

**FEC  
FORM 3X**

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

RECEIVED PAGE 1/15  
FEC MAIL CENTER  
2020 FEB -3 AM 11:06

Office Use Only

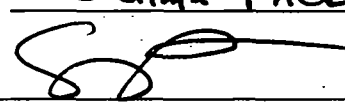
1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
DISTRICT 1199C NAT'L UNION OF HOSPITAL & HEALTH CARE EMPLOYEES POLITICAL ACTION FUND

ADDRESS (number and street) **1319 LOCUST STREET**  
 Check if different than previously reported. (ACC)  
CITY ▲ STATE ▲ ZIP CODE ▲  
**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 [ ] / [ ] / [ ] 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 **07** / **01** / **2019** through **12** / **31** / **2019**

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 **Salima PACE**  
Signature of Treasurer  Date **01** / **28** / **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.

NON-PROFIT ORGANIZATION

**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  
07 / 01 / 2019

To:

MM / DD / YYYY  
12 / 31 / 2019

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2019"/>		5875.10
(b) Cash on Hand at Beginning of Reporting Period.....	4774.22	
(c) Total Receipts (from Line 19) .....	17245.13	29394.25
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	22019.35	35269.35
7. Total Disbursements (from Line 31) .....	17978.37	31228.37
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	4040.98	4040.98
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  
07 / 01 / 2019

To:

MM / DD / YYYY  
12 / 31 / 2019

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.....	12116.76	24265.88
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	12116.76	24265.88
(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).....▶	12116.76	24265.88
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).....	5128.37	5128.37
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)).....▶	17245.13	29394.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	17245.13	29394.25

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**DETAILED SUMMARY PAGE**  
of Disbursements

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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 .....	10728.37	13878.37
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	10728.37	13878.37
22. Transfers to Affiliated/Other Party Committees .....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	1000.00	1000.00
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) .....	6250.00	16350.00
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)) ..	17978.37	31228.37
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	17978.37	31228.37

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**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) .....	12116.76	24265.88
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12116.76	24265.88
36. Total Federal Operating Expenditures (add Line 21(a)(I) and Line 21(b)) .....	10728.37	13878.37
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	5128.37	5128.37
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	5600.00	8750.00

REPRODUCED FROM THE ORIGINAL DOCUMENT

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 15
	<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
	<input checked="" type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name**  
 DISTRICT 1199C BUILDING FUND, . . .

Mailing Address 1319 LOCUST STREET

City PHILADELPHIA	State PA	Zip Code 19107
----------------------	-------------	-------------------

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 ▼  
 2889.13

Date of Receipt  
 MM / DD / YYYY  
 10 / 01 / 2019

Transaction ID : SA15.4188

Amount of Each Receipt this Period  
 2889.13

Memo Item  
 DEPOSIT IN ERROR

**B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name**  
 NATIONAL UNION OF HHCE, . . .

Mailing Address 1319 LOCUST STREET

City PHILADELPHIA	State PA	Zip Code 19107
----------------------	-------------	-------------------

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 ▼  
 2239.24

Date of Receipt  
 MM / DD / YYYY  
 10 / 15 / 2019

Transaction ID : SA15.4187

Amount of Each Receipt this Period  
 2239.24

Memo Item  
 DEPOSIT IN ERROR

**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  
 MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶

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

5128.37

5128.37

**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

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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. BOARD OF ETHICS, CITY OF PHILADELPHIA, , ,</b>		Date of Disbursement MM / DD / YYYY 12 / 20 / 2019
Mailing Address 1401 JOHN F. KENNEDY BLVD		FEC Identification Number C [ ] Transaction ID : SB21B.4107
City PHILADELPHIA	State PA	Zip Code 19102
Purpose of Disbursement SETTLEMENT AGREEMENT		Amount of Each Disbursement this Period [ ] 500.00
Candidate Name		<input type="checkbox"/> Memo Item
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:		

Full Name (Last, First, Middle Initial) <b>B. CITIZENS BANK, , , ,</b>		Date of Disbursement MM / DD / YYYY 12 / 31 / 2019
Mailing Address P.O. BOX 7000		FEC Identification Number C [ ] Transaction ID : SB21B.4109
City PROVIDENCE	State RI	Zip Code 02940
Purpose of Disbursement BANK FEES		Amount of Each Disbursement this Period [ ] 100.00
Candidate Name		<input type="checkbox"/> Memo Item
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:		

Full Name (Last, First, Middle Initial) <b>C. DISTRICT 1199C BUILDING FUND, , , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 29 / 2019
Mailing Address 1319 LOCUST STREET		FEC Identification Number C [ ] Transaction ID : SB21B.4105
City PHILADELPHIA	State PA	Zip Code 19107
Purpose of Disbursement RETURN OF DEPOSIT IN ERROR		Amount of Each Disbursement this Period [ ] 2889.13
Candidate Name		<input type="checkbox"/> Memo Item
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	[ ] 3489.13
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 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

