

**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: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2023"/>		17212.17
(b) Cash on Hand at Beginning of Reporting Period.....	20588.07	
(c) Total Receipts (from Line 19).....	232388.60	235273.75
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	252974.67	252485.92
7. Total Disbursements (from Line 31).....	228731.30	228242.55
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	24243.37	24243.37
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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov

NONDISCLOSURE INFORMATION

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 / 2023 To: MM / DD / YYYY 12 / 31 / 2023

427605400 - WB - NON - HD - ANON

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.....	7457.30	10342.45
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	7457.30	10342.45
(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).....▶	7457.30	10342.45
12. Transfers From Affiliated/Other Party Committees.....	15000.00	15000.00
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.).....	209931.30	209931.30
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)).....▶	232388.60	235273.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	232388.60	235273.75

**DETAILED SUMMARY PAGE
of Disbursements**

FEC Form 3X (Rev. 05/2018)

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		227731.30	229047.55
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		227731.30	229047.55
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)		1000.00	- 805.00
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)) ..		228731.30	228242.55
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)		228731.30	228242.55

NON-FEDERAL DONATIONS

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)	7457.30	10342.45
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7457.30	10342.45
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	227731.30	229047.55
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	227731.30	229047.55

NON-FEDERAL CAMPAIGN

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 26

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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 of Individual (Last, First, Middle Initial) or Full Organization Name
A. AMERICAN FEDERATION OF STATE COUNTY AND MUNICIPAL EMPLOYEES

Mailing Address 1625 L STREET NW

City WASHINGTON State DC Zip Code 20036

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 15000.00

Date of Receipt 10 / 16 / 2023
Transaction ID : SA12.4697

Amount of Each Receipt this Period 15000.00

Memo Item
AFSCME DEPOSIT FOR GOTV

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B.

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

Amount of Each Receipt this Period

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C.

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

Amount of Each Receipt this Period

Memo Item

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

15000.00

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

15000.00

NONDISCRIMINATION NOTICE

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 26
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17			

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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
AMERICAN FEDERATION OF STATE COUNTY AND MUNICIPAL EMPLOYEES

Mailing Address 1625 L STREET NW

City WASHINGTON	State DC	Zip Code 20036
--------------------	-------------	-------------------

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 ▼
224931.30

Date of Receipt
11 / 24 / 2023

Transaction ID : SA17.4599

Amount of Each Receipt this Period
209931.30

Memo Item

DEPOSITED IN ERROR BY AFSCME/TRANSFERRED
12/8/2023 TO CORRECT BANK ACCOUNT

B. 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

Amount of Each Receipt this Period

Memo Item

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	209931.30
TOTAL This Period (last page this line number only).....	209931.30

NOV 14 2023 10:08 AM

**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. ARMOUR, JANET, , ,

Mailing Address 7641 OVERBROOK AVENUE

City PHILADELPHIA State PA Zip Code 19151

Purpose of Disbursement
GOTV CANVASSING

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2023

FEC Identification Number

C []
Transaction ID : SB21B.4664

Amount of Each Disbursement this Period

[] 300.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ARMOUR, JANET, , ,

Mailing Address 7641 OVERBROOK AVENUE

City PHILADELPHIA State PA Zip Code 19151

Purpose of Disbursement
GOTV CANVASSING

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 16 / 2023

FEC Identification Number

C []
Transaction ID : SB21B.4678

Amount of Each Disbursement this Period

[] 100.00

Memo Item

Full Name (Last, First, Middle Initial)

C. BENNETT, SHEILA, , ,

Mailing Address 5058 COPLEY ROAD

City PHILADELPHIA State PA Zip Code 19144

Purpose of Disbursement
GOTV CANVASSING

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2023

FEC Identification Number

C []
Transaction ID : SB21B.4656

Amount of Each Disbursement this Period

[] 200.00

Memo Item

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

[] 600.00

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

[]

