

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER 2020 JUL 25 10:11 AM '20 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 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), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)

- (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 01 / 01 / 2020 through 03 / 31 / 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 Salima Pace

Signature of Treasurer [Handwritten Signature]

Date 04 / 13 / 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.

Table with 10 columns and 1 row, labeled 'Office Use Only' in the first column.

**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:

MM / DD / YYYY  
01 / 01 / 2020

To:

MM / DD / YYYY  
03 / 31 / 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.....	4040.98	
(c) Total Receipts (from Line 19).....	5843.15	5843.15
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	9884.13	9884.13
7. Total Disbursements (from Line 31).....	4525.00	4525.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	5359.13	5359.13
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: 

M	M
01	01

 / 

D	D
01	01

 / 

Y	Y	Y	Y	Y	Y
2	0	2	0	2	0

 To: 

M	M
03	31

 / 

D	D
31	31

 / 

Y	Y	Y	Y	Y	Y
2	0	2	0	2	0

**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.....	5843.15	5843.15
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5843.15	5843.15
(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).....▶	5843.15	5843.15
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)).....▶	5843.15	5843.15
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5843.15	5843.15

NEVER FORGET TO SIGN AND DATE

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. Disbursements</b>		<b>COLUMN A</b> Total This Period	<b>COLUMN B</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 .....	2650.00	2650.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2650.00	2650.00	
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).....	1875.00	1875.00	
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))..	4525.00	4525.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4525.00	4525.00	

INFORMATION ON HOW TO FILE

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	5843.15	5843.15
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5843.15	5843.15
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	2650.00	2650.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2650.00	2650.00

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**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) <b>A. BOARD OF ETHICS, CITY OF PHILADELPHIA, , ,</b>			Date of Disbursement MM / DD / YYYY 01 / 27 / 2020		
Mailing Address 1401 JOHN F. KENNEDY BLVD			FEC Identification Number C [REDACTED]		
City PHILADELPHIA	State PA	Zip Code 19102	Transaction ID : SB21B.4192		
Purpose of Disbursement SETTLEMENT AGREEMENT		Category/ Type	Amount of Each Disbursement this Period 1000.00		
Candidate Name			Memo Item <input type="checkbox"/>		
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. BOARD OF ETHICS, CITY OF PHILADELPHIA, , ,</b>			Date of Disbursement MM / DD / YYYY 02 / 10 / 2020		
Mailing Address 1401 JOHN F. KENNEDY BLVD			FEC Identification Number C [REDACTED]		
City PHILADELPHIA	State PA	Zip Code 19102	Transaction ID : SB21B.4193		
Purpose of Disbursement SETTLEMENT AGREEMENT		Category/ Type	Amount of Each Disbursement this Period 1500.00		
Candidate Name			Memo Item <input type="checkbox"/>		
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.</b>			Date of Disbursement MM / DD / YYYY		
Mailing Address			FEC Identification Number C [REDACTED]		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>		
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:			

SUBTOTAL of Disbursements This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	2500.00

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**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.

**A. FRIENDS OF LINDA FIELDS, , , ,**

Full Name (Last, First, Middle Initial)  
Mailing Address 840 FIRST AVENUE

City KING OF PRUSSIA State PA Zip Code 19406

Purpose of Disbursement CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 06 / 2020

FEC Identification Number: C

Transaction ID : SB29.4205

Amount of Each Disbursement this Period: 375.00

Memo Item

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

Full Name (Last, First, Middle Initial)  
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: 03 / 11 / 2020

FEC Identification Number: C

Transaction ID : SB29.4202

Amount of Each Disbursement this Period: 1500.00

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: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 1875.00

**TOTAL** This Period (last page this line number only).....▶ 1875.00

**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"/>



POSTAGE WILL BE PAID BY ADDRESSEE

**19**



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

Master

04/13/2020

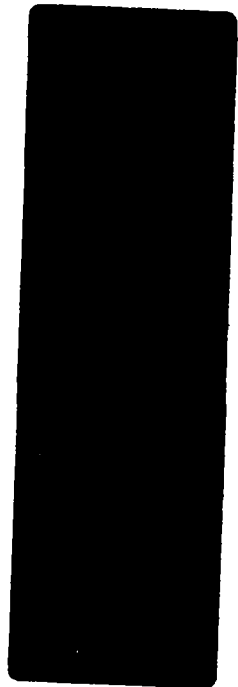
US POSTAGE

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ZIP 19107

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Postage Correction Requested



