

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAILCENTER

2023 JUL 28 AM 10:46

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)
Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12)
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 format boxes

in the State of

State selection box

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

- General (30G) Runoff (30R) Special (30S)

Election on

MM/DD/YYYY format boxes

in the State of

State selection box

5. Covering Period

01 01 2023 through 06 30 2023

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

Type or Print Name of Treasurer

Elyse Ford

Signature of Treasurer

[Handwritten Signature]

Date

07 27 2023

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

Office Use Only

FEC FORM 3X Rev. 05/2016

**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:

01 / 01 / 2023

To:

06 / 30 / 2023

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, 2023 | 17212.17 | 17212.17 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 17212.17 | |
| (c) Total Receipts (from Line 19) | 2885.15 | 2885.15 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 20097.32 | 20097.32 |
| 7. Total Disbursements (from Line 31)..... | - 488.75 | - 488.75 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 20586.07 | 20586.07 |
| 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

UNIVERSITY MICROFILMS INTERNATIONAL

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:

01 / 01 / 2023

To:

06 / 30 / 2023

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.....

2885.15

2885.15

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

2885.15

2885.15

(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).....▶

2885.15

2885.15

12. Transfers From Affiliated/Other Party Committees.....

0.00

0.00

13. All Loans Received.....

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

0.00

0.00

17. Other Federal Receipts (Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5).....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

2885.15

2885.15

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

2885.15

2885.15

NON-FEDERAL UNION

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

NON-FEDERAL SHARE

| 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 | 1316.25 | 1316.25 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 1316.25 | 1316.25 |
| 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)..... | - 1805.00 | - 1805.00 |
| 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)) .. | - 488.75 | - 488.75 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | - 488.75 | - 488.75 |

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) | 2885.15 | 2885.15 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 2885.15 | 2885.15 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 1316.25 | 1316.25 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 1316.25 | 1316.25 |

NON-CONFIDENTIAL

**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 |

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. BLACKMAN CPA, PERRY, N, , | | Date of Disbursement MM / DD / YYYY 02 / 02 / 2023 | |
| Mailing Address 506 CORPORATE DRIVE WEST | | FEC Identification Number C | |
| City LANGHORNE | State PA | Zip Code 19047 | Transaction ID : SB21B.4587 |
| Purpose of Disbursement ACCOUNTING & REPORTING | | Category/ Type | Amount of Each Disbursement this Period 1316.25 |
| 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 | | 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. | | 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 | 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).....▶ | 1316.25 |
| TOTAL This Period (last page this line number only).....▶ | 1316.25 |

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 7 OF 9 |
| | <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. GAINES, LENORA, , ,

Mailing Address **1603 WEST WEST ROSCOMB STREET**

City **PHILADELPHIA** State **PA** Zip Code **19141**

Purpose of Disbursement
VOID PREVIOUSLY REPORT PAYMENT - CHECK NEVER CLEARED

BANK ACCOUNT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: **06 / 30 / 2023**

FEC Identification Number: **C**

Transaction ID : **SB29.4595**

Amount of Each Disbursement this Period: **- 130.00**

Memo Item

Full Name (Last, First, Middle Initial)
B. HINES, LA KASHA, , ,

Mailing Address **259 S. CECIL STREET**

City **PHILADELPHIA** State **PA** Zip Code **19139**

Purpose of Disbursement
VOID PREVIOUSLY REPORTED PAYMENT - CHECK NEVER CLEARED

BANK ACCOUNT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: **06 / 30 / 2023**

FEC Identification Number: **C**

Transaction ID : **SB29.4592**

Amount of Each Disbursement this Period: **- 230.00**

Memo Item

Full Name (Last, First, Middle Initial)
C. MC CAULEY, JOANNE, , ,

Mailing Address **4812 KNOX STREET**

City **PHILADELPHIA** State **PA** Zip Code **19144**

Purpose of Disbursement
VOID PREVIOUSLY REPORTED PAYMENT - CHECK NEVER CLEARED

BANK ACCOUNT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: **06 / 30 / 2023**