NON-PROFIT CORPORATION

**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. BENNETT, SHEILA, , ,

Mailing Address 5058 COPLEY ROAD

City PHILADELPHIA

State PA

Zip Code 19144

Purpose of Disbursement
GOTV CANVASSING

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2023

FEC Identification Number

C Transaction ID : SB21B.4674

Amount of Each Disbursement this Period

400.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CHESTNUT, SHARON, , ,

Mailing Address 4112 N. SYNDENHAM STREET

City PHILADELPHIA

State PA

Zip Code 19140

Purpose of Disbursement
GOTV CANVASSING

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2023

FEC Identification Number

C Transaction ID : SB21B.4654

Amount of Each Disbursement this Period

75.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CRAWFORD, MARGO, , ,

Mailing Address 155 GODFREY AVENUE
E 104

City PHILADELPHIA

State PA

Zip Code 19120

Purpose of Disbursement
GOTV CANVASSING

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2023

FEC Identification Number

C Transaction ID : SB21B.4647

Amount of Each Disbursement this Period

300.00

Memo Item

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

775.00

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

NON-PROFIT ORGANIZATION

**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)

21b 22 23 26 27
 28a 28b 28c 29 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. CRAWFORD, MARGO, , ,

Mailing Address 155 GODFREY AVENUE
E 104

City PHILADELPHIA State PA Zip Code 19120

Purpose of Disbursement
GOTV CANVASSING

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 10 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4677

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. DISTRICT 1199C GENERAL FUND, , , ,

Mailing Address 1319 LOCUST STREET

City PHILADELPHIA State PA Zip Code 19107

Purpose of Disbursement
TRANSFER TO GENERAL FUND/AFSCME DEPOSIT IN ERROR

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 06 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4698

Amount of Each Disbursement this Period

209931.30

Memo Item

Full Name (Last, First, Middle Initial)

C. HAMEED, KATRINA, , ,

Mailing Address 1446 W. CHEW AVENUE

City PHILADELPHIA State PA Zip Code 19141

Purpose of Disbursement
GOTV CANVASSING

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 25 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4630

Amount of Each Disbursement this Period

625.00

Memo Item

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

211056.30

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

[REDACTED]

NON DISBURSEMENT

**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)

21b
 28a
 22
 28b
 23
 28c
 26
 29
 27
 30b

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NAME OF COMMITTEE (In Full)
DISTRICT 1199C NAT'L UNION OF HOSPITAL & HEALTH CARE EMPLOYEES POLITICAL ACTION FUND

A. HAMEED, KATRINA, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1446 W. CHEW AVENUE

City PHILADELPHIA State PA Zip Code 19141

Purpose of Disbursement GOTV CANVASSING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 01 / 2023

FEC Identification Number: C

Transaction ID: SB21B.4644

Amount of Each Disbursement this Period: 500.00

Memo Item

B. HAMEED, KATRINA, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1446 W. CHEW AVENUE

City PHILADELPHIA State PA Zip Code 19141

Purpose of Disbursement GOTV CANVASSING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 08 / 2023

FEC Identification Number: C

Transaction ID: SB21B.4686

Amount of Each Disbursement this Period: 1025.00

Memo Item

C. HARPER, DENISE, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1412 N 18TH STREET

City PHILADELPHIA State PA Zip Code 19121

Purpose of Disbursement GOTV CANVASSING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 01 / 2023

FEC Identification Number: C

Transaction ID: SB21B.4692

Amount of Each Disbursement this Period: 300.00

Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1825.00

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

NONDISCLOSURE

**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. HARPER, DENISE, . .

Mailing Address 1412 N 18TH STREET

City PHILADELPHIA State PA Zip Code 19121

Purpose of Disbursement
GOTV CANVASSING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2023

FEC Identification Number

C []

Transaction ID : SB21B.4660

Amount of Each Disbursement this Period

[] 325.00

Memo Item

Full Name (Last, First, Middle Initial)

B. HENDERSON, MABLE, . .

Mailing Address 4611 N. 19TH STREET

City PHILADELPHIA State PA Zip Code 19141

Purpose of Disbursement
GOTV CANVASSING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2023

FEC Identification Number

C []

Transaction ID : SB21B.4667

Amount of Each Disbursement this Period

[] 300.00

Memo Item

Full Name (Last, First, Middle Initial)

C. HENDERSON, MABLE, . .

Mailing Address 4611 N. 19TH STREET

City PHILADELPHIA State PA Zip Code 19141

Purpose of Disbursement
GOTV CANVASSING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 16 / 2023

