

**FEC  
FORM 3X**

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

RECEIVED  
PAGE 1/6  
FEC MAIL CENTER

2022 OCT 28 AM 10:55

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

Election on 11 / 08 / 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)
----------------------------------------	---------------------------------------	----------------------------------------

Election on  /  /  in the State of

5. Covering Period 10 / 01 / 2022 through 10 / 19 / 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 CLEARLY

Signature of Treasurer  Date 10 / 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.

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:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2022"/>		4419.20
(b) Cash on Hand at Beginning of Reporting Period.....	13837.27	
(c) Total Receipts (from Line 19).....	0.00	13997.91
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	13837.27	18417.11
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)).....	13837.27	13837.27
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

NON-FEDERAL CAMPAIGN FINANCE

**DETAILED SUMMARY PAGE**  
of Receipts

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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  
10 / 01 / 2022

To:

MM / DD / YYYY  
10 / 19 / 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.....	0.00	13997.91
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	13997.91
(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).....▶	0.00	13997.91
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)).....▶	0.00	13997.91
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	0.00	13997.91

NON-FEDERAL ACCOUNT

**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 .....	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

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	0.00	13997.91
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	13997.91
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

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**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 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 NUHCE 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 NUHCE 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"/>

NON-PROFIT ORGANIZATION

W074224001W0188N1011NNON

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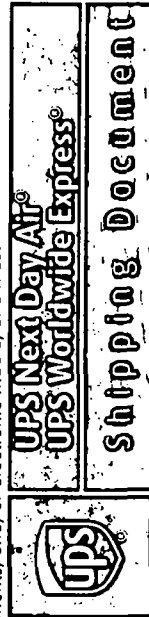
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**9-25 ALLING STREET**

**NEWARK** NJ 07102

TELEPHONE

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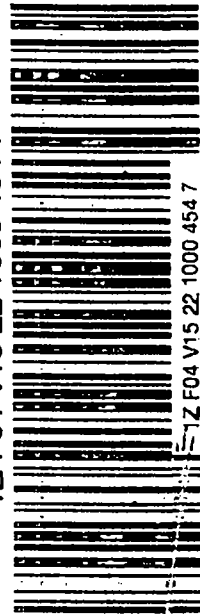


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