

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
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

ADDRESS (number and street) 330 WEST 42ND STREET, 7TH FLOOR
NEW YORK NY 10036

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00348540 3. IS THIS REPORT NEW (N) OR AMENDED (A) 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 M / D 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 M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 04 / 01 / 2012 through 06 / 30 / 2012

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 KEVIN FINNEGAN

Signature of Treasurer KEVIN FINNEGAN [Electronically Filed] Date 12 / 04 / 2012

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)

Page 2

Write or Type Committee Name

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL 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="2012"/>		2188653.24
(b) Cash on Hand at Beginning of Reporting Period.....	1419976.47	
(c) Total Receipts (from Line 19)	1704820.16	3459591.77
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	3124796.63	5648245.01
7. Total Disbursements (from Line 31).....	1013477.27	3536925.65
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	2111319.36	2111319.36
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)	445590.65	

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

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

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).....	1633.00	2133.00
(ii) Unitemized	1702756.68	3456486.26
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1704389.68	3458619.26
(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)	1704389.68	3458619.26
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.).....	430.48	972.51
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))..... ▶	1704820.16	3459591.77
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1704820.16	3459591.77

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	1250.00	4200.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1250.00	4200.00
22. Transfers to Affiliated/Other Party Committees.....	1000000.00	3500000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	16000.00
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	134.00	339.00
(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)).....	134.00	339.00
29. Other Disbursements	7093.27	16386.65
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)) ..	1013477.27	3536925.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1013477.27	3536925.65

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)	1704389.68	3458619.26
34. Total Contribution Refunds (from Line 28(d))	134.00	339.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1704255.68	3458280.26
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1250.00	4200.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1250.00	4200.00

**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 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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)
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. MITRA BEHROOZI
 Full Name (Last, First, Middle Initial)
 Mailing Address 123 LINCOLN PLACE
 City State Zip Code
 BROOKLYN NY 11217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 National Benefit Fund-1199 Executive director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : SA11AI.10572
 Amount of Each Receipt this Period
 150.00
 PAYROLL DEDUCTION

B. MITRA BEHROOZI
 Full Name (Last, First, Middle Initial)
 Mailing Address 123 LINCOLN PLACE
 City State Zip Code
 BROOKLYN NY 11217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 National Benefit Fund-1199 Executive director
 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
 06 / 30 / 2012
Transaction ID : SA11AI.10573
 Amount of Each Receipt this Period
 150.00
 PAYROLL DEDUCTION

C. Kerensa Dessalines
 Full Name (Last, First, Middle Initial)
 Mailing Address 3330 Spanish Moss Ter
 Apt 407
 City State Zip Code
 Lauderhill FL 33319-5062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Kendall Regional Medical Ctr. Registered Nurse
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : SA11AI.10589
 Amount of Each Receipt this Period
 120.00
 PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 420.00
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: (check only one)	PAGE 7 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Kerensa Dessalines
 Full Name (Last, First, Middle Initial)
 Mailing Address 3330 Spanish Moss Ter
 Apt 407
 City State Zip Code
 Lauderhill FL 33319-5062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Kendall Regional Medical Ctr. Registered Nurse
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : SA11AI.10590
 Amount of Each Receipt this Period
 80.00
 PAYROLL DEDUCTION

B. Kerensa Dessalines
 Full Name (Last, First, Middle Initial)
 Mailing Address 3330 Spanish Moss Ter
 Apt 407
 City State Zip Code
 Lauderhill FL 33319-5062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Kendall Regional Medical Ctr. Registered Nurse
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : SA11AI.10591
 Amount of Each Receipt this Period
 80.00
 PAYROLL DEDUCTION

C. JAMES Frazier
 Full Name (Last, First, Middle Initial)
 Mailing Address 355 Clinton Avenue Apt. 2G
 City State Zip Code
 Brooklyn NY 11238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ST. VINCENT DE PAUL RESIDENCE HOUSEKEEPER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : SA11AI.10609
 Amount of Each Receipt this Period
 50.00
 PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 210.00
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: (check only one)	PAGE 8 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. JAMES Frazier
Full Name (Last, First, Middle Initial)

