

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. <b>C00034066</b> <span style="float: right;"><b>112991</b></span> <b>MARGUERITE MORRISON</b> <b>DISTRICT 1199C NAT'L UNION OF</b> <b>HOSPITAL &amp; HEALTH CARE EMPLOYE</b> <b>1319 LOCUST STREET</b> <b>PHILA PA 19107</b>	2. <b>FEC IDENTIFICATION NUMBER</b>  3. <input type="checkbox"/> This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).
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### 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>1/1/93</u> through <u>6/30/93</u>		
6. (a) Cash on Hand January 1, 19 <u>92</u>		\$ 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 20463  
 Toll Free 800-424-9530  
 Local 202-576-3120

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

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 1/1/91)

9 4 0 3 8 9 2 4 8 3 1

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

(revised 1/1/91)

NAME OF COMMITTEE: DISTRICT 1192 POLITICAL ACTION FUND REPORT COVERING PERIOD FROM: 11/1/92 TO: 6/30/92

**I. Receipts**

	COLUMN A Total This Period	COLUMN B Calendar Year
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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 ii, b and c) >	9344.07	9344.07
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. 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	8174.92	8174.92
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 29d, 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-

9 4 0 3 8 9 2 4 8 8 2

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules 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 199C, NUHUCE, 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 803 CATHERINE ST. PHILA PA 19146	TEMPLE UNIVERSITY	6/17/98	\$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 > \$	

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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 schedules for each category of the Detailed Summary Page

PAGE 4 OF 7

FOR LINE NUMBER 82

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	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) <i>Pol. Action Fund</i>	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) <i>Pol. Action Fund</i>	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) <i>Pol. Action Fund</i>	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

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 5 OF 9  
FOR LINE NUMBER 013

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NAME OF COMMITTEE (in Full)

DISTRICT 11990<sup>CA</sup> <sup>NUHCE</sup> 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. 36 <sup>TH</sup> FL MIAMI FL 33133	FUNDRAISER Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/23/12	\$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)	
TOTAL This Period (last page this line number only)	500.00

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 6 OF 7  
FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

940338724336

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DISTRICT 1199C LEGAL SERVICES FUND 1319 LOCUST STREET PHILA. PA 19107	Money deposited in error Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Wrong account	1/31/93	\$5386.16
B. Full Name, Mailing Address and ZIP Code MONTCO 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):	2/18/93	478.06
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):	3/24/93	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):	3/9/93	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):	3/10/93	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):	4/19/93	500.00
G. Full Name, Mailing Address and ZIP Code CLEAR SOUND 3125 N. 68th 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):	5/17/93	107.76
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):	5/18/93	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	6/8/93	653.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (list 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 1199C, NUHCC POLITICAL ACTION FUND				
A. Full Name, Mailing Address and Zip Code of Debtor or Creditor EDWINA BAKER 7300 CRESSHEIM 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

94038924387

**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

*SM*  
 PREPARER

4-18-94  
 DATE PREPARED

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