FEC Identification Number

C []

Transaction ID : SB21B.4679

Amount of Each Disbursement this Period

[] 100.00

Memo Item

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

[] 725.00

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

[]

WWW.DISTRICT1199C.COM

**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 26	
	<input checked="" 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 type="checkbox"/> 29

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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. HODGES, PEGGY, , ,		Date of Disbursement MM / DD / YYYY 11 / 01 / 2023
Mailing Address 1319 LOCUST STREET		FEC Identification Number C [] Transaction ID : SB21B.4650 Amount of Each Disbursement this Period [] 300.00
City PHILADELPHIA	State PA	Zip Code 19107
Purpose of Disbursement GOTV CANVASSING		Category/ Type []
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. HODGES, PEGGY, , ,		Date of Disbursement MM / DD / YYYY 11 / 16 / 2023
Mailing Address 1319 LOCUST STREET		FEC Identification Number C [] Transaction ID : SB21B.4681 Amount of Each Disbursement this Period [] 100.00
City PHILADELPHIA	State PA	Zip Code 19107
Purpose of Disbursement GOTV CANVASSING		Category/ Type []
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. JACKSON, RICHARD, , ,		Date of Disbursement MM / DD / YYYY 10 / 18 / 2023
Mailing Address 6030 ANGORA TERRACE		FEC Identification Number C [] Transaction ID : SB21B.4621 Amount of Each Disbursement this Period [] 75.00
City PHILADELPHIA	State PA	Zip Code 19143
Purpose of Disbursement GOTV CANVASSING		Category/ Type []
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:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 475.00
TOTAL This Period (last page this line number only).....▶	[]

4301012000 1001 001 1001 1001

**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. JACKSON, RICHARD, , ,

Mailing Address 6030 ANGORA TERRACE

City PHILADELPHIA State PA Zip Code 19143

Purpose of Disbursement
GOTV CANVASSING

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 25 / 2023

FEC Identification Number

C []
Transaction ID : SB21B.4633

Amount of Each Disbursement this Period

[] 75.00

Memo Item

Full Name (Last, First, Middle Initial)

B. JONES, BRIANNA, , ,

Mailing Address 1319 LOCUST STREET

City PHILADELPHIA State PA Zip Code 19107

Purpose of Disbursement
GOTV CANVASSING

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 18 / 2023

FEC Identification Number

C []
Transaction ID : SB21B.4690

Amount of Each Disbursement this Period

[] 200.00

Memo Item

Full Name (Last, First, Middle Initial)

C. JONES, BRIANNA, , ,

Mailing Address 1319 LOCUST STREET

City PHILADELPHIA State PA Zip Code 19107

Purpose of Disbursement
GOTV CANVASSING

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 25 / 2023

FEC Identification Number

C []
Transaction ID : SB21B.4829

Amount of Each Disbursement this Period

[] 100.00

Memo Item

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

[] 675.00

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

[]

NONDISCLOSURE

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

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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. JONES, BRIANNA, , ,		Date of Disbursement MM / DD / YYYY 11 / 01 / 2023	
Mailing Address 1319 LOCUST STREET		FEC Identification Number C	
City PHILADELPHIA	State PA	Zip Code 19107	Transaction ID : SB21B.4641
Purpose of Disbursement GOTV CANVASSING		Category/ Type	Amount of Each Disbursement this Period 400.00
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. JONES, BRIANNA, , ,		Date of Disbursement MM / DD / YYYY 11 / 21 / 2023	
Mailing Address 1319 LOCUST STREET		FEC Identification Number C	
City PHILADELPHIA	State PA	Zip Code 19107	Transaction ID : SB21B.4684
Purpose of Disbursement GOTV CANVASSING		Category/ Type	Amount of Each Disbursement this Period 600.00
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) C. LAWRENCE, MARK, , ,		Date of Disbursement MM / DD / YYYY 11 / 01 / 2023	
Mailing Address 1319 LOCUST STREET		FEC Identification Number C	
City PHILADELPHIA	State PA	Zip Code 19107	Transaction ID : SB21B.4648
Purpose of Disbursement GOTV CANVASSING		Category/ Type	Amount of Each Disbursement this Period 400.00
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	1400.00
TOTAL This Period (last page this line number only).....▶	

