

2021 JUL 29 PM 1:08

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

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 [X] 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) [X] 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 [] / [] / [] in the State of [] (d) 30-Day POST-Election Report for the: [] General (30G) [] Runoff (30R) [] Special (30S) Election on [] / [] / [] in the State of []

5. Covering Period 01 / 01 / 2021 through 06 / 30 / 2021

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 07 / 15 / 2021

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

NON-CONFIDENTIAL

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

DISTRICT 1199C NAT'L UNION OF HOSPITAL & HEALTH CARE EMPLOYEES POLITICAL ACTION FUND

Report Covering the Period: From:
 / / To:
 / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="YYYY"/>	<input type="text" value="2021"/>	<input type="text" value="4344.60"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="4344.60"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="19785.30"/>	<input type="text" value="19785.30"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<input type="text" value="24129.90"/>	<input type="text" value="24129.90"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="21105.00"/>	<input type="text" value="21105.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="3024.90"/>	<input type="text" value="3024.90"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

2025 RELEASE UNDER E.O. 14176

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2018)

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: 01 / 01 / 2021 To: 06 / 30 / 2021

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	5855.30	5855.30
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5655.30	5655.30
(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).....▶	5655.30	5655.30
12. Transfers From Affiliated/Other Party Committees.....	14130.00	14130.00
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)).....▶	19785.30	19785.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	19785.30	19785.30

NONFEDERAL LEVIN FUNDS

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	12105.00	12105.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	12105.00	12105.00
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations)	9000.00	9000.00
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)) ..	21105.00	21105.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	21105.00	21105.00

NON-FEDERAL DONATIONS

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2018)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	6655.30	5855.30
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5855.30	5855.30
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	12105.00	12105.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	12105.00	12105.00

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 14
(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 ▼
14130.00

Date of Receipt
05 / 21 / 2021
Transaction ID : SA12.4433

Amount of Each Receipt this Period
14130.00

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).....▶ 14130.00
TOTAL This Period (last page this line number only).....▶ 14130.00

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

PAGE 7 OF 14

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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. ANDREA BOWEN

Date of Disbursement
MM / DD / YYYY
05 / 21 / 2021

Mailing Address **4515 N. 15TH STREET**

City **PHILADELPHIA** State **PA** Zip Code **19140**

Purpose of Disbursement
GET OUT TO VOTE

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number
C

Transaction ID : **SB21B.4447**
Amount of Each Disbursement this Period
1135.00

Memo Item

Full Name (Last, First, Middle Initial)
B. BARNES, KELLONI, , ,

Date of Disbursement
MM / DD / YYYY
05 / 21 / 2021

Mailing Address **5 RYERS AVENUE
APARTMENT 1**

City **CHELTENHAM** State **PA** Zip Code **19012**

Purpose of Disbursement
GET OUT TO VOTE

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number
C

Transaction ID : **SB21B.4455**
Amount of Each Disbursement this Period
660.00

Memo Item

Full Name (Last, First, Middle Initial)
C. COOPER, CHARLENE, , ,

Date of Disbursement
MM / DD / YYYY
05 / 21 / 2021

Mailing Address **3340 BOUVLER STREET**

City **PHILADELPHIA** State **PA** Zip Code **19140**

Purpose of Disbursement
GET OUT TO VOTE

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number
C

Transaction ID : **SB21B.4448**
Amount of Each Disbursement this Period
1480.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ **3275.00**

