

**FEC  
FORM 3X**

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

PAGE 1 / 12  
**RECEIVED**  
FEC MAIL CENTER

2020 NOV -9 AM 9: 50

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

DISTRICT 1199C NAT'L UNION OF HOSPITAL & HEALTH CARE EMPLOYEES POLITICAL ACTION FUND

ADDRESS (number and street) 1319 LOCUST STREET

Check if different than previously reported. (ACC)

PHILA PA 19107

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 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 M M M / D D D / Y Y Y Y Y Y Y Y Y Y in the State of  

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

General (30G)  Runoff (30R)  Special (30S)


Election on M M M / D D D / Y Y Y Y Y Y Y Y Y Y in the State of  

5. Covering Period M M M / D D D / Y Y Y Y Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y Y Y Y Y

07 / 01 / 2020 through 09 / 30 / 2020

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 PACE, SALIMA, . .

Signature of Treasurer PACE, SALIMA, . .  Date M M M / D D D / Y Y Y Y Y Y Y Y Y Y

10 / 15 / 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

DISTRICT 1199C NAT'L UNION OF HOSPITAL & HEALTH CARE EMPLOYEES POLITICAL ACTION FUND

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>		<input type="text" value="4040.98"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="6920.17"/>	
(c) Total Receipts (from Line 19).....	<input type="text" value="13654.27"/>	<input type="text" value="26633.46"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="20574.44"/>	<input type="text" value="30674.44"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="12410.00"/>	<input type="text" value="22510.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="8164.44"/>	<input type="text" value="8164.44"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="121866.00"/>	

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**DISTRICT 1199C NAT'L UNION OF HOSPITAL & HEALTH CARE EMPLOYEES POLITICAL ACTION FUND**

Report Covering the Period: From:

MM / DD / YYYY  
07 / 01 / 2020

To:

MM / DD / YYYY  
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).....

0.00

0.00

(ii) Unitemized .....

3954.27

16933.46

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

3954.27

16933.46

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....

3954.27

16933.46

12. Transfers From Affiliated/Other Party Committees.....

9700.00

9700.00

13. All Loans Received .....

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

0.00

0.00

17. Other Federal Receipts (Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5).....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

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

11-2000-2020-10-01-01-11-2020



**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	3954.27	16933.46
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3954.27	16933.46
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	3910.00	7135.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	3910.00	7135.00

UNSUBMITTED TO THE COMMISSION

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 6 OF 12  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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 NAT'L UNION OF HOSPITAL & HEALTH CARE EMPLOYEES POLITICAL ACTION FUND

**A. AMERICAN FEDERATION OF STATE COUNTY AND MUNICIPAL EMPLOYEES**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1625 L STREET NW

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
9700.00

Date of Receipt  
09 / 30 / 2020  
Transaction ID : SA12.-2147483619

Amount of Each Receipt this Period  
9700.00

Memo Item  
TRANSFER FROM AFFILIATE

**B.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

**C.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	9700.00
TOTAL This Period (last page this line number only).....▶	9700.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 7 OF 12
	<input checked="" type="checkbox"/> 21b 28a	<input type="checkbox"/> 22 28b	<input type="checkbox"/> 23 28c	<input type="checkbox"/> 26 29	<input type="checkbox"/> 27 30b		

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 NAT'L UNION OF HOSPITAL & HEALTH CARE EMPLOYEES POLITICAL ACTION FUND**

Full Name (Last, First, Middle Initial) <b>A. BOWEN, ANDREA, , ,</b>			Date of Disbursement MM / DD / YYYY 09 / 30 / 2020		
Mailing Address 4515 N. 15TH STREET			FEC Identification Number C [ ] Transaction ID : SB21B.-2147 Amount of Each Disbursement this Period [ ] 715.00		
City PHILADELPHIA	State PA	Zip Code 19140	Category/ Type [ ]		
Purpose of Disbursement GET OUT TO VOTE		Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:	<input type="checkbox"/> Memo Item				

Full Name (Last, First, Middle Initial) <b>B. CITIZENS BANK, , , ,</b>			Date of Disbursement MM / DD / YYYY 07 / 07 / 2020		
Mailing Address P.O. BOX 7000			FEC Identification Number C [ ] Transaction ID : SB21B.-2147 Amount of Each Disbursement this Period [ ] 25.00		
City PROVIDENCE	State RI	Zip Code 02940	Category/ Type [ ]		
Purpose of Disbursement BANK FEES		Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:	<input type="checkbox"/> Memo Item				

Full Name (Last, First, Middle Initial) <b>C. CITIZENS BANK, , , ,</b>			Date of Disbursement MM / DD / YYYY 08 / 07 / 2020		
Mailing Address P.O. BOX 7000			FEC Identification Number C [ ] Transaction ID : SB21B.-2147 Amount of Each Disbursement this Period [ ] 25.00		
City PROVIDENCE	State RI	Zip Code 02940	Category/ Type [ ]		
Purpose of Disbursement BANK FEES		Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:	<input type="checkbox"/> Memo Item				