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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. DISTRICT 1199C GENERAL FUND, , , ,**

Mailing Address 1319 LOCUST STREET

City PHILADELPHIA State PA Zip Code 19107

Purpose of Disbursement REIMBURSEMENT

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 12 / 2019

FEC Identification Number

C Transaction ID : SB21B.4098

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. MONROE PRESS INC, , , ,**

Mailing Address 4674 CANTON STREET

City PHILADELPHIA State PA Zip Code 19127

Purpose of Disbursement CONSULTING FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 23 / 2019

FEC Identification Number

C Transaction ID : SB21B.4100

Amount of Each Disbursement this Period

1800.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. MONROE PRESS INC, , , ,**

Mailing Address 4674 CANTON STREET

City PHILADELPHIA State PA Zip Code 19127

Purpose of Disbursement CONSULTING FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 11 / 2019

FEC Identification Number

C Transaction ID : SB21B.4102

Amount of Each Disbursement this Period

900.00

Memo Item

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

5000.00

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 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

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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. NATIONAL UNION OF HHCE, , , ,**

Mailing Address 1319 LOCUST STREET

City PHILADELPHIA State PA Zip Code 19107

Purpose of Disbursement  
RETURN OF DEPOSIT IN ERROR

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 29 / 2019

FEC Identification Number

C [ ]  
Transaction ID : SB21B.4103

Amount of Each Disbursement this Period

[ ] 2239.24

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]

Memo Item

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

[ ] 2239.24

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

[ ] 10728.37

**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 15		
	<input type="checkbox"/> 21b 28a	<input type="checkbox"/> 22 28b	<input checked="" type="checkbox"/> 23 28c	<input type="checkbox"/> 26 29	<input type="checkbox"/> 27 30b

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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. EMGAGE PAC</b>		Date of Disbursement	
Mailing Address 1140 3RD STREET NE		MM / DD / YYYY 12 / 05 / 2019	
City WASHINGTON	State DC	Zip Code 20002	
Purpose of Disbursement CONTRIBUTION		FEC Identification Number C C00453704	
Candidate Name		Transaction ID : SB23.4140	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Amount of Each Disbursement this Period 1000.00	
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.</b>		Date of Disbursement	
Mailing Address		MM / DD / YYYY	
City	State	Zip Code	
Purpose of Disbursement		FEC Identification Number C	
Candidate Name		Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Memo Item <input type="checkbox"/>	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement	
Mailing Address		MM / DD / YYYY	
City	State	Zip Code	
Purpose of Disbursement		FEC Identification Number C	
Candidate Name		Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Memo Item <input type="checkbox"/>	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	1000.00

**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 11 OF 15
	<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	

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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. 51ST WARD EXECUTIVE COMMITTEE, , , ,</b>		Date of Disbursement
Mailing Address 5030 SPRINGFIELD AVENUE		MM / DD / YYYY 07 / 12 / 2019
City PHILADELPHIA	State PA	Zip Code 19143
Purpose of Disbursement CONTRIBUTION	<input type="checkbox"/>	FEC Identification Number C
Candidate Name	<input type="checkbox"/>	Transaction ID : SB29.4111
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) ▼	Amount of Each Disbursement this Period 1000.00
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. CITIZENS FOR HUGHES, , , ,</b>		Date of Disbursement
Mailing Address 4950 PARKSIDE AVENUE		MM / DD / YYYY 10 / 27 / 2019
City PHILADELPHIA	State PA	Zip Code 19131
Purpose of Disbursement CONTRIBUTION	<input type="checkbox"/>	FEC Identification Number C
Candidate Name	<input type="checkbox"/>	Transaction ID : SB29.4121
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)	Amount of Each Disbursement this Period 500.00
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. COMMITTEE TO ELECT JUDY MOORE, , , ,</b>		Date of Disbursement
Mailing Address P.O. BOX 2119		MM / DD / YYYY 10 / 18 / 2019
City PHILADELPHIA	State PA	Zip Code 19154
Purpose of Disbursement CONTRIBUTION	<input type="checkbox"/>	FEC Identification Number C
Candidate Name	<input type="checkbox"/>	Transaction ID : SB29.4119
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) ▼	Amount of Each Disbursement this Period 1000.00
State: District:		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2500.00
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 12 OF 15
	<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 type="checkbox"/> 26 <input checked="" 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. DEMOCRATIC COUNTY EXEC COMM., , , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2019
Mailing Address 210 SPRING GARDEN STREET		FEC Identification Number C
City PHILADELPHIA	State PA	Zip Code 19123
Purpose of Disbursement CONTRIBUTION	Category/ Type	Transaction ID : SB29.4131 Amount of Each Disbursement this Period 400.00
Candidate Name		<input type="checkbox"/> Memo Item
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:		

