

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER
2020 DEC 10 PM 12:05
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:
- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 - Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 - Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

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

Election on **MM / DD / YYYY** in the State of **PA**

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

Election on **MM / DD / YYYY** in the State of **PA**

5. Covering Period **MM / DD / YYYY** through **MM / DD / YYYY**
10 / 01 / 2020 through **11 / 23 / 2020**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
PACE, SALIMA, , ,

Type or Print Name of Treasurer

Signature of Treasurer

PACE, SALIMA, , ,

Date

MM / DD / YYYY
12 / 02 / 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.

Office Use Only								
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**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: 10 / 01 / 2020 To: 11 / 23 / 2020

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="YYYY"/> 2020		4335.98
(b) Cash on Hand at Beginning of Reporting Period.....	8164.44	
(c) Total Receipts (from Line 19)	16796.29	43429.75
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	24960.73	47765.73
7. Total Disbursements (from Line 31).....	20746.50	43551.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	4214.23	4214.23
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: MM / DD / YYYY 10 / 01 / 2020 To: MM / DD / YYYY 11 / 23 / 2020

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.....	5026.29	21959.75
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5026.29	21959.75
(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).....▶	5026.29	21959.75
12. Transfers From Affiliated/Other Party Committees.....	11770.00	21470.00
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)).....▶	16796.29	43429.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	16796.29	43429.75

NON-FEDERAL AND LEVIN FUNDS

DETAILED SUMMARY PAGE
of Disbursements

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	17246.50	24676.50	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	17246.50	24676.50	
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)	3500.00	18875.00	
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)) ..	20746.50	43551.50	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	20746.50	43551.50	

NON-FEDERAL DONATIONS

DETAILED SUMMARY PAGE
of Disbursements

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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)	5026.29	21959.75
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5026.29	21959.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	17246.50	24676.50
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	17246.50	24676.50

NON-FEDERAL CAMPAIGN FINANCING

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 23

(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

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 **21470.00**

Date of Receipt **10 / 30 / 2020**
 Transaction ID : **SA12.4319**

Amount of Each Receipt this Period **11770.00**

Memo Item
TRANSFER FROM AFFILIATE

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) **11770.00**

TOTAL This Period (last page this line number only) **11770.00**

2025 RELEASE UNDER E.O. 14176

**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. BOWEN, ANDREA, , ,			Date of Disbursement MM / DD / YYYY 10 / 21 / 2020	
Mailing Address 4515 N. 15TH STREET			FEC Identification Number C [] Transaction ID : SB21B.4268 Amount of Each Disbursement this Period [] 455.00	
City PHILADELPHIA	State PA	Zip Code 19140	Category/ Type []	
Purpose of Disbursement GET OUT TO VOTE			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. BOWEN, ANDREA, , ,			Date of Disbursement MM / DD / YYYY 10 / 29 / 2020	
Mailing Address 4515 N. 15TH STREET			FEC Identification Number C [] Transaction ID : SB21B.4275 Amount of Each Disbursement this Period [] 650.00	
City PHILADELPHIA	State PA	Zip Code 19140	Category/ Type []	
Purpose of Disbursement GET OUT TO VOTE			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. BOWEN, ANDREA, , ,			Date of Disbursement MM / DD / YYYY 11 / 06 / 2020	
Mailing Address 4515 N. 15TH STREET			FEC Identification Number C [] Transaction ID : SB21B.4300 Amount of Each Disbursement this Period [] 345.00	
City PHILADELPHIA	State PA	Zip Code 19140	Category/ Type []	
Purpose of Disbursement GET OUT TO VOTE			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).....▶	[] 1450.00
TOTAL This Period (last page this line number only).....▶	[]

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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

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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. CITIZENS BANK, , , ,			Date of Disbursement MM / DD / YYYY 10 / 07 / 2020	
Mailing Address P.O. BOX 7000			FEC Identification Number C [] Transaction ID : SB21B.4267	
City PROVIDENCE	State RI	Zip Code 02940	Amount of Each Disbursement this Period [] 25.00 []	
Purpose of Disbursement BANK FEE		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:				

Full Name (Last, First, Middle Initial) B. CITIZENS BANK, , , ,			Date of Disbursement MM / DD / YYYY 11 / 01 / 2020	
Mailing Address P.O. BOX 7000			FEC Identification Number C [] Transaction ID : SB21B.4315	
City PROVIDENCE	State RI	Zip Code 02940	Amount of Each Disbursement this Period [] 78.00 []	
Purpose of Disbursement BANK FEES		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:				