NON-FEDERAL CAMPAIGN DISBURSEMENTS

**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"/> 28	<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. LAWRENCE, MARK, , ,

Mailing Address 1319 LOCUST STREET

City PHILADELPHIA State PA Zip Code 19107

Purpose of Disbursement
GOTV CANVASSING

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 16 / 2023

FEC Identification Number

C []
Transaction ID : SB21B.4682

Amount of Each Disbursement this Period

[] 100.00

Memo Item

Full Name (Last, First, Middle Initial)

B. LEWIS, ANTOINETTE, , ,

Mailing Address 127 WEST CHESTER PIKE
3RD FLOOR

City RIDLEY PARK State PA Zip Code 19078

Purpose of Disbursement
GOTV CANVASSING

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 18 / 2023

FEC Identification Number

C []
Transaction ID : SB21B.4610

Amount of Each Disbursement this Period

[] 350.00

Memo Item

Full Name (Last, First, Middle Initial)

C. LEWIS, ANTOINETTE, , ,

Mailing Address 127 WEST CHESTER PIKE
3RD FLOOR

City RIDLEY PARK State PA Zip Code 19078

Purpose of Disbursement
GOTV CANVASSING

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 25 / 2023

FEC Identification Number

C []
Transaction ID : SB21B.4626

Amount of Each Disbursement this Period

[] 200.00

Memo Item

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

[] 650.00

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

[]

NON-PROFIT ORGANIZATION

**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 17 OF 26	
	<input checked="" type="checkbox"/> 21b 28a	<input type="checkbox"/> 22 28b	<input 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) A. LEWIS, ANTOINETTE, , ,		Date of Disbursement MM / DD / YYYY 11 / 01 / 2023	
Mailing Address 127 WEST CHESTER PIKE 3RD FLOOR		FEC Identification Number C [REDACTED]	
City RIDLEY PARK	State PA	Zip Code 19078	Transaction ID : SB21B.4640
Purpose of Disbursement GOTV CANVASSING		Category/ Type	Amount of Each Disbursement this Period 200.00
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. LEWIS, ANTOINETTE, , ,		Date of Disbursement MM / DD / YYYY 11 / 08 / 2023	
Mailing Address 127 WEST CHESTER PIKE 3RD FLOOR		FEC Identification Number C [REDACTED]	
City RIDLEY PARK	State PA	Zip Code 19078	Transaction ID : SB21B.4659
Purpose of Disbursement GOTV CANVASSING		Category/ Type	Amount of Each Disbursement this Period 600.00
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) C. O'NEILL, NORMAN, , ,		Date of Disbursement MM / DD / YYYY 08 / 07 / 2023	
Mailing Address 260 N. WYNCOMBE AVENUE APT 301		FEC Identification Number C [REDACTED]	
City LANSDOWNE	State PA	Zip Code 19050	Transaction ID : SB21B.4627
Purpose of Disbursement GOTV CANVASSING		Category/ Type	Amount of Each Disbursement this Period 225.00
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:		

SUBTOTAL of Disbursements This Page (optional).....	1025.00
TOTAL This Period (last page this line number only).....	

NONDISBURSEMENT

**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 25 OF 26
	<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) A. PHILADELPHIA COUNCIL AFL-CIO PAC		Date of Disbursement MM / DD / YYYY 11 / 21 / 2023
Mailing Address 22 S. 22ND STREET SECOND FLOOR		FEC Identification Number C []
City PHILADELPHIA	State PA	Zip Code 19103
Purpose of Disbursement CONTRIBUTION		Transaction ID : SB29.4605
Candidate Name		Amount of Each Disbursement this Period 1000.00
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) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C []
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
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:	Category/Type	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C []
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
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:	Category/Type	

