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### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	or other mair	All Authorized	Committee			Office Use Only	
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		mple: If typir r the lines.	ng, type	12FE4M5		
1199 SERVICE EMPLO	DYEES INT'L	UNION FED	ERAL PO	LITICAL	ACTION F	FUND	
ADDRESS (number and street)	330 WEST 42ND	STREET, 7TH FLC	OOR				
Check if different							
than previously reported. (ACC)	NEW YORK				NY	10036	
2. FEC IDENTIFICATION NU	MBER ▼	CITY 🛦		S	STATE 🛦	ZIP COD	E <b>_</b>
C C00348540		3. IS THIS REPORT		IEW N) <b>OR</b>	× AN (A)	ENDED	
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Q1  X 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)	(c) 12-Day PRE-Ele Report 1  (d) 30-Day	Election on		12C)	Sep	20 (M9) 20 (M10) 212G) 212S)  in the State of	Nov 20 (M11) Non-Election Year Only) Dec 20 (M12) Non-Election Year Only) Jan 31 (YE) Runoff (12R)
5. Covering Period 04	01	2012	through	06	/ 30 /	2012	
I certify that I have examined this Type or Print Name of Treasurer	•	•	wledge and b	pelief it is true	e, correct and	complete.	
Signature of Treasurer KEVIN	N FINNEGAN		[Electronically	Filed] Da	ate 12	/ 04 / Y	2012
NOTE: Submission of false, errone	ous, or incomplete i	nformation may su	bject the pers	son signing thi	is Report to th	e penalties of 2 U.	S.C. §437g.
Office Use Only						FEC FORM Rev. 12/200	

#### **SUMMARY PAGE** OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) Cash on Hand January 1, 2012		2188653.2
(b) Cash on Hand at Beginning of Reporting Period	1419976.47	
(c) Total Receipts (from Line 19)	1704820.16	3459591.7
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	3124796.63	5648245.0
Total Disbursements (from Line 31)	1013477.27	3536925.6
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2111319.36	2111319.3
Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	445590.65	

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

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(iii) TOTAL (add	1702756.68	3456486.26		
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)  12. Transfers From Affiliated/Other	1704389.68	3458619.26		
Party Committees	0.00	0.00		
13. All Loans Received	0.00	0.00		
14. Loan Repayments Received	0.00	0.00		
<ol> <li>Offsets To Operating Expenditures (Refunds, Rebates, etc.)</li> </ol>				
(Carry Totals to Line 37, page 5)	0.00	0.00		
to Federal Candidates and Other				
Political Committees	0.00	0.00		
(Dividends, Interest, etc.)	430.48	972.51		
(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				

#### **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		
Operating Expenditures:      Allocated Enders (Non Enders)	10101 11110 1 61100	Calcilual Teal-10-Date		
(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	4050.00	4200.00		
Expenditures	1250.00	4200.00		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	1250.00	4200.00		
2. Transfers to Affiliated/Other Party	1230.30	4200.00		
Committees	100000.00	3500000.00		
Contributions to     Federal Candidates/Committees				
and Other Political Committees	5000.00	16000.00		
Independent Expenditures				
(use Schedule E)	0.00	0.00		
5. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00			
(use Schedule F)	0.00	0.00		
S. Lean Banaymente Made	0.00	0.00		
S. Loan Repayments Made	0.00	0.00		
7. Loans Made	0.00	0.00		
3. 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				
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	134.00	339.00		
(add Lines 20(a), (b), and (c))				
O. Other Disbursements	7093.27	16386.65		
		7 7		
. Federal Election Activity (2 U.S.C. §431(20))				
(a) Allocated Federal Election Activity				
(from Schedule H6)	0.00	0.00		
(i) Federal Share	0.00	0.00		
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely	0.00			
With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add	7			
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00		
. Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1013477.27	3536925.65		
. Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii)	1013477.27	3536925.65		
from Line 31)	1013477.27	3330923.03		

#### **DETAILED SUMMARY PAGE**

of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
3. Total Contributions (other than loans) (from Line 11(d), page 3)	1704389.68	3458619.26		
4. Total Contribution Refunds (from Line 28(d))	134.00	339.00		
i. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1704255.68	3458280.26		
i. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	1250.00	4200.00		
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00		
. 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 LIN	E NUMBER	: PAGE	E 6 OF	34			
(check only one)							
X 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.