SUBTOTAL of Disbursements This Page (optional).....	[ ] 765.00
TOTAL This Period (last page this line number only).....	[ ]

UNDISBURSED: 100.00 OF 111.00 BOWEN

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)					PAGE 8 OF 12
	<input checked="" type="checkbox"/> 21b 28a	<input type="checkbox"/> 22 28b	<input type="checkbox"/> 23 28c	<input type="checkbox"/> 26 29	<input type="checkbox"/> 27 30b	

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 NAT'L UNION OF HOSPITAL & HEALTH CARE EMPLOYEES POLITICAL ACTION FUND**

Full Name (Last, First, Middle Initial) <b>A. CITIZENS BANK, , ,</b>			Date of Disbursement MM / DD / YYYY 09 / 08 / 2020		
Mailing Address P.O. BOX 7000			FEC Identification Number C [ ] Transaction ID : SB21B.-2147 Amount of Each Disbursement this Period [ ] 25.00		
City PROVIDENCE	State RI	Zip Code 02940	Category/ Type [ ]		
Purpose of Disbursement BANK FEES		Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:	<input type="checkbox"/> Memo Item				

Full Name (Last, First, Middle Initial) <b>B. GRANT, SABRINA, , ,</b>			Date of Disbursement MM / DD / YYYY 09 / 30 / 2020		
Mailing Address 8014 MICHENER AVENUE			FEC Identification Number C [ ] Transaction ID : SB21B.-2147 Amount of Each Disbursement this Period [ ] 650.00		
City PHILADELPHIA	State PA	Zip Code 19150	Category/ Type [ ]		
Purpose of Disbursement GET OUT TO VOTE		Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:	<input type="checkbox"/> Memo Item				

Full Name (Last, First, Middle Initial) <b>C. LASSITER, ELIZABETH, , ,</b>			Date of Disbursement MM / DD / YYYY 09 / 30 / 2020		
Mailing Address 1005 WALSH LANE			FEC Identification Number C [ ] Transaction ID : SB21B.-2147 Amount of Each Disbursement this Period [ ] 585.00		
City NARBERTH	State PA	Zip Code 19072	Category/ Type [ ]		
Purpose of Disbursement GET OUT TO VOTE		Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:	<input type="checkbox"/> Memo Item				

SUBTOTAL of Disbursements This Page (optional).....	[ ] 1260.00
TOTAL This Period (last page this line number only).....	[ ]



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)					PAGE 9 OF 12
	<input checked="" type="checkbox"/> 21b 28a	<input type="checkbox"/> 22 28b	<input type="checkbox"/> 23 28c	<input type="checkbox"/> 26 29	<input type="checkbox"/> 27 30b	

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 NAT'L UNION OF HOSPITAL & HEALTH CARE EMPLOYEES POLITICAL ACTION FUND**

Full Name (Last, First, Middle Initial) <b>A. MC CAULEY, JOANNE, , ,</b>			Date of Disbursement MM / DD / YYYY 09 / 30 / 2020		
Mailing Address 4812 KNOX STREET			FEC Identification Number C [ ] Transaction ID : SB21B.-2147 Amount of Each Disbursement this Period 585.00		
City PHILADELPHIA	State PA	Zip Code 19144	Category/ Type [ ]		
Purpose of Disbursement GET OUT TO VOTE		Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:	<input type="checkbox"/> Memo Item				

Full Name (Last, First, Middle Initial) <b>B. ROBINSON, JIMMY, , ,</b>			Date of Disbursement MM / DD / YYYY 09 / 30 / 2020		
Mailing Address 5311 WALTON STREET			FEC Identification Number C [ ] Transaction ID : SB21B.-2147 Amount of Each Disbursement this Period 715.00		
City PHILADELPHIA	State PA	Zip Code 19143	Category/ Type [ ]		
Purpose of Disbursement GET OUT TO VOTE		Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:	<input type="checkbox"/> Memo Item				

Full Name (Last, First, Middle Initial) <b>C. WELLS, DONNA, , ,</b>			Date of Disbursement MM / DD / YYYY 09 / 30 / 2020		
Mailing Address 1617 S. 17TH STREET			FEC Identification Number C [ ] Transaction ID : SB21B.-2147 Amount of Each Disbursement this Period 585.00		
City PHILADELPHIA	State PA	Zip Code 19145	Category/ Type [ ]		
Purpose of Disbursement GET OUT TO VOTE		Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:	<input type="checkbox"/> Memo Item				

SUBTOTAL of Disbursements This Page (optional).....	1885.00
TOTAL This Period (last page this line number only).....	3910.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)					PAGE 10 OF 12
	<input type="checkbox"/> 21b <input type="checkbox"/> 28a	<input type="checkbox"/> 22 <input type="checkbox"/> 28b	<input type="checkbox"/> 23 <input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 26 <input type="checkbox"/> 29	<input type="checkbox"/> 27 <input type="checkbox"/> 30b	