Mailing Address 355 Clinton Avenue Apt. 2G

City Brooklyn	State NY	Zip Code 11238
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer ST. VINCENT DE PAUL RESIDENCE	Occupation HOUSEKEEPER
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : SA11AI.10605

Amount of Each Receipt this Period
250.00

PAYROLL DEDUCTION

B. JAMES Frazier
Full Name (Last, First, Middle Initial)

Mailing Address 355 Clinton Avenue Apt. 2G

City Brooklyn	State NY	Zip Code 11238
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FEC ID number of contributing federal political committee. **C**

Name of Employer ST. VINCENT DE PAUL RESIDENCE	Occupation HOUSEKEEPER
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : SA11AI.10608

Amount of Each Receipt this Period
50.00

PAYROLL DEDUCTION

C. JAMES Frazier
Full Name (Last, First, Middle Initial)

Mailing Address 355 Clinton Avenue Apt. 2G

City Brooklyn	State NY	Zip Code 11238
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FEC ID number of contributing federal political committee. **C**

Name of Employer ST. VINCENT DE PAUL RESIDENCE	Occupation HOUSEKEEPER
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

Transaction ID : SA11AI.10610

Amount of Each Receipt this Period
50.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....▶	125.00
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: (check only one)	PAGE 9 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. JAMES Frazier
Full Name (Last, First, Middle Initial)

Mailing Address 355 Clinton Avenue Apt. 2G

City Brooklyn State NY Zip Code 11238

FEC ID number of contributing federal political committee. **C**

Name of Employer ST. VINCENT DE PAUL RESIDENCE Occupation HOUSEKEEPER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 30 / 2012
Transaction ID : SA11AI.10611

Amount of Each Receipt this Period 50.00

PAYROLL DEDUCTION

B. Johnny Jones
Full Name (Last, First, Middle Initial)

Mailing Address 1272 NW 46th St

City Miami State FL Zip Code 33142-4175

FEC ID number of contributing federal political committee. **C**

Name of Employer Kendall Regional Medical Center Occupation SANITATION ASSISTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 06 / 30 / 2012
Transaction ID : SA11AI.10617

Amount of Each Receipt this Period 40.00

PAYROLL DEDUCTION

C. Nicole Joseph
Full Name (Last, First, Middle Initial)

Mailing Address 550 Ocean Ave Apt 4B

City Brooklyn State NY Zip Code 11226-3760

FEC ID number of contributing federal political committee. **C**

Name of Employer New York Presbyterian Hospital Occupation Patient Care Associate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 30 / 2012
Transaction ID : SA11AI.10622

Amount of Each Receipt this Period 50.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 140.00

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: (check only one)	PAGE 10 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. ROLANDO KING
Full Name (Last, First, Middle Initial)
Mailing Address 3054 83RD STREET EAST

City East Elmhurst	State NY	Zip Code 11370-1919
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SEIU COMMUNICATIONS CENTER INC	Occupation DIRECTOR
--	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

Transaction ID : SA11AI.10627

Amount of Each Receipt this Period
50.00
PAYROLL DEDUCTION OF \$50 PER MONTH

B. ANGELA LUSK
Full Name (Last, First, Middle Initial)
Mailing Address 5205 DWIRE COURT

City TAMPA	State FL	Zip Code 33647
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FEC ID number of contributing federal political committee. **C**

Name of Employer 1199 SEIU	Occupation Assistant Director of Research
-------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

Transaction ID : SA11AI.10632

Amount of Each Receipt this Period
50.00
PAYROLL DEDUCTION OF \$50 PER MONTH

C. Betsy Marville
Full Name (Last, First, Middle Initial)
Mailing Address 9914 62nd Ter S
Apt B

City Boynton Beach	State FL	Zip Code 33437-2871
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FEC ID number of contributing federal political committee. **C**

Name of Employer 1199 SEIU	Occupation ORGANIZER
-------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : SA11AI.10637

