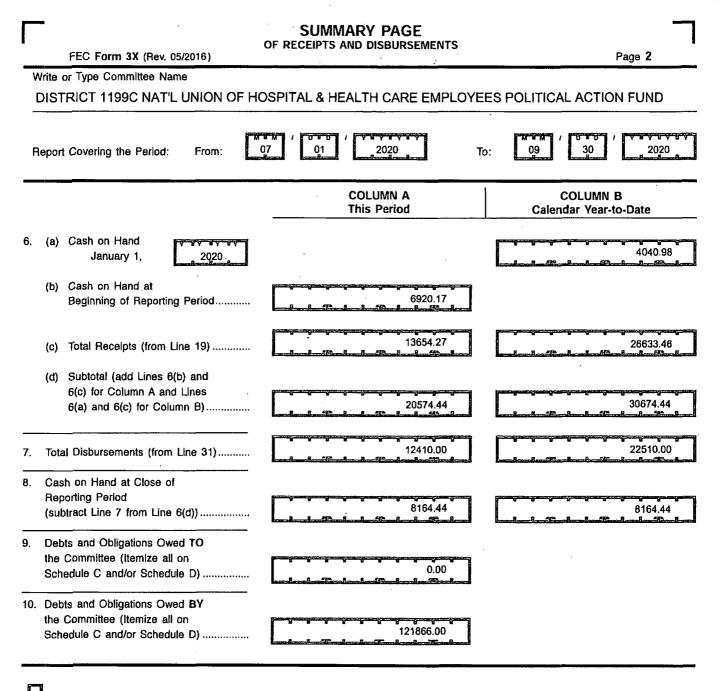
FEC FORM 3X	AND	ORT O DISBU	JRSE	MENT	S		FEC MA	CEIVED VIL CENTER 9 AM 9:50
1. NAME OF COMMITTEE (in full		R PRINT ¥		mple: If typ r the lines.	ing, type	12FE4M	15	
DISTRICT 1199C N	AT'L UNION	OF HOSPITA	L & HEAL	TH CARE	EMPLOY	EES POLIT		
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2. FEC IDENTIFICAT	ION NUMBER	•				STATE A	ZIP C	
C C00034066		3	IS THIS REPORT	×	NEW (N) OR	Al (A	MENDED	
 4. TYPE OF REPORT (Choose One) (a) Quarterly Report April 15 Quarterly Report July 15 	s:	Alonthly Report Due On: 12-Day PRE-Election	Feb 20 (M2) Mar 20 (M3) Apr 20 (M4)	Primary (12	May 20 (M5) Jun 20 (M6) Jul 20 (M7) P)	Sep	20 (M8)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R)
Quarterly R October 15 Quarterly R January 31 Year-End R	eport (Q3)	Report for th	17 - 1	Convention	(12C)	Special	(12S) in the State	
July 31 Mid Report (Nor Year Only)	-Year (d n-election (MY)) 30-Day POST-Electio Report for the		General (30	G)	Runoff (30R)	Special (30S)
Termination (TER)	Report	E	ection on	M M /	0 * 0 /	~ • • • • • •	in the State	
5. Covering Period 07 ' 01 ' 2020 through 09 ' 30 ' 2020								
Type or Print Name of Tr Signature of Treasurer								
NOTE: Submission of false	, erroneous, or li	ncomplete inform	ation may su	bject the pe	rson signing t	his Report to t	he penalties of {	52 U.S.C. § 30109.
Office Use Only							FEC FO Rev. 05	

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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