FEC Identification Number: **C**

Transaction ID : **SB29.4594**

Amount of Each Disbursement this Period: **- 345.00**

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ **- 705.00**

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

20230630 11:00 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) <table style="margin-left: 10px;"> <tr> <td><input type="checkbox"/> 21b</td> <td><input type="checkbox"/> 22</td> <td><input type="checkbox"/> 23</td> <td><input type="checkbox"/> 26</td> <td><input type="checkbox"/> 27</td> </tr> <tr> <td><input type="checkbox"/> 28a</td> <td><input type="checkbox"/> 28b</td> <td><input type="checkbox"/> 28c</td> <td><input checked="" type="checkbox"/> 29</td> <td><input type="checkbox"/> 30b</td> </tr> </table> | <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 |
| <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. PHILADELPHIA COUNCIL AFL-CIO PAC | | | Date of Disbursement MM / DD / YYYY 06 / 30 / 2023 |
| Mailing Address 22 S. 22ND STREET SECOND FLOOR | | | FEC Identification Number C Transaction ID : SB29.4596 Amount of Each Disbursement this Period - 600.00 <input type="checkbox"/> Memo Item |
| City PHILADELPHIA | State PA | Zip Code 19103 | |
| Purpose of Disbursement VOID PREVIOUSLY REPORTED PAYMENT - CHECK NEVER CLEARED BANK ACCOUNT | | Category/ Type | |
| Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|--------------------------|--|
| Full Name (Last, First, Middle Initial) B. RICK FOR WEST PHILLY | | | Date of Disbursement MM / DD / YYYY 06 / 30 / 2023 |
| Mailing Address 4943 CHESTNUT STREET | | | FEC Identification Number C Transaction ID : SB29.4591 Amount of Each Disbursement this Period - 500.00 <input type="checkbox"/> Memo Item |
| City PHILADELPHIA | State PA | Zip Code 19139 | |
| Purpose of Disbursement VOID PREVIOUSLY REPORTED PAYMENT - NEVER CLEARED BANK ACCOUNT | | Category/ Type | |
| Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|-------------------|--|
| Full Name (Last, First, Middle Initial) C. | | | Date of Disbursement MM / DD / YYYY |
| Mailing Address | | | FEC Identification Number C Amount of Each Disbursement this Period - <input type="checkbox"/> Memo Item |
| City | State | Zip Code | |
| Purpose of Disbursement | | Category/ Type | |
| Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|---|-----------|
| SUBTOTAL of Disbursements This Page (optional)..... | - 1100.00 |
| TOTAL This Period (last page this line number only)..... | - 1805.00 |

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

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 |

2025 RELEASE UNDER E.O. 14176



UNITED STATES
POSTAL SERVICE®

PRIORITY
MAIL
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quodient
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07/27/2023 ZIP 19107
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US POSTAGE



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CUSTOMER USE ONLY

PHONE () _____

District 1190e
1319 Locust St.
Phila. PA 19107

Free Package Pickup,
scan the QR code.

1 RATE ENVELOPE
■ ANY WEIGHT



USPS.COM/PICKUP

LOCKED ■ INSURED



S00001000014

EP14F July 2022
OD: 12 1/2 x 9 1/2

PEEL FROM THIS CORNER

- For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
- \$100.00 insurance included.

DELIVERY OPTIONS (Customer Use Only)

- SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer 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)
- *Refer to USPS.com or local Post Office™ for availability.

TO: (PLEASE PRINT) _____

PHONE () _____

Federal Elections Commission
1050 First St. NE
Washington DC 20043
20 4 6 3

ZIP & 4th (U.S. ADDRESSES ONLY)

PAYMENT BY ACCOUNT (if applicable)

USPS® Corporate Acct. No. _____

Federal Agency Acct. No. for Postal Service™ Acct. No. _____

ORIGIN (POSTAL SERVICE USE ONLY)

PO ZIP Code _____

1-Day

2-Day

Military

DPO

Scheduled Delivery Date (MM/DD/YY) _____

Scheduled Delivery Time _____

Insurance Fee \$ _____

Return Receipt Fee \$ _____

Live Animal Transportation Fee \$ _____

Date Accepted (MM/DD/YY) _____

Scheduled Delivery Time _____

Insurance Fee \$ _____

Return Receipt Fee \$ _____

Live Animal Transportation Fee \$ _____

Time Accepted _____

AM
 PM

Return Receipt Fee \$ _____

Live Animal Transportation Fee \$ _____

Special Handling/Fragile _____

Sunday/Holiday Premium Fee \$ _____

Return Receipt Fee \$ _____

Live Animal Transportation Fee \$ _____

Weight _____

Flat Rate

Acceptance Employee Initials _____

Return Receipt Fee \$ _____

Live Animal Transportation Fee \$ _____

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YY) _____

Time _____

Employee Signature _____

Delivery Attempt (MM/DD/YY) _____

Time _____

Employee Signature _____

LABEL 11-B, MAY 2021

PSN 7890-02-000-9999

For Domestic shipments, the maximum weight is 70 lbs. For international shipments, the maximum weight is 20 lbs.

NON-MONITORING ONLY

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 checked="" type="checkbox"/> USPS Priority Mail | Postmarked 7/27/23 |
| <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 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 |

WDC
 PREPARER

7/28/23
 DATE PREPARED

(4/2023)

20230728 10:00:00 AM