Full Name (Last, First, Middle Initial) C. CITIZENS BANK, , , ,			Date of Disbursement MM / DD / YYYY 11 / 06 / 2020	
Mailing Address P.O. BOX 7000			FEC Identification Number C [] Transaction ID : SB21B.4314	
City PROVIDENCE	State RI	Zip Code 02940	Amount of Each Disbursement this Period [] 25.00 []	
Purpose of Disbursement BANK FEES		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).....▶	[] 128.00 []
TOTAL This Period (last page this line number only).....▶	[] [] []

1-011-01000 : WE : SH : NY : ENON

**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. COOPER, CHARLENE, , ,			Date of Disbursement MM / DD / YYYY 10 / 01 / 2020	
Mailing Address 3340 BOUVLER STREET			FEC Identification Number C [REDACTED]	
City PHILADELPHIA	State PA	Zip Code 19140	Transaction ID : SB21B.4263	
Purpose of Disbursement GET OUT TO VOTE		Candidate Name	Amount of Each Disbursement this Period 1105.00	
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) ▼	Memo Item <input type="checkbox"/>
State:	District:	Category/Type		

Full Name (Last, First, Middle Initial) B. COOPER, CHARLENE, , ,			Date of Disbursement MM / DD / YYYY 10 / 29 / 2020	
Mailing Address 3340 BOUVLER STREET			FEC Identification Number C [REDACTED]	
City PHILADELPHIA	State PA	Zip Code 19140	Transaction ID : SB21B.4276	
Purpose of Disbursement GET OUT TO VOTE		Candidate Name	Amount of Each Disbursement this Period 1615.00	
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) ▼	Memo Item <input type="checkbox"/>
State:	District:	Category/Type		

Full Name (Last, First, Middle Initial) C. COOPER, CHARLENE, , ,			Date of Disbursement MM / DD / YYYY 11 / 06 / 2020	
Mailing Address 3340 BOUVLER STREET			FEC Identification Number C [REDACTED]	
City PHILADELPHIA	State PA	Zip Code 19140	Transaction ID : SB21B.4301	
Purpose of Disbursement GET OUT TO VOTE		Candidate Name	Amount of Each Disbursement this Period 696.00	
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) ▼	Memo Item <input type="checkbox"/>
State:	District:	Category/Type		

SUBTOTAL of Disbursements This Page (optional).....	3416.00
TOTAL This Period (last page this line number only).....	

**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. FRANKLIN, REGINA, , ,			Date of Disbursement MM / DD / YYYY 11 / 06 / 2020	
Mailing Address 5004 LOCUST STREET			FEC Identification Number C [REDACTED]	
City PHILADELPHIA	State PA	Zip Code 19139	Transaction ID : SB21B.4312	
Purpose of Disbursement GET OUT TO VOTE		Category/ Type [REDACTED]	Amount of Each Disbursement this Period [REDACTED] 230.00	
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:				

Full Name (Last, First, Middle Initial) B. GRANT, SABRINA, , ,			Date of Disbursement MM / DD / YYYY 10 / 21 / 2020	
Mailing Address 8014 MICHENER AVENUE			FEC Identification Number C [REDACTED]	
City PHILADELPHIA	State PA	Zip Code 19150	Transaction ID : SB21B.4274	
Purpose of Disbursement GET OUT TO VOTE		Category/ Type [REDACTED]	Amount of Each Disbursement this Period [REDACTED] 455.00	
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:				

Full Name (Last, First, Middle Initial) C. GRANT, SABRINA, , ,			Date of Disbursement MM / DD / YYYY 10 / 29 / 2020	
Mailing Address 8014 MICHENER AVENUE			FEC Identification Number C [REDACTED]	
City PHILADELPHIA	State PA	Zip Code 19150	Transaction ID : SB21B.4285	
Purpose of Disbursement GET OUT TO VOTE		Category/ Type [REDACTED]	Amount of Each Disbursement this Period [REDACTED] 390.00	
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:				

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 1075.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

