

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

National Union of Healthcare Workers Federal Committee on Political Education

ADDRESS (number and street) 5940 College Avenue
▼
 Check if different than previously reported. (ACC) Oakland CA 94618

2. **FEC IDENTIFICATION NUMBER** ▼ C00461418 **CITY** ▲ **STATE** ▲ **ZIP CODE** ▲
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 M M / D D / Y Y Y Y Y Y in the State of
(d) 30-Day **POST-Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y Y Y 07 / 01 / 2014 through 09 / 30 / 2014

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 Stacy Owens

Signature of Treasurer Stacy Owens *[Electronically Filed]* Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

National Union of Healthcare Workers Federal Committee on Political Education

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="2014"/>	<input type="text" value="24226.33"/>	<input type="text" value="24226.33"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="25350.13"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="7225.46"/>	<input type="text" value="17051.67"/>
(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="32575.59"/>	<input type="text" value="41278.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="5587.45"/>	<input type="text" value="14289.86"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="26988.14"/>	<input type="text" value="26988.14"/>
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="0.00"/>	

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

Write or Type Committee Name

National Union of Healthcare Workers Federal Committee on Political Education

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

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).....	1735.88	2648.08
(ii) Unitemized	5489.58	14403.59
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	7225.46	17051.67
(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)	7225.46	17051.67
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))..... ▶	7225.46	17051.67
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	7225.46	17051.67

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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	1387.45	1789.86
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1387.45	1789.86
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4200.00	12500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	5587.45	14289.86
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5587.45	14289.86

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	7225.46	17051.67
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7225.46	17051.67
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1387.45	1789.86
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1387.45	1789.86

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 13
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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)
National Union of Healthcare Workers Federal Committee on Political Education

A. Mark Delgado
 Full Name (Last, First, Middle Initial)
 Mailing Address 4504 Sultana Ave
 City Rosemead State CA Zip Code 91770-1461
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Keck USC Hospital Occupation Tech - Surgical.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **738.40**

Date of Receipt **07 / 02 / 2014**
Transaction ID : INCA7545
 Amount of Each Receipt this Period **110.76**

B. Mark Delgado
 Full Name (Last, First, Middle Initial)
 Mailing Address 4504 Sultana Ave
 City Rosemead State CA Zip Code 91770-1461
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Keck USC Hospital Occupation Tech - Surgical.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **738.40**

Date of Receipt **08 / 06 / 2014**
Transaction ID : INCA7787
 Amount of Each Receipt this Period **73.84**

c. Mark Delgado
 Full Name (Last, First, Middle Initial)
 Mailing Address 4504 Sultana Ave
 City Rosemead State CA Zip Code 91770-1461
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Keck USC Hospital Occupation Tech - Surgical.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **738.40**

Date of Receipt **09 / 10 / 2014**
Transaction ID : INCA8052
 Amount of Each Receipt this Period **73.84**

SUBTOTAL of Receipts This Page (optional).....▶	258.44
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 7 OF 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Union of Healthcare Workers Federal Committee on Political Education

Full Name (Last, First, Middle Initial)
A. National Union of Healthcare Workers
 Mailing Address 5801 Christie Ave., Suite 525
 City State Zip Code
 Emeryville CA 94608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1609.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 14 / 2014
Transaction ID : PAYA8523
 Amount of Each Receipt this Period
 1327.44
 Accounting Services

Full Name (Last, First, Middle Initial)
B. Sal Rosselli
 Mailing Address 1546 Wayland St
 City State Zip Code
 San Francisco CA 94134-1631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 National Union of Healthcare Workers President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2014
Transaction ID : INCA7600
 Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
C. Sal Rosselli
 Mailing Address 1546 Wayland St
 City State Zip Code
 San Francisco CA 94134-1631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 National Union of Healthcare Workers President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 06 / 2014
Transaction ID : INCA7841
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1427.44
TOTAL This Period (last page this line number only)..... ▶

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : PAYA8523

Payments by sponsor for administrative expenses - see 'The Henry Levy Group' memo item.

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 9 OF 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Union of Healthcare Workers Federal Committee on Political Education

A. Sal Rosselli
 Full Name (Last, First, Middle Initial)
 Mailing Address 1546 Wayland St
 City San Francisco State CA Zip Code 94134-1631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Union of Healthcare Workers Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 10 / 2014
Transaction ID : INCA8102
 Amount of Each Receipt this Period
 50.00

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	1735.88

**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"/> 24	<input type="checkbox"/> 25	<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)

National Union of Healthcare Workers Federal Committee on Political Education

Full Name (Last, First, Middle Initial)

A. National Union of Healthcare Workers

Mailing Address 5801 Christie Ave., Suite 525

City Emeryville State CA Zip Code 94608

Purpose of Disbursement
Accounting Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	14	/	2014

Transaction ID : PAYB8523

Amount of Each Disbursement this Period

1327.44

Category/
Type

Full Name (Last, First, Middle Initial)

B. The Henry Levy Group

Mailing Address 5940 College Avenue Suite F

City Oakland State CA Zip Code 94618

Purpose of Disbursement
Accounting Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	14	/	2014

Transaction ID : PAYBFT8523

Amount of Each Disbursement this Period

1327.44

Category/
Type

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
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Amount of Each Disbursement this Period

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Category/
Type

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

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

1327.44

1327.44

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : PAYB8523

Payments by sponsor for administrative expenses - see 'The Henry Levy Group' memo item.

Form/Schedule: SB21B

Transaction ID: PAYBFT8523

Payments by sponsor for administrative expenses - see 'The Henry Levy Group' memo item.

**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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)

National Union of Healthcare Workers Federal Committee on Political Education

Full Name (Last, First, Middle Initial)

A. Julia Brownley Victory Fund

Mailing Address 1229 Morse Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement Contribution

011

Candidate Name

Julia Brownley

Category/Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify) ▼

State: CA District: 26

Date of Disbursement

MM / DD / YYYY
07 / 22 / 2014

Transaction ID : EXPB7703

Amount of Each Disbursement this Period

2700.00

Full Name (Last, First, Middle Initial)

B. Mark DeSaulnier for Congress

Mailing Address Box 6606

City Concord State CA Zip Code 94524

Purpose of Disbursement Contribution

011

Candidate Name

Mark DeSaulnier

Category/Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify) ▼

State: CA District: 11

Date of Disbursement

MM / DD / YYYY
08 / 13 / 2014

Transaction ID : EXPB7704

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mark Takano for Congress

Mailing Address PO Box 5214

City Riverside State CA Zip Code 92517

Purpose of Disbursement Contribution

011

Candidate Name

Mark Takano

Category/Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify) ▼

State: CA District: 41

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : EXPB8217

Amount of Each Disbursement this Period

500.00

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

3700.00

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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)

National Union of Healthcare Workers Federal Committee on Political Education

Full Name (Last, First, Middle Initial)

A. Ted Lieu for Congress

Mailing Address PO Box

City Torrance State CA Zip Code 90505

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Ted Lieu

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 33

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2014

Transaction ID : EXPB8218

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

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

500.00

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

4200.00