

PERRY N. BLACKMAN
CERTIFIED PUBLIC ACCOUNTANT

MEMBER

506 CORPORATE DRIVE WEST
LANGHORNE, PENNSYLVANIA 19047
(267) 757-0720
FAX (267)757-0725

AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

PENNSYLVANIA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

BUCKS COUNTY ASSOCIATION OF
CERTIFIED PUBLIC ACCOUNTANTS

January 19, 2023

District 1199C Political Action Fund
1319 Locust Street
Philadelphia, PA 19107

The FEC Year-End report is attached. Please print it out, sign and date.

The form should be sent Certified Mail/Return Receipt Requested to:
Federal Election Commission
1050 First Street, NE
Washington, DC 20463

Another option is to send via delivery services: FedEx or UPS
The zip code for delivery service is 20002

The form is due by January 31, 2023. The best way to meet this deadline would be to use an overnight service.

PHILADELPHIA

**FEC
FORM 3X**

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

RECEIVED
FEC MAILCENTER
2023 JAN 26 AM 10:58

Office Use Only

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

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:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on 12 / 29 / 2022 in the State of PA

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

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
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Election on 12 / 31 / 2022 in the State of PA

5. Covering Period 11 / 29 / 2022 through 12 / 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 [Signature] Date 01 / 25 / 2023

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

Office Use Only							
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2023 JAN 26 AM 10:58

**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:

11 / 29 / 2022

To:

12 / 31 / 2022

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2022		4419.20
(b) Cash on Hand at Beginning of Reporting Period	14954.52	
(c) Total Receipts (from Line 19)	2257.65	17372.81
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	17212.17	21792.01
7. Total Disbursements (from Line 31)	0.00	4579.84
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	17212.17	17212.17
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

COMMISSION ON FEDERAL ELECTIONS

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 11 / 29 / 2022 To: MM / DD / YYYY 12 / 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.....	2257.65	17372.81
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	2257.65	17372.81
(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).....▶	2257.65	17372.81
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)).....▶	2257.65	17372.81
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	2257.65	17372.81

2025 RELEASE UNDER E.O. 14176

**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	0.00	3979.84
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	3979.84
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)	0.00	600.00
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)) ..	0.00	4579.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	0.00	4579.84

NON-FEDERAL DONATIONS

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2018)

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)	2257.65	17372.81
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2257.65	17372.81
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	3979.84
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	3979.84

NOON 10:00 AM 11/10/2018

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 DISTRICT 1199C NUHHC 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 66666.00		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 NUHHC 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 NUHHC 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

UNION OF HOSPITAL & HEALTH CARE EMPLOYEES

3-PICK-UPS® (1-800-742-5877)
 a drop off location near you.

Press Envelopes may only contain and/or electronic media, and must envelopes containing items other than 8 oz. will be billed by weight.

Used only for documents of no com-
 ionic media as documents. Visit
 ur shipment is classified as a docu-

Express Envelope must weigh 8 oz.
 re than 8 oz. will be billed by weight

Recommended for shipments of electron-
 ion or breakable items. Do not send

ups
UPS Next Day Air®
UPS Worldwide Express®
 Shipping Document

SHIPMENT FROM
 UPS ACCOUNT NO. **V 6 0 8 9 A**
 REFERENCE NUMBER

TELEPHONE

CRAIG FORD 973-624-1199 44

DISTRICT 1199J

9-25 ALLING STREET - 3RD FLOOR

NEWARK NJ 07102

TELEPHONE

DELIVERY TO

*First Electronics Components
 1650 First Street, NE
 Washington, DC 20002*

0101911202609 6/14 FRD United Parcel Service, Louisville, KY

**Insert shipping documents
 under window from the top.**

Do not use this envelope for:

ups Ground
 SHIPPER RELEASE
 1-1t®
Expedited®

UTR
 PAK
 WEIGHT
 DIMENSIONAL WEIGHT If Applicable
 LARGE PACKAGE
 EXPRESS (INTL)
 DOCUMENTS ONLY

SATURDAY DELIVERY

1Z V60 89A 22 1000 091 0
1Z V60 89A 22 1000 091 0

EXPORT

UPS Next Day Air®

1Z V60 89A 22 1000 091 0
1Z V60 89A 22 1000 091 0

DELIVERY

SHIPMENT ID NUMBER **V608 9A79 XJ4**

DATE OF SHIPMENT
6/17/25 22



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0101951033 4/14 PAC United Parcel Service

NONUNION COMPANY ORGANIZATION

Federal Election Commission
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 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <p style="margin-left: 100px;"><i>UPS</i></p>	Shipping Date <i>1/25/22</i> Next Business Day Delivery <input checked="" 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

MIM *1/26/23*
 PREPARER DATE PREPARED
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