Amount of Each Receipt this Period
100.00
PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....▶	200.00
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 11 OF 34
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial) A. Betsy Marville		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : SA11AI.10635
Mailing Address 9914 62nd Ter S Apt B		Amount of Each Receipt this Period 100.00 PAYROLL DEDUCTION
City Boynton Beach	State FL	Zip Code 33437-2871
FEC ID number of contributing federal political committee. C	Name of Employer 1199 SEIU	Occupation ORGANIZER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Betsy Marville		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : SA11AI.10638
Mailing Address 9914 62nd Ter S Apt B		Amount of Each Receipt this Period 100.00 PAYROLL DEDUCTION
City Boynton Beach	State FL	Zip Code 33437-2871
FEC ID number of contributing federal political committee. C	Name of Employer 1199 SEIU	Occupation ORGANIZER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. GERARD NORDENBERG		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : SA11AI.10648
Mailing Address 100 MIDDLETON ROAD APT. 29		Amount of Each Receipt this Period 50.00 PAYROLL DEDUCTION
City BOHEMIA	State NY	Zip Code 11716-3923
FEC ID number of contributing federal political committee. C	Name of Employer 1199 SEIU	Occupation VICE PRESIDENT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	250.00
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: (check only one)	PAGE 12 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. MONICA RUSSO
Full Name (Last, First, Middle Initial)

Mailing Address 11 NW 154TH STREET

City MIAMI State FL Zip Code 33169

FEC ID number of contributing federal political committee. **C**

Name of Employer 1199 SEIU Occupation Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 256.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : SA11AI.10663

Amount of Each Receipt this Period
 64.00

PAYROLL DEDUCTION

B. MONICA RUSSO
Full Name (Last, First, Middle Initial)

Mailing Address 11 NW 154TH STREET

City MIAMI State FL Zip Code 33169

FEC ID number of contributing federal political committee. **C**

Name of Employer 1199 SEIU Occupation Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : SA11AI.10664

Amount of Each Receipt this Period
 64.00

PAYROLL DEDUCTION

C. SANDRA SARAZIN
Full Name (Last, First, Middle Initial)

Mailing Address 8 LYNN STREET

City NANUET State NY Zip Code 10954

FEC ID number of contributing federal political committee. **C**

Name of Employer RITE AID Occupation PHARMACY CASHIER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : SA11AI.10669

Amount of Each Receipt this Period
 60.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 188.00

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 13 OF 34
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. BRENDAN SHAW
Full Name (Last, First, Middle Initial)

Mailing Address 297 DRIGGS AVENUE, #2B

City State Zip Code
BROOKLYN NY 11222

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SEIU COMMUNICATIONS CENTER INC DIRECTOR OF COMMUNICATION

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2012
Transaction ID : SA11AI.10679

Amount of Each Receipt this Period
50.00

PAYROLL DEDUCTION

B. NEVA SHILLINGFORD
Full Name (Last, First, Middle Initial)

Mailing Address 952 E 218TH STREET

City State Zip Code
BRONX NY 10469-1006

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
1199 SEIU EXECUTIVE VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2012
Transaction ID : SA11AI.10684

Amount of Each Receipt this Period
50.00

PAYROLL DEDUCTION

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	1633.00

**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 14 OF 34
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial) A. TD BANK		Date of Receipt
Mailing Address 1710 ROUTE 70 EAST		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
CHERRY HILL	NJ	08034
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA17.10560
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="140.29"/>
Receipt For:	Aggregate Year-to-Date ▼	INTEREST INCOME
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="682.32"/>	

Full Name (Last, First, Middle Initial) B. TD BANK		Date of Receipt
Mailing Address 1710 ROUTE 70 EAST		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
CHERRY HILL	NJ	08034
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA17.10561
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="137.15"/>
Receipt For:	Aggregate Year-to-Date ▼	INTEREST INCOME
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="819.47"/>	

Full Name (Last, First, Middle Initial) C. TD BANK		Date of Receipt
Mailing Address 1710 ROUTE 70 EAST		<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
CHERRY HILL	NJ	08034
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA17.10562
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="153.04"/>
Receipt For:	Aggregate Year-to-Date ▼	INTEREST INCOME
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="972.51"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="430.48"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="430.48"/>

**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)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. HOROWITZ & ULLMANN, P.C.