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

NON-FEDERAL CAMPAIGN/CONTRIBUTION

**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 24 OF 26
	<input checked="" type="checkbox"/> 21b 28a	<input type="checkbox"/> 22 28b	<input 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) A. WISE, SHIRLEY, , ,		Date of Disbursement MM / DD / YYYY 11 / 08 / 2023	
Mailing Address 5819 DICKENS AVENUE			
City PHILADELPHIA	State PA	Zip Code 19143	
Purpose of Disbursement GOTV CANVASSING		FEC Identification Number C	
Candidate Name		Transaction ID : SB21B.4675	
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:	Amount of Each Disbursement this Period 200.00	
		<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. WISE, SHIRLEY, , ,		Date of Disbursement MM / DD / YYYY 11 / 08 / 2023	
Mailing Address 5819 DICKENS AVENUE			
City PHILADELPHIA	State PA	Zip Code 19143	
Purpose of Disbursement GOTV CANVASSING		FEC Identification Number C	
Candidate Name		Transaction ID : SB21B.4676	
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:	Amount of Each Disbursement this Period 100.00	
		<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY	
Mailing Address			
City	State	Zip Code	
Purpose of Disbursement		FEC Identification Number C	
Candidate Name		Transaction ID	
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:	Amount of Each Disbursement this Period	
		<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	225406.30

NON DISBURSEMENT

**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 23 OF 26			
	<input checked="" 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 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

A. PAYNE, REGINALD, , ,
 Full Name (Last, First, Middle Initial)
 Mailing Address 2113 W. TIOGA STREET
 City PHILADELPHIA State PA Zip Code 19140
 Purpose of Disbursement GOTV CANVASSING
 Candidate Name
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) Memo Item
 State: District:
 Date of Disbursement 12 / 10 / 2023
 FEC Identification Number C
 Transaction ID : SB21B.4695
 Amount of Each Disbursement this Period 400.00

B. THOMPSON, MELISSA, , ,
 Full Name (Last, First, Middle Initial)
 Mailing Address 5344 MORSE STREET
 City PHILADELPHIA State PA Zip Code 19131
 Purpose of Disbursement GOTV CANVASSING
 Candidate Name
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) Memo Item
 State: District:
 Date of Disbursement 11 / 08 / 2023
 FEC Identification Number C
 Transaction ID : SB21B.4669
 Amount of Each Disbursement this Period 300.00

C. THOMPSON, MELISSA, , ,
 Full Name (Last, First, Middle Initial)
 Mailing Address 5344 MORSE STREET
 City PHILADELPHIA State PA Zip Code 19131
 Purpose of Disbursement GOTV CANVASSING
 Candidate Name
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) Memo Item
 State: District:
 Date of Disbursement 11 / 16 / 2023
 FEC Identification Number C
 Transaction ID : SB21B.4680
 Amount of Each Disbursement this Period 100.00

SUBTOTAL of Disbursements This Page (optional) 800.00
TOTAL This Period (last page this line number only)

NONDISCLOSURE

**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)

21b
 28a
 22
 28b
 23
 28c
 26
 29
 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)

A. PAYNE, REGINALD, , ,

Mailing Address 2113 W. TIOGA STREET

City PHILADELPHIA State PA Zip Code 19140

Purpose of Disbursement
GOTV CANVASSING

Candidate Name

Category/
Type

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

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 25 / 2023

FEC Identification Number

C
Transaction ID : SB21B.4632

Amount of Each Disbursement this Period

800.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PAYNE, REGINALD, , ,

Mailing Address 2113 W. TIOGA STREET

City PHILADELPHIA State PA Zip Code 19140

Purpose of Disbursement
GOTV CANVASSING

Candidate Name

Category/
Type

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

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2023

FEC Identification Number

C
Transaction ID : SB21B.4652

Amount of Each Disbursement this Period

550.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PAYNE, REGINALD, , ,

Mailing Address 2113 W. TIOGA STREET

City PHILADELPHIA State PA Zip Code 19140

Purpose of Disbursement
GOTV CANVASSING

Candidate Name

Category/
Type

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

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2023

FEC Identification Number

C
Transaction ID : SB21B.4672

Amount of Each Disbursement this Period

400.00

Memo Item

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

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

1550.00

NON-PROFIT ORGANIZATION

**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 21 OF 26			
	<input checked="" 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 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) A. PARKER, SHAWN, , ,		Date of Disbursement MM / DD / YYYY 10 / 25 / 2023	
Mailing Address 2109 FANSHAWE STREET		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4635 Amount of Each Disbursement this Period 600.00	
City PHILADELPHIA	State PA	Zip Code 19149	Category/ Type
Purpose of Disbursement GOTV CANVASSING		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:	