	DETAILED SUMMARY PAGE						
	FEC Form 3X (Rev. 05/2016)	of Receipts	Page 3				
	Write or Type Committee Name DISTRICT 1199C NAT'L UNION OF HOSPITAL & HEALTH CARE EMPLOYEES POLITICAL ACTION FUND						
R	Report Covering the Period: From: 07 / 01 / 2020 To: 09 30 / 2020						
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
11.	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A) (ii) Unitemized		0.00 16933.46 16933.46				
	Lines 11(a)(i) and (ii)	3954.27 Andread and the second and the second and the second second second second second second second second second s	and and the second s				
	 (b) Political Party Committees (c) Other Political Committees 	0.00					
	(c) Other Political Committees (such as PACs)	0.00	0.00				
12.	 (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	3954,27	16933.46				
13.	All Loans Received	0.00	u.uu				
	Loan Repayments Received	0.00					
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00				
	to Federal Candidates and Other Political Committees	0.00	0.00				
17.	Other Federal Receipts						
18.	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	0.00				
	(a) Non-Federal Account (from Schedule H3)	0.00					
	(b) Levin Funds (from Schedule H5)	0.00	0.00				
	(c) Total Transfers (add 18(a) and 18(b))	0.00 •• Aca III IIII III IIII III III III III III III III III II	0.00				
19.	Total Receipts (add Lines 11(d),						
	12, 13, 14, 15, 16, 17, and 18(c))	13654.27	26633.46				
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	13654.27	26633.46				

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 05/2016) II. Disbursements

COLUMN A

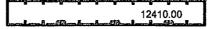
COLUMN B Calendar Year-to-Date

21. Operating Expenditures: (a) Allocated Federal/Non-Federal

- Activity (from Schedule H4) (I) Federal Share
- (ii) Non-Federal Share.....
- (b) Other Federal Operating Expenditures (c) Total Operating Expenditures
- (add 21(a)(i), (a)(ii), and (b)) 22. Transfers to Affiliated/Other Party
- Committees..... Contributions to 23. Federal Candidates/Committees and Other Political Committees.....
- Independent Expenditures 24. (use Schedule E) Coordinated Party Expenditures (52 U.S.C. § 30116(d)) 25. (use Schedule F).....
- 26. Loan Repayments Made
- 27. Loans Made 28. **Refunds of Contributions To:** Individuals/Persons Other (a) Than Political Committees
 - (b) Political Party Committees
 - (c) Other Political Committees (such as PACs).....
 - **Total Contribution Refunds** (d) (add Lines 28(a), (b), and (c))..........
- 29. Other Disbursements (Including Non-Federal Donations).....
- 30. Federal Election Activity (52 U.S.C. § 30101(20))
 - (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share

- (ii) "Levin" Share..... (b) Federal Election Activity Paid Entirely With Federal Funds
- (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))
- 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ...
- 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....

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DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) III. Net Contributions/ Operating Expenditures

COLUMN A Total This Period

COLUMN B Calendar Year-to-Date

Page 5

33.	Total Contributions (other than loans)
	(from Line 11(d), page 3)

- 34. Total Contribution Refunds (from Line 28(d))
- 35. Net Contributions (other than loans) (subtract Line 34 from Line 33)
- 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶
- 37. Offsets to Operating Expenditures (from Line 15, page 3).....
- 38. Net Operating Expenditures (subtract Line 37 from Line 36)

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ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the	(check only one)			
11	ENIZED RECEIPTS		Detailed Summary Page	11a 11b 11c X 12			
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	NAME OF COMMITTEE (In Full) DISTRICT 1199C NAT'L UNION OF H	IOSPITA	L & HEALTH CARE EMPL	OYEES POLITICAL ACTION FUND			
Α.	Full Name of Individual (Last, First, Middle Initial AMERICAN FEDERATION OF STATE CO			Date of Receipt			
	Malling Address 1625 L STREET NW	- -	······	09 30 2020			
	City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SA122147483619 Amount of Each Receipt this Period			
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	Other (specify) v		9700.00				
в.	Full Name of Individual (Last, First, Middle Initial) or Full O	rganization Name	Date of Receipt			
	Mailing Address						
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	Name of Employer (for Indivídual)	Occi	upation (for Individual)	Memo Item			
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	Primary General Other (specify) ▼		A				
— c.	Full Name of Individual (Last, First, Middle Initial) or Full Or	ganization Name	Date of Receipt			
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	Mailing Address 4515 N. 15TH STREET						09 30 2020									
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C.	LASSITER, ELIZABETH, , ,					Date of Disbursement										
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FEC Schedule B (Form 3X) Rev. 05/2016