or for commercial purposes, other than using th	e 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 POLITICA	AL ACTION FUND
Full Name (Last, First, Middle Initial)  A. MITRA BEHROOZI  Mailing Address 123 LINCOLN PLACE		Date of Receipt  05 31 2012
City BROOKLYN  FEC ID number of contributing federal political committee.  Name of Employer National Benefit Fund-1199  Receipt For:  Primary General Other (specify)	State Zip Code NY 11217  C  Occupation Executive director  Aggregate Year-to-Date ▼  300.00	Transaction ID : SA11AI.10572  Amount of Each Receipt this Period  150.00  PAYROLL DEDUCTION
Full Name (Last, First, Middle Initial)  MITRA BEHROOZI  Mailing Address 123 LINCOLN PLACE  City  BROOKLYN  FEC ID number of contributing federal political committee.  Name of Employer  National Benefit Fund-1199  Receipt For:  Primary General Other (specify)	State Zip Code NY 11217  C  Occupation Executive director  Aggregate Year-to-Date ▼  450.00	Date of Receipt  M M M / 30 2012  Transaction ID : SA11AI.10573  Amount of Each Receipt this Period  150.00  PAYROLL DEDUCTION
Full Name (Last, First, Middle Initial)  Kerensa Dessalines  Mailing Address 3330 Spanish Moss Ter  Apt 407  City  Lauderhill  FEC ID number of contributing federal political committee.  Name of Employer  Kendall Regional Medical Ctr.  Receipt For:  Primary  General  Other (specify)	State Zip Code FL 33319-5062  C  Occupation Registered Nurse  Aggregate Year-to-Date ▼  280.00	Date of Receipt  M M M
SUBTOTAL of Receipts This Page (optional)	<u> </u>	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

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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) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND Full Name (Last, First, Middle Initial) Kerensa Dessalines Date of Receipt Mailing Address 3330 Spanish Moss Ter Apt 407 30 2012 City State Zip Code Transaction ID: SA11AI.10590 FL Lauderhill 33319-5062 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. PAYROLL DEDUCTION Name of Employer Occupation Registered Nurse Kendall Regional Medical Ctr. Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kerensa Dessalines Date of Receipt Mailing Address 3330 Spanish Moss Ter Apt 407 06 30 2012 City State Zip Code Transaction ID: SA11AI.10591 Lauderhill FL 33319-5062 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. PAYROLL DEDUCTION Name of Employer Occupation Kendall Regional Medical Ctr. Registered Nurse Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) Full Name (Last, First, Middle Initial) c. JAMES Frazier Date of Receipt Mailing Address 355 Clinton Avenue Apt. 2G 30 04 2012 City State Zip Code Transaction ID: SA11AI.10609 NY Brooklyn 11238 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. PAYROLL DEDUCTION Name of Employer Occupation ST. VINCENT DE PAUL RESIDENCE HOUSEKEEPER Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) 210.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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

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

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or	· · · · · · · · · · · · · · · · · · ·	name and address of any political committee to	solicit contributions from such committee.				
$\rangle$	NAME OF COMMITTEE (In Full)  1199 SERVICE EMPLOYEES IN	NT'L UNION FEDERAL POLITICA	AL ACTION FUND				
Α.	Full Name (Last, First, Middle Initial) JAMES Frazier	Date of Receipt					
	Mailing Address 355 Clinton Avenue Apt. 2G		05 31 2012				
	City	State Zip Code	Transaction ID : SA11AI.10605				
	Brooklyn	NY 11238	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	25.00				
	Name of Employer	Occupation	PAYROLL DEDUCTION				
	ST. VINCENT DE PAUL RESIDENCE	HOUSEKEEPER					
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00					
В.	Full Name (Last, First, Middle Initial)  JAMES Frazier		Date of Receipt				
	Mailing Address 355 Clinton Avenue Apt. 2G		05 31 2012				
	City	State Zip Code	Transaction ID : SA11AI.10608				
	Brooklyn	NY 11238	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	50.00				
	Name of Employer ST. VINCENT DE PAUL RESIDENCE	Occupation HOUSEKEEPER	PAYROLL DEDUCTION				
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00					
<u>.</u> С.	Full Name (Last, First, Middle Initial)  JAMES Frazier		Date of Receipt				
	Mailing Address 355 Clinton Avenue Apt. 2G		06 30 2012				
	City Brooklyn	State Zip Code NY 11238	Transaction ID : SA11AI.10610  Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	50.00				
	Name of Employer	Occupation	PAYROLL DEDUCTION				
	ST. VINCENT DE PAUL RESIDENCE	HOUSEKEEPER					
	Receipt For:	Aggregate Year-to-Date ▼					
	Primary General  Other (specify) ▼	350.00					
S	UBTOTAL of Receipts This Page (optional)		125.00				
Т	OTAL This Period (last page this line number of	only)					