2025 RELEASE UNDER E.O. 14176

**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. HINES, LA KASHA, , ,			Date of Disbursement M M / D D / Y Y Y Y Y Y 11 / 06 / 2020		
Mailing Address 259 S. CECIL STREET			FEC Identification Number C [REDACTED]		
City PHILADELPHIA	State PA	Zip Code 19139	Transaction ID : SB21B.4309 Amount of Each Disbursement this Period [REDACTED] 345.00		
Purpose of Disbursement GET OUT TO VOTE		Category/ Type [REDACTED]	Memo Item <input type="checkbox"/>		
Candidate Name [REDACTED]		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. LASSITER, ELIZABETH, , ,			Date of Disbursement M M / D D / Y Y Y Y Y Y 10 / 21 / 2020		
Mailing Address 1005 WALSH LANE			FEC Identification Number C [REDACTED]		
City NARBERTH	State PA	Zip Code 19072	Transaction ID : SB21B.4270 Amount of Each Disbursement this Period [REDACTED] 455.00		
Purpose of Disbursement GET OUT TO VOTE		Category/ Type [REDACTED]	Memo Item <input type="checkbox"/>		
Candidate Name [REDACTED]		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. LASSITER, ELIZABETH, , ,			Date of Disbursement M M / D D / Y Y Y Y Y Y 10 / 29 / 2020		
Mailing Address 1005 WALSH LANE			FEC Identification Number C [REDACTED]		
City NARBERTH	State PA	Zip Code 19072	Transaction ID : SB21B.4279 Amount of Each Disbursement this Period [REDACTED] 390.00		
Purpose of Disbursement GET OUT TO VOTE		Category/ Type [REDACTED]	Memo Item <input type="checkbox"/>		
Candidate Name [REDACTED]		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).....			[REDACTED] 1190.00		
TOTAL This Period (last page this line number only).....			[REDACTED]		

**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 14 OF 23
	<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	

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. LEE, CHERIECE, , ,			Date of Disbursement MM / DD / YYYY 11 / 02 / 2020		
Mailing Address 242 S. 49TH STREET			FEC Identification Number C Transaction ID : SB21B.4290 Amount of Each Disbursement this Period 325.00		
City PHILADELPHIA	State PA	Zip Code 19139			
Purpose of Disbursement GET OUT TO VOTE			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. LEE, CHERIECE, , ,			Date of Disbursement MM / DD / YYYY 11 / 06 / 2020		
Mailing Address 242 S. 49TH STREET			FEC Identification Number C Transaction ID : SB21B.4303 Amount of Each Disbursement this Period 65.00		
City PHILADELPHIA	State PA	Zip Code 19139			
Purpose of Disbursement GET OUT TO VOTE			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. MC CAULEY, JOANNE, , ,			Date of Disbursement MM / DD / YYYY 10 / 21 / 2020		
Mailing Address 4812 KNOX STREET			FEC Identification Number C Transaction ID : SB21B.4272 Amount of Each Disbursement this Period 455.00		
City PHILADELPHIA	State PA	Zip Code 19144			
Purpose of Disbursement GET OUT TO VOTE			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).....▶	845.00
TOTAL This Period (last page this line number only).....▶	

**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. MC CAULEY, JOANNE, , ,			Date of Disbursement M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2020	
Mailing Address 4812 KNOX STREET			FEC Identification Number C [REDACTED]	
City PHILADELPHIA	State PA	Zip Code 19144	Transaction ID : SB21B.4281 Amount of Each Disbursement this Period [REDACTED] 455.00	
Purpose of Disbursement GET OUT TO VOTE		Category/ Type [REDACTED]	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. MC CAULEY, JOANNE, , ,			Date of Disbursement M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2020	
Mailing Address 4812 KNOX STREET			FEC Identification Number C [REDACTED]	
City PHILADELPHIA	State PA	Zip Code 19144	Transaction ID : SB21B.4306 Amount of Each Disbursement this Period [REDACTED] 230.00	
Purpose of Disbursement GET OUT TO VOTE		Category/ Type [REDACTED]	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. NEWKIRK, CHARLES, , ,			Date of Disbursement M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2020	
Mailing Address 1413 NORTH 19TH STREET			FEC Identification Number C [REDACTED]	
City PHILADELPHIA	State PA	Zip Code 19121	Transaction ID : SB21B.4288 Amount of Each Disbursement this Period [REDACTED] 357.50	
Purpose of Disbursement GET OUT TO VOTE		Category/ Type [REDACTED]	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).....			[REDACTED] 1042.50	
TOTAL This Period (last page this line number only).....			[REDACTED]	

