov 20 (M11) (Non-Election Year Only)



Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)



Dec 20 (M12) (Non-Election Year Only)



Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the State of

XX

(d) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the State of

XX

5. Covering Period

07 / 01 / 2012

through

03 / 31 / 2012

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 STANFORD

Signature of Treasurer

*Marguerite Stanford*

Date

11 / 06 / 2012

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

Office Use Only

FEC FORM 3X  
Rev. 12/2004

12030950881

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

DISTRICT 1199C, NUH HOB, POLITICAL ACTION FUND

Report Covering the Period:

From:

01 ' 01 ' 2012

To:

03 ' 31 ' 2012

COLUMN A  
This Period

COLUMN B  
Calendar Year-to-Date

6. (a) Cash on Hand January 1,	2012	690.52
(b) Cash on Hand at Beginning of Reporting Period.....	690.52	
(c) Total Receipts (from Line 19) .....	-0-	-0-
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	690.52	690.52
7. Total Disbursements (from Line 31).....	-0-	-0-
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	690.52	690.52
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) .....	116,666.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

12030950882

**SCHEDULE D (FEC Form 3X)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**DISTRICT 1199C, POLITICAL ACTIONS FUND**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**District 1199c Political Action Fund**

Nature of Debt (Purpose):

**Deposited in error.  
 Funds disbursed.  
 Not available to repay.**

Mailing Address

**1319 Locust St.**

City

**Phila PA**

State

Zip Code

**19107**

Outstanding Balance Beginning This Period

**66666.00**

Amount Incurred This Period

**-0-**

Payment This Period

**-0-**

Outstanding Balance at Close of This Period

**66666.00**

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**District 1199c Political Action Fund**

Nature of Debt (Purpose):

**Deposited in error.  
 Funds disbursed  
 Not available to repay.**

Mailing Address

**1319 Locust St**

City

**Philadelphia, PA**

State

Zip Code

**19107**

Outstanding Balance Beginning This Period

**50000.00**

Amount Incurred This Period

**-0-**

Payment This Period

**-0-**

Outstanding Balance at Close of This Period

**50000.00**

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

**0.00**

Amount Incurred This Period

**0.00**

Payment This Period

**0.00**

Outstanding Balance at Close of This Period

**0.00**

1) SUBTOTALS This Period This Page (optional)..... ▶

**116666.00**

2) TOTALS This Period (last page this line number only)..... ▶

**116666.00**

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶

**0.00**

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**116666.00**

12030950883

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked  
Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *VPS* Shipping Date  
*11/6/12*  
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked



PREPARER  
(3/2005)

*11/6/12*  
DATE PREPARED

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