Mailing Address 275 MADISON AVENUE
SUITE 902

City NEW YORK State NY Zip Code 10016

Purpose of Disbursement
ACCOUNTING FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2012

Transaction ID : SB21B.10558

Amount of Each Disbursement this Period

1250.00

Full Name (Last, First, Middle Initial)

B.

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

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

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

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)..... ▶

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

1250.00

1250.00

**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 checked="" 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)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. SEIU COPE FUND

Mailing Address 1313 L STREET, NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
TRANSFER

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y
05 / 11 / 2012

Transaction ID : SB22.10555

Amount of Each Disbursement this Period

1000000.00

Full Name (Last, First, Middle Initial)

B.

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

M M / D D / 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

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

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

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

1000000.00

1000000.00

**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)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. TOGETHER PAC, INC.

Mailing Address 77 SUMMER STREET, 10TH FL.

City BOSTON State MA Zip Code 02110

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

05 / 10 / 2012

Transaction ID : SB23.10552

Amount of Each Disbursement this Period

5000.00

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

/ /

Amount of Each Disbursement this Period

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

/ /

Amount of Each Disbursement this Period

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

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

5000.00

5000.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. PAGNY METROPOLITAN HOSPITAL

Mailing Address 234 E 149TH ST., STE 8D-200

City BRONX State NY Zip Code 10451

Purpose of Disbursement
REFUND OF UNITEMIZED CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 05 / 2012

Transaction ID : SB28A.10548

Amount of Each Disbursement this Period

134.00

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

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

Amount of Each Disbursement this Period

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

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

Amount of Each Disbursement this Period

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

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

134.00

134.00

**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"/> 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. 1199 SEIU DUES ACCOUNT

Mailing Address 330 WEST 42ND STREET, 7TH FLOOR

City NEW YORK State NY Zip Code 10036

Purpose of Disbursement
REFUND OF DEPOSIT INTO WRONG ACCOUNT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.10551**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. 1199 SEIU DUES ACCOUNT

Mailing Address 330 WEST 42ND STREET, 7TH FLOOR

City NEW YORK State NY Zip Code 10036

Purpose of Disbursement
REFUND OF DEPOSIT INTO WRONG ACCOUNT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.10554**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. 1199 SEIU DUES ACCOUNT

Mailing Address 330 WEST 42ND STREET, 7TH FLOOR

City NEW YORK State NY Zip Code 10036

Purpose of Disbursement
REFUND OF DEPOSIT INTO WRONG ACCOUNT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.10556**

Amount of Each Disbursement this Period

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

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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. 1199 SEIU DUES ACCOUNT

Mailing Address 330 WEST 42ND STREET, 7TH FLOOR

City NEW YORK State NY Zip Code 10036

Purpose of Disbursement
REFUND OF DEPOSIT INTO WRONG ACCOUNT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 13 / 2012

Transaction ID : SB29.10557

Amount of Each Disbursement this Period

87.07

Full Name (Last, First, Middle Initial)

B. 1199 SEIU DUES ACCOUNT

Mailing Address 330 WEST 42ND STREET, 7TH FLOOR

City NEW YORK State NY Zip Code 10036

Purpose of Disbursement
REFUND OF DEPOSIT INTO WRONG ACCOUNT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 20 / 2012

Transaction ID : SB29.10559

Amount of Each Disbursement this Period

60.00

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) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

147.07

7093.27

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 21 OF 34
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor 1199 SEIU UNITED HEALTHCARE WORKERS EAST	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET	
City State Zip Code NEW YORK NY 10036	

Outstanding Balance Beginning This Period 8091.98	Transaction ID : SD10.6240	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 8091.98

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor 1199 SEIU UNITED HEALTHCARE WORKERS EAST	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET	
City State Zip Code NEW YORK NY 10036	