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

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or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES IN	NT'L UNION FEDERAL POLITICA	AL ACTION FUND
Α.	Full Name (Last, First, Middle Initial) JAMES Frazier		Date of Receipt
	Mailing Address 355 Clinton Avenue Apt. 2G		06 30 2012
	City	State Zip Code	Transaction ID : SA11AI.10611
	Brooklyn	NY 11238	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer	Occupation	PAYROLL DEDUCTION
	ST. VINCENT DE PAUL RESIDENCE	HOUSEKEEPER	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General  Other (specify) ▼	400.00	
В.	Full Name (Last, First, Middle Initial) Johnny Jones		Date of Receipt
	Mailing Address 1272 NW 46th St		06 30 _2012 _
	City	State Zip Code	Transaction ID : SA11AI.10617
	Miami	FL 33142-4175	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer	Occupation	PAYROLL DEDUCTION
	Kendall Regional Medical Center	SANITATION ASSISTANT	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	220.00	
	Other (specify) ▼	220.00	
C.	Full Name (Last, First, Middle Initial) Nicole Joseph		Date of Receipt
	Mailing Address 550 Ocean Ave Apt 4B		06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID : SA11AI.10622
	Brooklyn	NY 11226-3760	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer	Occupation	PAYROLL DEDUCTION
	New York Presbyterian Hospital	Patient Care Associate	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	050.00	
	Other (specify) ▼	250.00	
S	UBTOTAL of Receipts This Page (optional)		140.00
т	OTAL This Period (last page this line number o	nly)	

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

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

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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) **ROLANDO KING** Date of Receipt Mailing Address 3054 83RD STREET EAST 30 2012 City Zip Code State Transaction ID: SA11AI.10627 NY East Elmhurst 11370-1919 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. PAYROLL DEDUCTION OF \$50 PER MONTH Name of Employer Occupation SEIU COMMUNICATIONS CENTER INC DIRECTOR Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. ANGELA LUSK Date of Receipt Mailing Address 5205 DWIRE COURT 06 30 2012 City State Zip Code Transaction ID: SA11AI.10632 FL **TAMPA** 33647 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. PAYROLL DEDUCTION OF \$50 PER MONTH Name of Employer Occupation 1199 SEIU Assistant Director of Research Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Betsy Marville Date of Receipt Mailing Address 9914 62nd Ter S 30 04 2012 Apt B City State Zip Code Transaction ID: SA11AI.10637 FL **Boynton Beach** 33437-2871 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. PAYROLL DEDUCTION Name of Employer Occupation **ORGANIZER** 1199 SEIU Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 

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

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

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or for commercial purposes, other than using the	ne 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 POLITICA	AL ACTION FUND
Full Name (Last, First, Middle Initial)  A. Betsy Marville  Mailing Address 9914 62nd Ter S  Apt B  City  Boynton Beach  FEC ID number of contributing federal political committee.  Name of Employer  1199 SEIU  Receipt For:  Primary  Other (specify)   Full Name (Last, First, Middle Initial)	State Zip Code FL 33437-2871  C  Occupation ORGANIZER  Aggregate Year-to-Date ▼  400.00	Date of Receipt  05 31 2012  Transaction ID : SA11AI.10635  Amount of Each Receipt this Period  100.00  PAYROLL DEDUCTION
Betsy Marville  Mailing Address 9914 62nd Ter S  Apt B  City	State Zip Code	Date of Receipt  06 30 2012  Transaction ID : SA11AI.10638
Boynton Beach  FEC ID number of contributing federal political committee.  Name of Employer 1199 SEIU  Receipt For:  Primary General Other (specify) ▼	FL 33437-2871  C  Occupation ORGANIZER  Aggregate Year-to-Date ▼  500.00	Amount of Each Receipt this Period  100.00  PAYROLL DEDUCTION
Full Name (Last, First, Middle Initial) GERARD NORDENBERG  Mailing Address 100 MIDDLETON ROAD APT. 29  City	State Zip Code	Date of Receipt  O6 30 2012  Transaction ID : SA11AI.10648
BOHEMIA  FEC ID number of contributing federal political committee.  Name of Employer  1199 SEIU  Receipt For:  Primary General Other (specify) ▼	NY 11716-3923  C  Occupation VICE PRESIDENT  Aggregate Year-to-Date ▼  250.00	Amount of Each Receipt this Period  50.00  PAYROLL DEDUCTION
SUBTOTAL of Receipts This Page (optional)		250.00
TOTAL This Period (last page this line numbe	r only)	