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д.	36 WARD COMMITTEE							- UIS 		enn	900. 790. ga	,			
	Mailing Address PO BOX 3859						09 23 2020								
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	President	Other (spec	ify)				Me	mo	ltem						
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C.	Full Name (Last, First, Middle Initial) FREINDS OF MANNY GUZMAN						Date of	Dis	burse	eme	ent				
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	Malling Address 234 S. 4TH STREET							07 28 2020							
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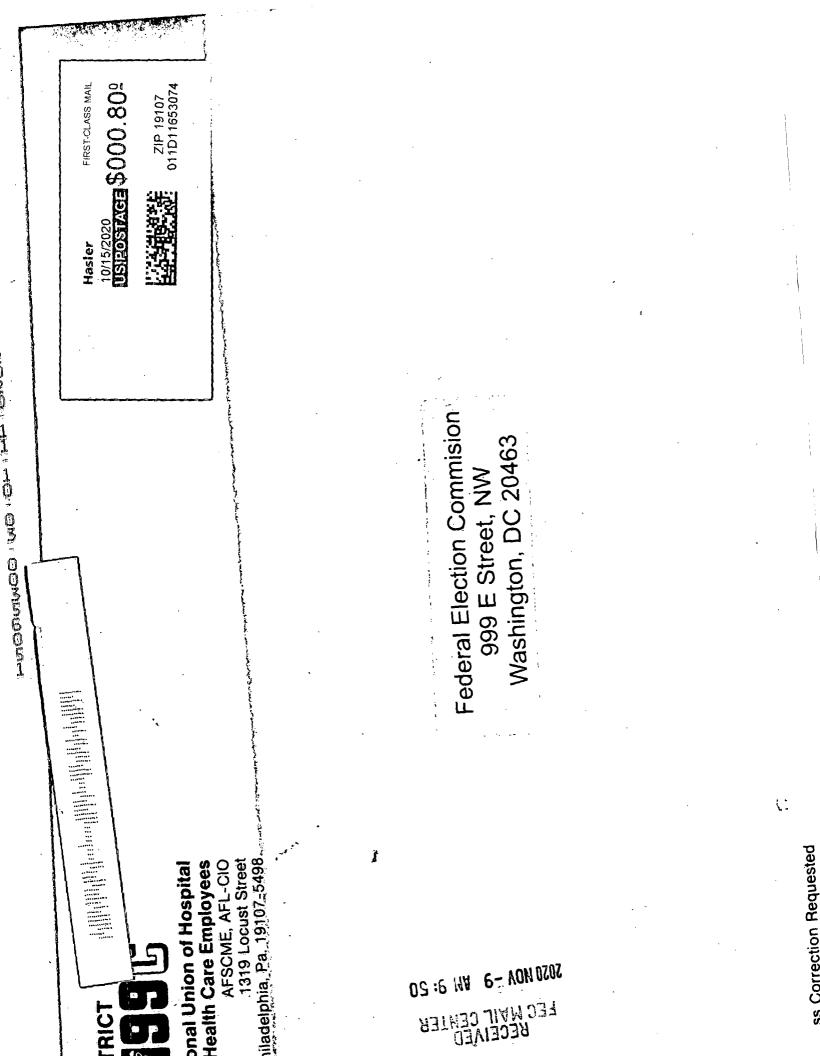
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SCHEDULE B (FEC Form 3X)