Outstanding Balance Beginning This Period 65588.32	Transaction ID : SD10.6241	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 65588.32

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 1199 SEIU UNITED HEALTHCARE WORKERS EAST	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET	
City State Zip Code NEW YORK NY 10036	

Outstanding Balance Beginning This Period 14545.49	Transaction ID : SD10.6242	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 14545.49

1) SUBTOTALS This Period This Page (optional)..... ▶	88225.79
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 22 OF 34
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor 1199 SEIU UNITED HEALTHCARE WORKERS EAST	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET	
City State Zip Code NEW YORK NY 10036	

Outstanding Balance Beginning This Period <input type="text" value="3157.42"/>	Transaction ID : SD10.6243	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3157.42"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor 1199 SEIU UNITED HEALTHCARE WORKERS EAST	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET	
City State Zip Code NEW YORK NY 10036	

Outstanding Balance Beginning This Period <input type="text" value="56833.56"/>	Transaction ID : SD10.6244	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="56833.56"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 1199 SEIU UNITED HEALTHCARE WORKERS EAST	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET	
City State Zip Code NEW YORK NY 10036	

Outstanding Balance Beginning This Period <input type="text" value="82522.06"/>	Transaction ID : SD10.6245	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="82522.06"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="142513.04"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 23 OF 34
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor 1199 SEIU UNITED HEALTHCARE WORKERS EAST	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET	
City State Zip Code NEW YORK NY 10036	

Outstanding Balance Beginning This Period 78033.76	Transaction ID : SD10.6246	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 78033.76

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor 1199 SEIU UNITED HEALTHCARE WORKERS EAST	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET	
City State Zip Code NEW YORK NY 10036	

Outstanding Balance Beginning This Period 2812.96	Transaction ID : SD10.6247	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2812.96

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 1199 SEIU UNITED HEALTHCARE WORKERS EAST	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET	
City State Zip Code NEW YORK NY 10036	

Outstanding Balance Beginning This Period 5095.64	Transaction ID : SD10.6248	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5095.64

1) SUBTOTALS This Period This Page (optional)..... ▶	85942.36
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 24 OF 34
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor 1199 SEIU UNITED HEALTHCARE WORKERS EAST	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET	
City State Zip Code NEW YORK NY 10036	

Outstanding Balance Beginning This Period 12962.04	Transaction ID : SD10.6249	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 12962.04

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor 1199 SEIU UNITED HEALTHCARE WORKERS EAST	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET	
City State Zip Code NEW YORK NY 10036	

Outstanding Balance Beginning This Period 10997.70	Transaction ID : SD10.6284	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 10997.70

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 1199 SEIU UNITED HEALTHCARE WORKERS EAST	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET	
City State Zip Code NEW YORK NY 10036	

Outstanding Balance Beginning This Period 7231.75	Transaction ID : SD10.6285	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 7231.75

1) SUBTOTALS This Period This Page (optional)..... ▶	31191.49
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 25 OF 34
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor 1199 SEIU UNITED HEALTHCARE WORKERS EAST	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET	
City State Zip Code NEW YORK NY 10036	

Outstanding Balance Beginning This Period <input type="text" value="3434.67"/>	Transaction ID : SD10.6286	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3434.67"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor 1199 SEIU UNITED HEALTHCARE WORKERS EAST	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET	
City State Zip Code NEW YORK NY 10036	

Outstanding Balance Beginning This Period <input type="text" value="16789.92"/>	Transaction ID : SD10.6287	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="16789.92"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 1199 SEIU UNITED HEALTHCARE WORKERS EAST	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET	
City State Zip Code NEW YORK NY 10036	

Outstanding Balance Beginning This Period <input type="text" value="9286.03"/>	Transaction ID : SD10.6288	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="9286.03"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="29510.62"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 26 OF 34
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor AMERICAN EXPRESS	Nature of Debt (Purpose): CATERING
Mailing Address P.O. BOX 2855	
City State Zip Code NEW YORK NY 10116-2855	

