

**FEC  
FORM 3X**

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

RECEIVED  
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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

07 / 26 / 2022

in the State of

PA

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

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

Election on

07 / 26 / 2022

in the State of

PA

5. Covering Period

01 / 01 / 2022

through

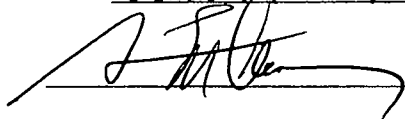
03 / 31 / 2022

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

SUSAN M CLEARY

Signature of Treasurer



Date

07 / 26 / 2022

07 / 26 / 2022

07 / 26 / 2022

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

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**FEC FORM 3X**  
Rev. 05/2016

NON-PROFIT ORGANIZATION

**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:

01 / 01 / 2022

To:

03 / 31 / 2022

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, 2022  | 4419.20                 | 4419.20                           |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....   | 4419.20                 |                                   |
| (c) Total Receipts (from Line 19) .....   | 1771.76                 | 1771.76                           |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....       | 6190.96                 | 6190.96                           |
| 7. Total Disbursements (from Line 31) .....   | 111.80                  | 111.80                            |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                 | 6079.16                 | 6079.16                           |
| 9. Debts and Obligations Owed TO<br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations Owed BY<br>the Committee (Itemize all on<br>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

NON-PROFIT ORGANIZATION

**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 01 / 01 / 2022 To: MM / DD / YYYY 03 / 31 / 2022

**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  | 1771.76 | 1771.76 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶  | 1771.76 | 1771.76 |
| (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) ▶ | 1771.76 | 1771.76 |
| 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)) ▶                        | 1771.76 | 1771.76 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶                                  | 1771.76 | 1771.76 |

NON-FEDERAL RECEIPTS



**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| III. Net Contributions/<br>Operating Expenditures                                    | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 1771.76                       | 1771.76                           |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 1771.76                       | 1771.76                           |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 111.80                        | 111.80                            |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....                | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 111.80                        | 111.80                            |

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**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

Excluding Loans

|   |   |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 6 OF 6   |
|   | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 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<br><b>DISTRICT 1199C NUHHCE PAC, , , ,</b> |                    |                          | Nature of Debt (Purpose):<br>CONTRIBUTION DEPOSITED INTO WRONG ACCOUNT FUND DISBURSED ND NOT AVAILABLE TO BE RE-PAID |
| Mailing Address <b>1319 LOCUST STREET</b>   |                    |                          |  |
| City<br><b>PHILADELPHIA</b>   | State<br><b>PA</b> | Zip Code<br><b>19107</b> |  |

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

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

|  |                                    |
|--|------------------------------------|
| Outstanding Balance Beginning This Period<br><b>50000.00</b>   | Transaction ID : <b>SD10.4135</b>  |
| Amount Incurred This Period<br><b>0.00</b>                     | Payment This Period<br><b>0.00</b> |
| Outstanding Balance at Close of This Period<br><b>50000.00</b> |                                    |

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

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

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| <input type="checkbox"/> Postmark Illegible  |  |
| <input type="checkbox"/> No Postmark   |  |
| <input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <b>UPS</b> | Shipping Date<br><b>7/27/22</b>                                |
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PREPARER *MP* 7/27/22  
 (3/2015) DATE PREPARED

DUPLICATE INFORMATION