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 11 OF 12
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 21b 22 23 26 27 28a 28b 28c x 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the narr	nents may not be sold or used ne and address of any political	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
	SPITAL & HEALTH CAR	RE EMPLOYEES POLITICAL ACTION FUND
Full Name (Last, First, Middle Initial) A. FRIENDS OF MATT BRADFORD		Date of Disbursement
Mailing Address PO BOX 349		08 26 2020
City S NORRISTOWN Purpose of Disbursement CONTRIBUTION	State Zip Code PA 19401	FEC Identification Number
Candidate Name Office Sought: House Disburser		Category/ Type 1000.00
Senate	Primary General Other (specify) ▼	Memo Item
Full Name (Last, First, Middle Initial) B. FRIENDS OF SHARIF STREET, ,	, ,	Date of Disbursement
Mailing Address 1421 WEST SUSQUEHANNA AVE	ENUE	07 24 2020
	itate Zip Code PA 19121	FEC Identification Number
Candidate Name Office Sought: House Disbursem		Category/ Amount of Each Disbursement this Period Type 2500.00
	Primary General Other (specify)	Memo Item
Full Name (Last, First, Middle Initial) C. JOANNA MC CLINTON		Date of Disbursement
Mailing Address PO BOX 16668		08 14 2020
PHILADELPHIA Purpose of Disbursement	tate Zip Code PA 19139	FEC Identification Number
CONTRIBUTION Candidate Name	L	Transaction ID : SB2921474 Category/ Type
	nent For: Primary General Other (specify) ▼	500.00
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SUBTOTAL of Disbursements This Page (optional)		

FEC Schedule B (Form 3X) Rev. 05/2016

SCHEDULE D (FEC Form 3X)			(Use	separate	PAGE 12 OF 12		
				edule(s) · each ered line)	FOR LINE NUMBER: (check only one) 9 × 10		
NAME OF COMMITTEE (In Full) DISTRICT 1199C NAT'L UNION OF HOSP	ITAL & HE	ALTH CARE EM	IPLOYE	ES POL	.		
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		r		ebl (Purpose):		
DISTRICT 1199C NUHHCE PAC	C,,,,,	·		ACCOUNT	UTION DEPOSITED INTO WRONG I FUND DISBURSED ND NOT E TO BE RE-PAID		
Mailing Address 1319 LOCUST STREET							
City PHILADELPHIA	State PA	Zip Code 19107					
Outstanding Balance Beginning This Period	*****	····		Transacti	lon ID : SD10.4133		
66666.00							
Amount Incurred This Period		ment This Period			ng Balance at Close of This Period		
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	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor DISTRICT 1199C NUHHCE PAC, , , ,						
Mailing Address 1319 LOCUST STREET	,			AVAILADLI	E TO RE-PAY		
City PHILADELPHIA	State PA	Zip Code 19107					
Outstanding Balance Beginning This Period 50000.00				Transact	tion ID : SD10.4135		
Amount Incurred This Period	Pay	ment This Period		Outstandi	ng Balance at Close of This Period		
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C. Full Name (Last, First, Middle Initial) of Debtor of DISTRICT 1199C NUHHCE PAC			· ·	EXCESSIV	ebt (Purpose): /E CONTRIBUTION REQUEST JND MADE		
Mailing Address 1319 LOCUST STREET							
City PHILADELPHIA	State PA	Zip Code 19107					
Outstanding Balance Beginning This Period 5200.00	.	ł	J.	Transact	tion ID : SD10.4136		
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4) ADD 2) and 3) and carry forward to appropriate lin	ne of Summar	y Page (last page or	nty) 🕨		121866.00		



Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMI The FEC added this page to the end of this filing to indica	
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Postmarked	Date of Receipt
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USPS Registered/Certified	Postmarked (R/C)
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Overnight Delivery Service (Specify):	Shipping Date
Next Busin	ness 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):	of Receipt or Postmarked
BREDARER	11/10/20
PREPARER (3/2015)	DATE PREPARED

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