Outstanding Balance Beginning This Period <input type="text" value="240.00"/>	Transaction ID : SD10.6289	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="240.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor AVIS RENT A CAR SYSTEM, INC.	Nature of Debt (Purpose): TRAVEL EXPENSES
Mailing Address 7876 COLLECTIONS CTR DRIVE	
City State Zip Code CHICAGO IL 60693	

Outstanding Balance Beginning This Period <input type="text" value="1156.12"/>	Transaction ID : SD10.6540	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1156.12"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor JENNY BAUER	Nature of Debt (Purpose): REIMBURSEMENT FOR CATERING EXPENSES
Mailing Address 2 WILCOTT PARK	
City State Zip Code MEDFORD MA 02155	

Outstanding Balance Beginning This Period <input type="text" value="43.65"/>	Transaction ID : SD10.6541	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="43.65"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="1439.77"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 27 OF 34
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor LILLIAN CARINO	Nature of Debt (Purpose): REIMBURSEMENT FOR TRAVEL EXPENSES
Mailing Address 327 SAINT NICHOLAS AVENUE APT. 2N	
City State Zip Code NEW YORK NY 10027-3609	

Outstanding Balance Beginning This Period <input type="text" value="45.00"/>	Transaction ID : SD10.6508	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="45.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MACK CROUNSE GROUP	Nature of Debt (Purpose): MAILINGS
Mailing Address 2001 N. BEAUREGARD ST., STE 420	
City State Zip Code ALEXANDRIA VA 22311	

Outstanding Balance Beginning This Period <input type="text" value="1606.34"/>	Transaction ID : SD10.8322	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1606.34"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MACK CROUNSE GROUP	Nature of Debt (Purpose): MAILINGS
Mailing Address 2001 N. BEAUREGARD ST., STE 420	
City State Zip Code ALEXANDRIA VA 22311	

Outstanding Balance Beginning This Period <input type="text" value="1606.34"/>	Transaction ID : SD10.8323	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1606.34"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="3257.68"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 28 OF 34
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NOVAK MEDIA INC.	Nature of Debt (Purpose): RADIO BUY & PRODUCTION
Mailing Address 159 WEST MAIN STREET	
City State Zip Code WEBSTER NY 14580	

Outstanding Balance Beginning This Period 18850.00	Transaction ID : SD10.7361	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 18850.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ANTONELLA PECHTEL	Nature of Debt (Purpose): REIMBURSEMENT CATERING EXPENSE
Mailing Address 401 ROSE AVE	
City State Zip Code SCHENECTADY NY 12308	

Outstanding Balance Beginning This Period 201.39	Transaction ID : SD10.6531	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 201.39

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor SEIU COMMUNICATIONS CENTER LLC.	Nature of Debt (Purpose): ROBO CALLS
Mailing Address 330 WEST 42ND STREET	
City State Zip Code NEW YORK NY 10036	

Outstanding Balance Beginning This Period 4372.06	Transaction ID : SD10.7362	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4372.06

1) SUBTOTALS This Period This Page (optional)..... ▶	23423.45
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 29 OF 34
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SEIU COMMUNICATIONS CENTER LLC.	Nature of Debt (Purpose): PHONE BANK CALLS
Mailing Address 330 WEST 42ND STREET	
City State Zip Code NEW YORK NY 10036	

Outstanding Balance Beginning This Period 22157.25	Transaction ID : SD10.8325	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 22157.25

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD	Nature of Debt (Purpose): CATERING EXPENSES
Mailing Address P.O. BOX 88000	
City State Zip Code BALTIMORE MD 21288	

Outstanding Balance Beginning This Period 1897.47	Transaction ID : SD10.6517	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1897.47

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD	Nature of Debt (Purpose): CATERING EXPENSES
Mailing Address P.O. BOX 88000	
City State Zip Code BALTIMORE MD 21288	

Outstanding Balance Beginning This Period 1849.15	Transaction ID : SD10.6518	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1849.15