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

NON-FUNCTIONAL

**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 8 OF 14
	<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. HAIRSTON, TANYA, , ,			Date of Disbursement MM / DD / YYYY 05 / 21 / 2021		
Mailing Address 5471 WEST BERKS STREET			FEC Identification Number C [] Transaction ID : SB21B.4458 Amount of Each Disbursement this Period [] 260.00		
City PHILADELPHIA	State PA	Zip Code 19131	Category/Type []		
Purpose of Disbursement GET OUT TO VOTE		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. HINES, LA KASHA, , ,			Date of Disbursement MM / DD / YYYY 05 / 21 / 2021		
Mailing Address 259 S. CECIL STREET			FEC Identification Number C [] Transaction ID : SB21B.4457 Amount of Each Disbursement this Period [] 1420.00		
City PHILADELPHIA	State PA	Zip Code 19139	Category/Type []		
Purpose of Disbursement GET OUT TO VOTE		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. LEE, CHERIECE, , ,			Date of Disbursement MM / DD / YYYY 05 / 21 / 2021		
Mailing Address 242 S. 49TH STREET			FEC Identification Number C [] Transaction ID : SB21B.4450 Amount of Each Disbursement this Period [] 335.00		
City PHILADELPHIA	State PA	Zip Code 19139	Category/Type []		
Purpose of Disbursement GET OUT TO VOTE		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).....▶	[] 2015.00
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)					PAGE 9 OF 14
	<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 MM / DD / YYYY 05 / 21 / 2021		
Mailing Address 4812 KNOX STREET			FEC Identification Number C		
City PHILADELPHIA	State PA	Zip Code 19144	Transaction ID : SB21B.4454		
Purpose of Disbursement GET OUT TO VOTE		Category/ Type	Amount of Each Disbursement this Period 1065.00		
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. NEWKIRK, TIFFANY, , ,			Date of Disbursement MM / DD / YYYY 05 / 21 / 2021		
Mailing Address 2449 N. 21ST STREET			FEC Identification Number C		
City PHILADELPHIA	State PA	Zip Code 19132	Transaction ID : SB21B.4470		
Purpose of Disbursement GET OUT TO VOTE		Category/ Type	Amount of Each Disbursement this Period 660.00		
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. ROBINSON, JIMMY, , ,			Date of Disbursement MM / DD / YYYY 05 / 21 / 2021		
Mailing Address 5311 WALTON STREET			FEC Identification Number C		
City PHILADELPHIA	State PA	Zip Code 19143	Transaction ID : SB21B.4453		
Purpose of Disbursement GET OUT TO VOTE		Category/ Type	Amount of Each Disbursement this Period 1135.00		
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).....▶	2860.00
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)					PAGE 10 OF 14
	<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. RUFF, REGINA, . .			Date of Disbursement MM / DD / YYYY 05 / 21 / 2021		
Mailing Address 2917 N. 21ST STREET			FEC Identification Number C		
City PHILADELPHIA	State PA	Zip Code 19132	Transaction ID : SB21B.4466		
Purpose of Disbursement GET OUT TO VOTE		Category/Type C	Amount of Each Disbursement this Period 805.00		
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. SF ENTERTAINMENT LLC			Date of Disbursement MM / DD / YYYY 04 / 15 / 2021		
Mailing Address 1237 W. VENANGO STREET			FEC Identification Number C		
City PHILADELPHIA	State PA	Zip Code 19140	Transaction ID : SB21B.4440		
Purpose of Disbursement VIDEO PRODUCTION		Category/Type C	Amount of Each Disbursement this Period 300.00		
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 05 / 21 / 2021		
Mailing Address 4615 N. 15TH STREET			FEC Identification Number C		
City PHILADELPHIA	State PA	Zip Code 19140	Transaction ID : SB21B.4465		
Purpose of Disbursement GET OUT TO VOTE		Category/Type C	Amount of Each Disbursement this Period 1070.00		
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).....	2175.00
TOTAL This Period (last page this line number only).....	