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF ISABELLA FITZGERALD, , , ,</b>		Date of Disbursement MM / DD / YYYY 12 / 05 / 2019
Mailing Address P.O. BOX 6580		FEC Identification Number C
City PHILADELPHIA	State PA	Zip Code 19138
Purpose of Disbursement CONTRIBUTION	Category/ Type	Transaction ID : SB29.4129 Amount of Each Disbursement this Period 500.00
Candidate Name		<input type="checkbox"/> Memo Item
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:		

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF JOANNA MC CLINTON, , , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2019
Mailing Address P.O. BOX 1868		FEC Identification Number C
City PHILADELPHIA	State PA	Zip Code 19139
Purpose of Disbursement CONTRIBUTION	Category/ Type	Transaction ID : SB29.4113 Amount of Each Disbursement this Period 1000.00
Candidate Name		<input type="checkbox"/> Memo Item
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	1900.00
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 13 OF 15
	<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	

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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. FRIENDS OF LINDA FIELDS, , , ,</b>			Date of Disbursement MM / DD / YYYY 11 / 07 / 2019		
Mailing Address 840 FIRST AVENUE			FEC Identification Number C		
City KING OF PRUSSIA	State PA	Zip Code 19406	Transaction ID : SB29.4126		
Purpose of Disbursement CONTRIBUTION		Category/ Type	Amount of Each Disbursement this Period 500.00		
Candidate Name			<input type="checkbox"/> Memo Item		
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:					

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF TRACY GORDON, , , ,</b>			Date of Disbursement MM / DD / YYYY 09 / 25 / 2019		
Mailing Address 1869 N. 65TH STREET			FEC Identification Number C		
City PHILADELPHIA	State PA	Zip Code 19142	Transaction ID : SB29.4117		
Purpose of Disbursement CONTRIBUTION		Category/ Type	Amount of Each Disbursement this Period 550.00		
Candidate Name			<input type="checkbox"/> Memo Item		
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:					

Full Name (Last, First, Middle Initial) <b>C. GREG FOR PHILLY, , , ,</b>			Date of Disbursement MM / DD / YYYY 10 / 31 / 2019		
Mailing Address P.O. BOX 23904			FEC Identification Number C		
City PHILADELPHIA	State PA	Zip Code 19143	Transaction ID : SB29.4123		
Purpose of Disbursement CONTRIBUTION		Category/ Type	Amount of Each Disbursement this Period 500.00		
Candidate Name			<input type="checkbox"/> Memo Item		
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:					

SUBTOTAL of Disbursements This Page (optional).....▶	1550.00
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

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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. PEOPLE FOR PARKER, , , ,**

Mailing Address P.O. BOX 27647

City  
PHILADELPHIA

State  
PA

Zip Code  
19118

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	30	2019

FEC Identification Number

C [ ]

Transaction ID : SB29.4116

Amount of Each Disbursement this Period

[ ] 300.00

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM	DD	YYYY

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM	DD	YYYY

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]

Memo Item

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

[ ] 300.00

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

[ ] 6250.00

**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 NUHCE PAC, , , ,</b>			Nature of Debt (Purpose): CONTRIBUTION DEPOSITED INTO WRONG ACCOUNT FUND DISBURSED ND NOT AVAILABLE TO BE RE-PAID
Mailing Address <b>1319 LOCUST STREET</b>			
City <b>PHILADELPHIA</b>	State <b>PA</b>	Zip Code <b>19107</b>	

Outstanding Balance Beginning This Period <b>66666.00</b>	Transaction ID : <b>SD10.4133</b>	
Amount Incurred This Period <b>0.00</b>	Payment This Period <b>0.00</b>	Outstanding Balance at Close of This Period <b>66666.00</b>

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

Outstanding Balance Beginning This Period <b>50000.00</b>	Transaction ID : <b>SD10.4136</b>	
Amount Incurred This Period <b>0.00</b>	Payment This Period <b>0.00</b>	Outstanding Balance at Close of This Period <b>50000.00</b>

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

Outstanding Balance Beginning This Period <b>5200.00</b>	Transaction ID : <b>SD10.4136</b>	
Amount Incurred This Period <b>0.00</b>	Payment This Period <b>0.00</b>	Outstanding Balance at Close of This Period <b>5200.00</b>

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



**National Union of Hospital  
and Health Care Employees**  
AFSCME, AFL-CIO  
1319 Locust Street  
Philadelphia, PA 19107-5498

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01/28/2020 **US POSTAGE \$000.80**



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Washington, DC 20463

Address 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	Postmarked 1/28/20 Date of Receipt 2/3/20
<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 <i>mp</i>	2/3/20 DATE PREPARED

(3/2015)

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