**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 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. NEWKIRK, CHARLES, , ,			Date of Disbursement MM / DD / YYYY 11 / 06 / 2020	
Mailing Address 1413 NORTH 19TH STREET				
City PHILADELPHIA	State PA	Zip Code 19121	FEC Identification Number C	
Purpose of Disbursement GET OUT TO VOTE			Transaction ID : SB21B.4302	
Candidate Name			Amount of Each Disbursement this Period 100.00	
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) ▼		Memo Item <input type="checkbox"/>	
State: _____	District: _____			

Full Name (Last, First, Middle Initial) B. ROBINSON, JIMMY, , ,			Date of Disbursement MM / DD / YYYY 10 / 21 / 2020	
Mailing Address 5311 WALTON STREET				
City PHILADELPHIA	State PA	Zip Code 19143	FEC Identification Number C	
Purpose of Disbursement GET OUT TO VOTE			Transaction ID : SB21B.4271	
Candidate Name			Amount of Each Disbursement this Period 390.00	
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) ▼		Memo Item <input type="checkbox"/>	
State: _____	District: _____			

Full Name (Last, First, Middle Initial) C. ROBINSON, JIMMY, , ,			Date of Disbursement MM / DD / YYYY 10 / 29 / 2020	
Mailing Address 5311 WALTON STREET				
City PHILADELPHIA	State PA	Zip Code 19143	FEC Identification Number C	
Purpose of Disbursement GET OUT TO VOTE			Transaction ID : SB21B.4280	
Candidate Name			Amount of Each Disbursement this Period 390.00	
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) ▼		Memo Item <input type="checkbox"/>	
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional).....▶	880.00
TOTAL This Period (last page this line number only).....▶	

**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. ROBINSON, JIMMY, , ,			Date of Disbursement MM / DD / YYYY 11 / 06 / 2020	
Mailing Address 5311 WALTON STREET			FEC Identification Number C [REDACTED]	
City PHILADELPHIA	State PA	Zip Code 19143	Transaction ID : SB21B.4305	
Purpose of Disbursement GET OUT TO VOTE		Category/ Type [REDACTED]	Amount of Each Disbursement this Period [REDACTED] 230.00	
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. ROGER, RAKEL, , ,			Date of Disbursement MM / DD / YYYY 10 / 29 / 2020	
Mailing Address 4506 N. 19TH STREET			FEC Identification Number C [REDACTED]	
City PHILADELPHIA	State PA	Zip Code 19140	Transaction ID : SB21B.4282	
Purpose of Disbursement GET OUT TO VOTE		Category/ Type [REDACTED]	Amount of Each Disbursement this Period [REDACTED] 390.00	
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. ROGER, RAKEL, , ,			Date of Disbursement MM / DD / YYYY 11 / 06 / 2020	
Mailing Address 4506 N. 19TH STREET			FEC Identification Number C [REDACTED]	
City PHILADELPHIA	State PA	Zip Code 19140	Transaction ID : SB21B.4311	
Purpose of Disbursement GET OUT TO VOTE		Category/ Type [REDACTED]	Amount of Each Disbursement this Period [REDACTED] 65.00	
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).....▶	[REDACTED] 685.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

2025 RELEASE UNDER E.O. 14176

**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 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. RUCKER, SHARON, , ,			Date of Disbursement MM / DD / YYYY 10 / 29 / 2020	
Mailing Address 420 NORTH SALFORD STREET			FEC Identification Number C	
City PHILADELPHIA	State PA	Zip Code 19151	Transaction ID : SB21B.4286	
Purpose of Disbursement GET OUT TO VOTE		Category/ Type	Amount of Each Disbursement this Period 195.00	
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. RUCKER, SHARON, , ,			Date of Disbursement MM / DD / YYYY 11 / 06 / 2020	
Mailing Address 420 NORTH SALFORD STREET			FEC Identification Number C	
City PHILADELPHIA	State PA	Zip Code 19151	Transaction ID : SB21B.4356	
Purpose of Disbursement GET OUT TO VOTE		Category/ Type	Amount of Each Disbursement this Period 295.00	
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. SMITH, NECOL, , ,			Date of Disbursement MM / DD / YYYY 11 / 02 / 2020	
Mailing Address 4615 N. 15TH STREET			FEC Identification Number C	
City PHILADELPHIA	State PA	Zip Code 19140	Transaction ID : SB21B.4292	
Purpose of Disbursement GET OUT TO VOTE		Category/ Type	Amount of Each Disbursement this Period 455.00	
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).....▶	945.00
TOTAL This Period (last page this line number only).....▶	