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

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

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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 Full Name (Last, First, Middle Initial) MONICA RUSSO Date of Receipt Mailing Address 11 NW 154TH STREET 31 2012 City State Zip Code Transaction ID: SA11AI.10663 FL MIAMI 33169 Amount of Each Receipt this Period FEC ID number of contributing C 64.00 federal political committee. PAYROLL DEDUCTION Name of Employer Occupation 1199 SEIU **Executive Vice President** Receipt For: Aggregate Year-to-Date ▼ Primary General 256.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** MONICA RUSSO Date of Receipt Mailing Address 11 NW 154TH STREET 06 30 2012 City State Zip Code Transaction ID: SA11AI.10664 FL MIAMI 33169 Amount of Each Receipt this Period FEC ID number of contributing 64.00 federal political committee. PAYROLL DEDUCTION Name of Employer Occupation 1199 SEIU **Executive Vice President** Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name (Last, First, Middle Initial) c. SANDRA SARAZIN Date of Receipt Mailing Address 8 LYNN STREET 30 06 2012 City State Zip Code Transaction ID: SA11AI.10669 NY NANUET 10954 Amount of Each Receipt this Period FEC ID number of contributing 60.00 С federal political committee. PAYROLL DEDUCTION Name of Employer Occupation PHARMACY CASHIER RITE AID Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 188.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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

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

	R LINE	PAGE	 13	OF	• ;	34		
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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 Full Name (Last, First, Middle Initial) **BRENDAN SHAW** Date of Receipt Mailing Address 297 DRIGGS AVENUE, #2B 30 2012 City Zip Code State Transaction ID: SA11AI.10679 NY **BROOKLYN** 11222 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. PAYROLL DEDUCTION Name of Employer Occupation SEIU COMMUNICATIONS CENTER INC DIRECTOR OF COMMUNICATION Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** NEVA SHILLINGFORD Date of Receipt Mailing Address 952 E 218TH STREET 06 30 2012 City State Zip Code Transaction ID: SA11AI.10684 **BRONX** NY 10469-1006 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. PAYROLL DEDUCTION Name of Employer Occupation 1199 SEIU EXECUTIVE VICE PRESIDENT Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 100.00 SUBTOTAL of Receipts This Page (optional)..... 1633.00 TOTAL This Period (last page this line number only).....

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

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Detailed Summary Page			11a		11b		11c		12		
			13		14		15		16		<b>X</b> 17

		tatements may not be sold or used by any personame and address of any political committee to	
	NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES I	NT'L UNION FEDERAL POLITICA	AL ACTION FUND
Α.	Full Name (Last, First, Middle Initial) TD BANK Mailing Address 1710 ROUTE 70 EAST		Date of Receipt
	City	State Zip Code	04 30 2012 Transaction ID : SA17.10560
	CHERRY HILL	NJ 08034	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	140.29 INTEREST INCOME
	Name of Employer	Occupation	INTEREST INVOINE
	Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 682.32	
В.	Full Name (Last, First, Middle Initial) TD BANK		Date of Receipt
	Mailing Address 1710 ROUTE 70 EAST		05 31 2012
	City	State Zip Code	Transaction ID : SA17.10561
	CHERRY HILL	NJ 08034	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	137.15
	Name of Employer	Occupation	INTEREST INCOME
	Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 819.47	
<del>С</del> .	Full Name (Last, First, Middle Initial) TD BANK		Date of Receipt
	Mailing Address 1710 ROUTE 70 EAST		M = M / D = D / Y = Y = Y = Y = 06 29 2012
	CHERRY HILL	State Zip Code NJ 08034	Transaction ID : SA17.10562  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	153.04
	Name of Employer	Occupation	INTEREST INCOME
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	972.51	
5	SUBTOTAL of Receipts This Page (optional)		430.48
	TOTAL This Period (last page this line number	only)	430.48