Full Name (Last, First, Middle Initial) B. PARKER, SHAWN, , ,		Date of Disbursement MM / DD / YYYY 11 / 01 / 2023	
Mailing Address 2109 FANSHAWE STREET		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4655 Amount of Each Disbursement this Period 200.00	
City PHILADELPHIA	State PA	Zip Code 19149	Category/ Type
Purpose of Disbursement GOTV CANVASSING		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:	

Full Name (Last, First, Middle Initial) C. PARKER, SHAWN, , ,		Date of Disbursement MM / DD / YYYY 12 / 19 / 2023	
Mailing Address 2109 FANSHAWE STREET		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4688 Amount of Each Disbursement this Period 150.00	
City PHILADELPHIA	State PA	Zip Code 19149	Category/ Type
Purpose of Disbursement GOTV CANVASSING		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).....	950.00
TOTAL This Period (last page this line number only).....	

NONDISCLOSURE

**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 20 OF 26

21b
 22
 23
 26
 27
 28a
 28b
 28c
 29
 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. PALMER, RIZQ, , ,

Mailing Address 2108 FANSHAWE STREET

City
PHILADELPHIA

State
PA

Zip Code
19149

Purpose of Disbursement
GOTV CANVASSING

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2023

FEC Identification Number

C
Transaction ID : SB21B.4673

Amount of Each Disbursement this Period

200.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PALMER, RIZQ, , ,

Mailing Address 2108 FANSHAWE STREET

City
PHILADELPHIA

State
PA

Zip Code
19149

Purpose of Disbursement
GOTV CANVASSING

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement

MM / DD / YYYY
12 / 19 / 2023

FEC Identification Number

C
Transaction ID : SB21B.4687

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PARKER, SHAWN, , ,

Mailing Address 2109 FANSHAWE STREET

City
PHILADELPHIA

State
PA

Zip Code
19149

Purpose of Disbursement
GOTV CANVASSING

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 18 / 2023

FEC Identification Number

C
Transaction ID : SB21B.4608

Amount of Each Disbursement this Period

500.00

Memo Item

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

850.00

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

44 NOV 14 08 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

**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 19 OF 26	
	<input checked="" type="checkbox"/> 21b 28a	<input type="checkbox"/> 22 28b	<input type="checkbox"/> 23 28c	<input type="checkbox"/> 26 29

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) A. PALMER, RIZQ, , ,		Date of Disbursement MM / DD / YYYY 10 / 18 / 2023
Mailing Address 2108 FANSHAWE STREET		FEC Identification Number C [] Transaction ID : SB21B.4622 Amount of Each Disbursement this Period 350.00
City PHILADELPHIA	State PA	Zip Code 19149
Purpose of Disbursement GOTV CANVASSING		Category/ Type []
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. PALMER, RIZQ, , ,		Date of Disbursement MM / DD / YYYY 10 / 25 / 2023
Mailing Address 2108 FANSHAWE STREET		FEC Identification Number C [] Transaction ID : 9B21B.4634 Amount of Each Disbursement this Period 600.00
City PHILADELPHIA	State PA	Zip Code 19149
Purpose of Disbursement GOTV CANVASSING		Category/ Type []
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) C. PALMER, RIZQ, , ,		Date of Disbursement MM / DD / YYYY 11 / 01 / 2023
Mailing Address 2108 FANSHAWE STREET		FEC Identification Number C [] Transaction ID : SB21B.4653 Amount of Each Disbursement this Period 200.00
City PHILADELPHIA	State PA	Zip Code 19149
Purpose of Disbursement GOTV CANVASSING		Category/ Type []
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:	

SUBTOTAL of Disbursements This Page (optional).....	1150.00
TOTAL This Period (last page this line number only).....	[]

NON-FEDERAL CAMPAIGN

RECEIVED
FEC MAILCENTER

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS 2024**

Use separate Schedules
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 OF 26

21b 22 23 26 27
 28a 28b 28c 29 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. O'NEILL, NORMAN, , ,