**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. SMITH, NECOL, , ,			Date of Disbursement MM / DD / YYYY 11 / 06 / 2020	
Mailing Address 4615 N. 15TH STREET			FEC Identification Number C [REDACTED]	
City PHILADELPHIA	State PA	Zip Code 19140	Transaction ID : SB21B.4310	
Purpose of Disbursement GET OUT TO VOTE		Category/ Type	Amount of Each Disbursement this Period 230.00	
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. WELLS, DONNA, , ,			Date of Disbursement MM / DD / YYYY 10 / 21 / 2020	
Mailing Address 1617 S. 17TH STREET			FEC Identification Number C [REDACTED]	
City PHILADELPHIA	State PA	Zip Code 19145	Transaction ID : SB21B.4269	
Purpose of Disbursement GET OUT TO VOTE		Category/ Type	Amount of Each Disbursement this Period 390.00	
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. WELLS, DONNA, , ,			Date of Disbursement MM / DD / YYYY 10 / 29 / 2020	
Mailing Address 1617 S. 17TH STREET			FEC Identification Number C [REDACTED]	
City PHILADELPHIA	State PA	Zip Code 19145	Transaction ID : SB21B.4278	
Purpose of Disbursement GET OUT TO VOTE		Category/ Type	Amount of Each Disbursement this Period 390.00	
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).....▶			1010.00	
TOTAL This Period (last page this line number only).....▶				

**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. WELLS, DONNA, , ,			Date of Disbursement MM / DD / YYYY 11 / 06 / 2020	
Mailing Address 1617 S. 17TH STREET			FEC Identification Number C	
City PHILADELPHIA	State PA	Zip Code 19145	Transaction ID : SB21B.4304	
Purpose of Disbursement GET OUT TO VOTE			Amount of Each Disbursement this Period 230.00	
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.			Date of Disbursement MM / DD / YYYY	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement			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.			Date of Disbursement MM / DD / YYYY	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement			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).....▶	230.00
TOTAL This Period (last page this line number only).....▶	16756.50

NON-FEDERAL CAMPAIGN

**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

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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. BRIDGE ACROSS PA PAC			Date of Disbursement MM / DD / YYYY 10 / 01 / 2020	
Mailing Address 459 HARRISON AVENUE			FEC Identification Number C [REDACTED] Transaction ID : SB29.4253	
City GLENSIDE	State PA	Zip Code 19038	Amount of Each Disbursement this Period [REDACTED] 1000.00	
Purpose of Disbursement CONTRIBUTION		Candidate Name	Category/ Type [REDACTED]	
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:			

Full Name (Last, First, Middle Initial) B. KANE FOR SENATE			Date of Disbursement MM / DD / YYYY 10 / 30 / 2020	
Mailing Address 209 HARDING AVENUE			FEC Identification Number C [REDACTED] Transaction ID : SB29.4259	
City HAVERTOWN	State PA	Zip Code 19083	Amount of Each Disbursement this Period [REDACTED] 1000.00	
Purpose of Disbursement CONTRIBUTION		Candidate Name	Category/ Type [REDACTED]	
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:			

Full Name (Last, First, Middle Initial) C. RICK FOR WEST PHILLY			Date of Disbursement MM / DD / YYYY 10 / 27 / 2020	
Mailing Address 4943 CHESTNUT STREET			FEC Identification Number C [REDACTED] Transaction ID : SB29.4257	
City PHILADELPHIA	State PA	Zip Code 19139	Amount of Each Disbursement this Period [REDACTED] 500.00	
Purpose of Disbursement CONTRIBUTION		Candidate Name	Category/ Type [REDACTED]	
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:			

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

**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 28a	<input type="checkbox"/> 22 28b	<input type="checkbox"/> 23 28c	<input checked="" 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. VOTE KATHY FOR PHILLY

Mailing Address PO BOX 28029

City PHILADELPHIA State PA Zip Code 19131

Purpose of Disbursement CONTRIBUTION

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2020

FEC Identification Number

C [] Transaction ID : SB29.4255

Amount of Each Disbursement this Period

1000.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

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

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

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

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

1000.00

3500.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 23 OF 23
	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

2014-01-14 10:41:00 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
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<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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PREPARER *SPM*

12/11/20
DATE PREPARED

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