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)

PAGE 11 OF 14

<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 05 / 21 / 2021	
Mailing Address 1617 S. 17TH STREET			FEC Identification Number C []	
City PHILADELPHIA	State PA	Zip Code 19145	Transaction ID : SB21B.4452 Amount of Each Disbursement this Period [] 1005.00	
Purpose of Disbursement GET OUT TO VOTE		Candidate Name []	Category/ Type	
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.			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		Candidate Name []	Category/ Type	
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.			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		Candidate Name []	Category/ Type	
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).....			[] 1005.00	
TOTAL This Period (last page this line number only).....			[] 11330.00	

2016-05-01 10:00:00 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)	PAGE 12 OF 14
	<input 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 checked="" type="checkbox"/> 29 <input type="checkbox"/> 30b	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. 48TH WARD DEMOCRATIC COMMITTEE, , , ,		Date of Disbursement MM / DD / YYYY 05 / 14 / 2021
Mailing Address 2008 SNYDER AVENUE		FEC Identification Number C [REDACTED]
City PHILADELPHIA	State PA	Zip Code 19145
Purpose of Disbursement CONTRIBUTION		Transaction ID : SB29.4480
Candidate Name		Amount of Each Disbursement this Period 2500.00
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) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. FRIENDS OF TOM TOSTI		Date of Disbursement MM / DD / YYYY 03 / 09 / 2021
Mailing Address 346 STRATTON COURT		FEC Identification Number C [REDACTED]
City LANGHORNE	State PA	Zip Code 19047
Purpose of Disbursement CONTRIBUTION		Transaction ID : SB29.4478
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) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. LAWRENCE KRASNER FOR DA		Date of Disbursement MM / DD / YYYY 01 / 15 / 2021
Mailing Address 239 CAMAC STREET		FEC Identification Number C [REDACTED]
City PHILADELPHIA	State PA	Zip Code 19107
Purpose of Disbursement CONTRIBUTION		Transaction ID : SB29.4474
Candidate Name		Amount of Each Disbursement this Period 3000.00
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) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	6500.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

PHILADELPHIA - 2011-01-01 10:00:00 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)					PAGE 13 OF 14
	<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. WILLIAMS FOR SENATE			Date of Disbursement MM / DD / YYYY 02 / 24 / 2021		
Mailing Address PO BOX 6313			FEC Identification Number C		
City PHILADELPHIA	State PA	Zip Code 19139	Transaction ID : SB29.4476		
Purpose of Disbursement CONTRIBUTION		Category/Type	Amount of Each Disbursement this Period 2500.00		
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.			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		Category/Type	<input type="checkbox"/> Memo Item		
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		Category/Type	<input type="checkbox"/> Memo Item		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	9000.00

NON-PROFIT ORGANIZATION

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 14 OF 14
 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 NUHHCE 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 NUHHCE 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

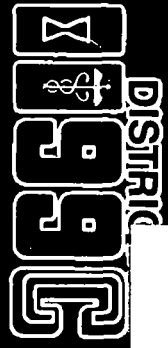
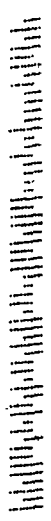
Outstanding Balance Beginning This Period 50000.00 Transaction ID : SD10.4135
 Amount Incurred This Period 0.00 Payment This Period 0.00 Outstanding Balance at Close of This Period 50000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 DISTRICT 1199C NUHHCE 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

NON-CONFIDENTIAL



DISTRICT
**National Union of Hospital
and Health Care Employees**

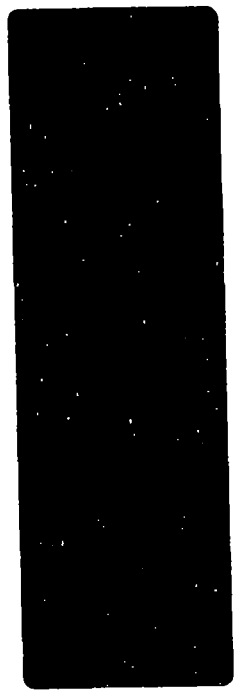
AFSCME, AFL-CIO
1319 Locust Street
Philadelphia, PA 19107-5498



7020 0640 0000 2639 4652

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20463



U.S. POSTAGE
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02 4W
0000363215 JUL 16 202

Address Correction Requested



NON-PROFIT ORGANIZATION

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
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<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 7/16/21
<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
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
RD	7/30/21
PREPARER	DATE PREPARED

(3/2015)

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