Mailing Address 260 N. WYNCOMBE AVENUE
APT 301

City LANSDOWNE State PA Zip Code 19050

Purpose of Disbursement
GOTV CANVASSING

Candidate Name

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 25 / 2023

FEC Identification Number

C []
Transaction ID : SB21B.4631

Amount of Each Disbursement this Period

[] 100.00

Memo Item

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. O'NEILL, NORMAN, , ,

Mailing Address 260 N. WYNCOMBE AVENUE
APT 301

City LANSDOWNE State PA Zip Code 19050

Purpose of Disbursement
GOTV CANVASSING

Candidate Name

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2023

FEC Identification Number

C []
Transaction ID : SB21B.4649

Amount of Each Disbursement this Period

[] 100.00

Memo Item

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial)

C. O'NEILL, NORMAN, , ,

Mailing Address 260 N. WYNCOMBE AVENUE
APT 301

City LANSDOWNE State PA Zip Code 19050

Purpose of Disbursement
GOTV CANVASSING

Candidate Name

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2023

FEC Identification Number

C []
Transaction ID : SB21B.4671

Amount of Each Disbursement this Period

[] 400.00

Memo Item

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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

[] 600.00

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

[]

NONET : 041 : 061 : 061 : 00310001 : 510

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 DISTRICT 1199C NUHCE 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 NUHCE 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 NUHCE 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

NEW YORK COUNTY CLERK

PRESS FIRMLY TO SEAL

PRESS FIRMLY TO SEAL

FLAT RATE
POSTAGE REQUIRED



PRIORITY MAIL EXPRESS

CUSTOMER USE ONLY

FROM: (PLEASE PRINT) PHONE ()
District 1199C, NUHCE
1319 Locust Street
Philadelphia, PA 19107

DELIVERY OPTIONS (Customer Use Only)

- SIGNATURE REQUIRED *After:* The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature. OR 2) Purchases additional insurance. OR 3) Purchases COD service. OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.
- No Saturday Delivery (delivered next business day)
- Sunday/Holiday Delivery Required (additional fee, where available)
- 10:30 AM Delivery Required (additional fee, where available)
- Refer to USPS.com or local Post Office for availability.

TO: (PLEASE PRINT)

PHONE ()

*Federal Election Commission
1058 First Street NE
Washington DC 20543*

ZIP + 4® (U.S. ADDRESSES ONLY)

- For pickup or USPS Tracking™, visit USPS.com or call 800-222-8111.
- \$100.00 Insurance Included.

PEEL FROM THIS CORNER



PAYMENT BY ACCOUNT (if applicable)

USPS® Corporate Acct. No. Federal Agency Acct. No. or Postal Service™ Acct. No.

ORIGIN (POSTAL SERVICE USE ONLY)

1-Day 2-Day Military DPO

PO Zip Code (MMDDYY) Scheduled Delivery Date (MMDDYY)

Date Accepted (MMDDYY) Scheduled Delivery Time

10:30 AM 12 NOON 3:00 PM

Time Accepted AM PM Insurance Fee \$ COD Fee \$

Special Handling/Fragile \$ Return Receipt Fee \$ Live Animal Transportation Fee \$

Weight Flat Rate \$ Appearance Employee Initials \$ Total Postage & Fees \$

Weight Flat Rate \$ Appearance Employee Initials \$

Delivery Attempt (MMDDYY) Time Employee Signature

Delivery Attempt (MMDDYY) Time Employee Signature

LABEL 11-B, MARCH 2019 PSN 7590-02-000-8998

USPS.COM/PICKUP



To schedule free Package Pickup, scan the QR code.



PS 1000 1000006

EP13F Oct 2018
OD: 12/1/2 X 9/1/2



Money Back Guarantee to U.S., select APO/FPO/DPO, and select international destinations. See DMM.com and TM.com for complete details. Manohar Baril Gulerantoo for U.S. destination only.

2024-01-29 10:45:00 AM

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 type="checkbox"/> USPS First Class Mail	Date of Receipt
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input checked="" type="checkbox"/> USPS Priority Mail Express	Postmarked <i>1/26/24</i>
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date Date of Receipt Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received via FAX	Date of Receipt
<input type="checkbox"/> Received via Email	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

<i>USD</i> PREPARER	<i>1/29/24</i> DATE PREPARED
------------------------	---------------------------------

(4/2023)