

**FEC
FORM 3X**

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

RECEIVED
FEDERAL ELECTION COMMISSION
2020 AUG 13 AM 11:02

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 **C** **C00034066** CITY STATE ZIP CODE
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 / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

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 Saline Paul
Signature of Treasurer [Signature] Date / /

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. 05/2018)

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:

MM / DD / YYYY
04 / 01 / 2020

To:

MM / DD / YYYY
06 / 30 / 2020

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>		4040.98
(b) Cash on Hand at Beginning of Reporting Period.....	5359.13	
(c) Total Receipts (from Line 19)	7136.04	12979.19
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	12495.17	17020.17
7. Total Disbursements (from Line 31)	5575.00	10100.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	6920.17	6920.17
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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
04 / 01 / 2020

To:

MM / DD / YYYY
06 / 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.....	7136.04	12979.19
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....	7136.04	12979.19
(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).....	7136.04	12979.19
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
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)).....	7136.04	12979.19
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....	7136.04	12979.19

2020-06-30 10:00:00 AM

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	575.00	3225.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	575.00	3225.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	5000.00	6875.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	5575.00	10100.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5575.00	10100.00

66001-10NED / 060 / 010 / 000 / 0000

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)	7136.04	12979.19
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7136.04	12979.19
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	575.00	3225.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	575.00	3225.00

FORM 3X (REV. 05/2016)

**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 checked="" 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 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. CITIZENS BANK, , , ,		Date of Disbursement MM / DD / YYYY 06 / 22 / 2020
Mailing Address P.O. BOX 7000		FEC Identification Number C [] Transaction ID : SB21B.4217 Amount of Each Disbursement this Period [] 25.00
City PROVIDENCE	State RI	Zip Code 02940
Purpose of Disbursement BANK FEE		Category/ Type []
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. STRATEGIC SOLUTIONS 2019 LLC		Date of Disbursement MM / DD / YYYY 05 / 20 / 2020
Mailing Address PO BOX 83072		FEC Identification Number C [] Transaction ID : SB21B.4214 Amount of Each Disbursement this Period [] 500.00
City PEMBROKE PINES	State FL	Zip Code 33082
Purpose of Disbursement WEBSITE DIGITAL INFRASTRUCTURE		Category/ Type []
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) C.		Date of Disbursement MM / DD / YYYY [] / [] / []
Mailing Address		FEC Identification Number C [] Amount of Each Disbursement this Period []
City	State	Zip Code
Purpose of Disbursement		Category/ Type []
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).....▶	[] 525.00
TOTAL This Period (last page this line number only).....▶	[] 525.00

DOWN-BINDING: THE ONLY WAY TO GO

**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. GREEN FOR SAFE & ACCOUNTABLE COMMUNITIES

Mailing Address 550 N. 52ND STREET

City PHILADELPHIA State PA Zip Code 19131

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
05 / 11 / 2020

FEC Identification Number

C []

Transaction ID : SB29.4212

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. NINA FOR PA

Mailing Address PO BOX 40681

City PHILADELPHIA State PA Zip Code 19107

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
05 / 27 / 2020

FEC Identification Number

C []

Transaction ID : SB29.4218

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. SHE CAN WIN

Mailing Address 8528 WILLIAM AVENUE

City PHILADELPHIA State PA Zip Code 19150

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
04 / 01 / 2020

FEC Identification Number

C []

Transaction ID : SB29.4210

Amount of Each Disbursement this Period

500.00

Memo Item

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

5000.00

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

5000.00

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

DISTRICT 1199C NUHHCE PAC, , , ,

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

86666.00

Transaction ID : SD10.4133

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

66666.00

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

DISTRICT 1199C NUHHCE PAC, , , ,

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

50000.00

Transaction ID : SD10.4135

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

50000.00

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

DISTRICT 1199C NUHHCE PAC, , , ,

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

5200.00

Transaction ID : SD10.4136

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5200.00

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

121866.00

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

121866.00

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) ▶

121866.00

NON-PAID TO BE GIVEN



DISTRICT
National Union of Hospital
and Health Care Employees

AFSCME, AFL-CIO
1319 Locust Street
Philadelphia, PA 19107-5498

PHILADELPHIA

15 JUL 20
PM 5:1



Hastler
07/16/2020
US POSTAGE \$000.50

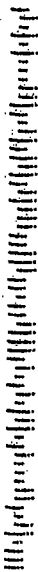
ZIP 19107
011D1165307

Federal Election Commission
1050 First Street, NE
Washington, DC 20463

RECEIVED
FEDERAL CENTER
JUL 16 2020 13 AM EDT '20

Address Correction Requested

20463-



NONPROFIT ORGANIZATION

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 Date of Receipt
7/16/20 8/13/20

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked

USPS Priority Mail Express Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
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

SPM
PREPARER

8/19/20
DATE PREPARED

2025 RELEASE UNDER E.O. 14176