1) SUBTOTALS This Period This Page (optional)..... ▶	25903.87
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 30 OF 34
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD	Nature of Debt (Purpose): BEVERAGE EXPENSES
Mailing Address P.O. BOX 88000	
City State Zip Code BALTIMORE MD 21288	

Outstanding Balance Beginning This Period <input type="text" value="835.02"/>	Transaction ID : SD10.6519	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="835.02"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD	Nature of Debt (Purpose): TRAVEL EXPENSES
Mailing Address P.O. BOX 88000	
City State Zip Code BALTIMORE MD 21288	

Outstanding Balance Beginning This Period <input type="text" value="435.95"/>	Transaction ID : SD10.6520	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="435.95"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD	Nature of Debt (Purpose): TRAVEL EXPENSES
Mailing Address P.O. BOX 88000	
City State Zip Code BALTIMORE MD 21288	

Outstanding Balance Beginning This Period <input type="text" value="1056.95"/>	Transaction ID : SD10.6521	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1056.95"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="2327.92"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 31 OF 34
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD	Nature of Debt (Purpose): CATERING EXPENSES
Mailing Address P.O. BOX 88000	
City State Zip Code BALTIMORE MD 21288	

Outstanding Balance Beginning This Period <input type="text" value="2372.04"/>	Transaction ID : SD10.6522	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2372.04"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD	Nature of Debt (Purpose): TRAVEL EXPENSES
Mailing Address P.O. BOX 88000	
City State Zip Code BALTIMORE MD 21288	

Outstanding Balance Beginning This Period <input type="text" value="367.37"/>	Transaction ID : SD10.6533	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="367.37"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD	Nature of Debt (Purpose): TRAVEL EXPENSES
Mailing Address P.O. BOX 88000	
City State Zip Code BALTIMORE MD 21288	

Outstanding Balance Beginning This Period <input type="text" value="262.40"/>	Transaction ID : SD10.6535	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="262.40"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="3001.81"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 32 OF 34
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD	Nature of Debt (Purpose): CATERING EXPENSES
Mailing Address P.O. BOX 88000	
City State Zip Code BALTIMORE MD 21288	

Outstanding Balance Beginning This Period <input type="text" value="477.00"/>	Transaction ID : SD10.6536	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="477.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD	Nature of Debt (Purpose): TRAVEL EXPENSES
Mailing Address P.O. BOX 88000	
City State Zip Code BALTIMORE MD 21288	

Outstanding Balance Beginning This Period <input type="text" value="524.80"/>	Transaction ID : SD10.6537	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="524.80"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD	Nature of Debt (Purpose): CATERING EXPENSES
Mailing Address P.O. BOX 88000	
City State Zip Code BALTIMORE MD 21288	

Outstanding Balance Beginning This Period <input type="text" value="1115.00"/>	Transaction ID : SD10.6538	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1115.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="2116.80"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 33 OF 34
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD	Nature of Debt (Purpose): TRAVEL EXPENSES
Mailing Address P.O. BOX 88000	
City State Zip Code BALTIMORE MD 21288	

Outstanding Balance Beginning This Period <input type="text" value="419.84"/>	Transaction ID : SD10.6539	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="419.84"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD	Nature of Debt (Purpose): TRANSPORTATION COSTS
Mailing Address P.O. BOX 88000	
City State Zip Code BALTIMORE MD 21288	

Outstanding Balance Beginning This Period <input type="text" value="539.45"/>	Transaction ID : SD10.6545	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="539.45"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD	Nature of Debt (Purpose): CATERING EXPENSES
Mailing Address P.O. BOX 88000	
City State Zip Code BALTIMORE MD 21288	

Outstanding Balance Beginning This Period <input type="text" value="2552.60"/>	Transaction ID : SD10.6546	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2552.60"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="3511.89"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 34 OF 34
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD	Nature of Debt (Purpose): CATERING EXPENSES
Mailing Address P.O. BOX 88000	
City State Zip Code BALTIMORE MD 21288	

Outstanding Balance Beginning This Period <input type="text" value="3224.16"/>	Transaction ID : SD10.6548	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3224.16"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="3224.16"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="445590.65"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="445590.65"/>