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 NAT'L UNION OF HOSPITAL & HEALTH CARE EMPLOYEES POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial) <b>A. 36 WARD COMMITTEE</b>			Date of Disbursement MM / DD / YYYY 09 / 23 / 2020		
Mailing Address PO BOX 3859			FEC Identification Number C [ ] Transaction ID : SB29.-21474E Amount of Each Disbursement this Period 2500.00		
City PHILADELPHIA	State PA	Zip Code 19146	Category/ Type		
Purpose of Disbursement CONTRIBUTION					
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. FREINDS OF CURTIS JONES</b>			Date of Disbursement MM / DD / YYYY 08 / 26 / 2020		
Mailing Address 100 S. BROAD ST, SUITE 910			FEC Identification Number C [ ] Transaction ID : SB29.-21474E Amount of Each Disbursement this Period 1000.00		
City PHILADELPHIA	State PA	Zip Code 19110	Category/ Type		
Purpose of Disbursement CONTRIBUTION					
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State:	District:				

Full Name (Last, First, Middle Initial) <b>C. FREINDS OF MANNY GUZMAN</b>			Date of Disbursement MM / DD / YYYY 07 / 28 / 2020		
Mailing Address 234 S. 4TH STREET			FEC Identification Number C [ ] Transaction ID : SB29.-21474E Amount of Each Disbursement this Period 1000.00		
City READING	State PA	Zip Code 19602	Category/ Type		
Purpose of Disbursement CONTRIBUTION					
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....▶	4500.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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 NAT'L UNION OF HOSPITAL & HEALTH CARE EMPLOYEES POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF MATT BRADFORD**

Mailing Address PO BOX 349

City NORRISTOWN State PA Zip Code 19401

Purpose of Disbursement CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 26 / 2020

FEC Identification Number

C  
Transaction ID : SB29.-21474f  
Amount of Each Disbursement this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF SHARIF STREET, , , ,**

Mailing Address 1421 WEST SUSQUEHANNA AVENUE

City PHILADELPHIA State PA Zip Code 19121

Purpose of Disbursement CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 24 / 2020

FEC Identification Number

C  
Transaction ID : SB29.-214748  
Amount of Each Disbursement this Period  
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. JOANNA MC CLINTON**

Mailing Address PO BOX 16668

City PHILADELPHIA State PA Zip Code 19139

Purpose of Disbursement CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 14 / 2020

FEC Identification Number

C  
Transaction ID : SB29.-21474i  
Amount of Each Disbursement this Period  
500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

4000.00

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

8500.00

**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 NAT'L UNION OF HOSPITAL & HEALTH CARE EMPLOYEES POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>DISTRICT 1199C NUHHCE PAC, , , ,</b>			Nature of Debt (Purpose): CONTRIBUTION DEPOSITED INTO WRONG ACCOUNT FUND DISBURSED ND NOT AVAILABLE TO BE RE-PAID
Mailing Address 1319 LOCUST STREET			
City PHILADELPHIA	State PA	Zip Code 19107	

Outstanding Balance Beginning This Period <input type="text" value="66666.00"/>	Transaction ID : SD10.4133	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="66666.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>DISTRICT 1199C NUHHCE PAC, , , ,</b>			Nature of Debt (Purpose): CONTRIBUTION DEPOSITED INTO WRONG ACCOUNT FUNDS DISBURSED AND NOT AVAILABLE TO RE-PAY
Mailing Address 1319 LOCUST STREET			
City PHILADELPHIA	State PA	Zip Code 19107	

Outstanding Balance Beginning This Period <input type="text" value="50000.00"/>	Transaction ID : SD10.4135	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="50000.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>DISTRICT 1199C NUHHCE PAC, , , ,</b>			Nature of Debt (Purpose): EXCESSIVE CONTRIBUTION REQUEST FOR REFUND MADE
Mailing Address 1319 LOCUST STREET			
City PHILADELPHIA	State PA	Zip Code 19107	

Outstanding Balance Beginning This Period <input type="text" value="5200.00"/>	Transaction ID : SD10.4136	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="5200.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="121866.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="121866.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ..... ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="121866.00"/>

ORIGINAL FILED IN PHILADELPHIA

POSTAGE WILL BE PAID BY ADDRESSEE

Hasler  
10/15/2020  
FIRST-CLASS MAIL  
US POSTAGE \$000.80  
ZIP 19107  
011D11653074



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

DISTRICT  
1996

National Union of Hospital  
Health Care Employees  
AFSCME, AFL-CIO  
1319 Locust Street  
Philadelphia, Pa. 19107-5498

RECEIVED  
FEC MAIL CENTER  
2020 NOV -9 AM 9:50

Postage Correction Requested

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Date of Receipt
Postmarked 10/15/20	11/9/20
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

PREPARER *SPM* 11/10/20  
 (3/2015) DATE PREPARED

NUMBERS 10 101 11 0NON