#### S 17

SCHEDULE B (FEC Form 3X)		1		DAGE 45 OF 34				
	Use separate schedule(s)	FOR LINE (check onl	: NUMBER:	PAGE 15 OF 34				
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b   27		24 25 26 28c 29 30b				
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NAME OF COMMITTEE (In Full)								
1199 SERVICE EMPLOYEES INT	'L UNION FEDERA	L POLITIC	AL ACTION I	FUND				
Full Name (Last, First, Middle Initial)  A. HOROWITZ & ULLMANN, P.C.			Date of Disburs					
Mailing Address 275 MADISON AVENUE SUITE 902			06 / D	20 2012				
City NEW YORK	State Zip Code NY 10016		Transaction I	D : SB21B.10558				
Purpose of Disbursement ACCOUNTING FEES			Amount of Eac	h Disbursement this Period				
Candidate Name		Category/ Type		1250.00				
Senate President	ment For: Primary General Other (specify)							
State: District: Full Name (Last, First, Middle Initial)								
В.			Date of Disburs	sement				
Mailing Address			- W - W / D					
City								
Purpose of Disbursement			Amount of Eac	h Disbursement this Period				
Candidate Name		Category/ Type						
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State: District:								
Full Name (Last, First, Middle Initial)  C.			Date of Disburs	sement				
Mailing Address			- W - W / D					
City	State Zip Code							
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Candidate Name		Category/ Type	Amount of Each Disbursement this Period					
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				1050.00				
SUBTOTAL of Disbursements This Page (optional).		<u> </u>		1250.00				
TOTAL This Period (last page this line number only	)			1250.00				

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SCHEDULE B (FEC Form 3X)		T FOR ! !!!	NUMBER: PAGE 16 OF 34				
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	Detailed Summary Page	27	28a 28b 28c 29 30b				
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/ Full Name (Last, First, Middle Initial)							
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SEIO COI E I OND			M M / D D / Y Y Y Y				
Mailing Address 1313 L STREET, NW			05 11 2012				
-							
,	tate Zip Code DC 20005		Transaction ID : SB22.10555				
Purpose of Disbursement	20005						
TRANSFER			Amount of Each Disbursement this Period				
Candidate Name		Category/					
		Type	1000000.00				
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	Primary General						
State: District:	Other (specify) ▼						
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Mailing Address							
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Purpose of Disbursement							
		1 !!	Amount of Each Disbursement this Period				
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	Primary General						
	Other (specify)						
State: District:	•						
Full Name (Last, First, Middle Initial)							
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Candidate Name			Amount of Each Disbursement this Period				
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/	1199 SERVICE EMPLOYEES INT	L UNION FEDERAL	- POLITICA	AL ACTION FUND			
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	Mailing Address 330 WEST 42ND STREET, 7TH FL	.OOR		05 02 2012			
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	NEW YORK	NY 10036		Transaction ID : SB29.10551			
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	Candidate Name		Category/	1956.34			
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		Other (specify)					
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	Full Name (Last, First, Middle Initial)						
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	Mailing Address 330 WEST 42ND STREET, 7TH F	LOOR		05 17 2012			
	City	State Zip Code					
	NEW YORK	NY 10036		Transaction ID: SB29.10554			
	Purpose of Disbursement						
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	Candidate Name		Category/	630.00			
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	City	State Zip Code					
	NEW YORK	NY 10036		Transaction ID: SB29.10556			
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				Amount of Each Disbursement this Period			
	Candidate Name		Category/	4359.86			
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**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 21 OF
FOR LINE NUMBER:
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A. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor	Nature of Debt (Purpose):
1199 SEIU UNITED HEALTH	REIMBURSE STAFF SALARIES AND BENEFITS	
Mailing Address 330 WEST 42ND STREET		
City State	Zip Code	_
NEW YORK	NY 10036	
Outstanding Balance Beginning This Period		Transaction ID : SD10.6240
8091.98		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	8091.98
B. Full Name (Last, First, Middle Initial) of Debt	or or Creditor	Nature of Debt (Purpose):
1199 SEIU UNITED HEALTHO	ARE WORKERS EAST	REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET		
City State	Zip Code	
NEW YORK	NY 10036	
Outstanding Balance Beginning This Period		Transaction ID : SD10.6241
65588.32		
Amount Incurred This Period	Payment This Period	Outstanding Polongs at Class of This Pariod
Amount incurred this Period	Fayment This Feriod	Outstanding Balance at Close of This Period
0.00	0.00	65588.32
C. Full Name (Last, First, Middle Initial) of Deb		Nature of Debt (Purpose):
1199 SEIU UNITED HEALTH	CARE WORKERS EAST	REIMBURSE STAFF SALARIES AND BENEFITS
Moiling Address		- BENEFITO
Mailing Address 330 WEST 42ND STREET		
City	State Zip Code	
NEW YORK	NY 10036	
Outstanding Balance Beginning This Period		Transaction ID : SD10.6242
14545.49		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	14545.49
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**Excluding Loans** 

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PAGE 22 OF

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A. Full Name (Last, First, Middle Initial) of Debte 1199 SEIU UNITED HEALTHC	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		Transaction ID: SD10.6243
3157.42		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	3157.42
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of Debt (Purpose):
1199 SEIU UNITED HEALTHC		REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET		
City State	Zip Code	
NEW YORK	NY 10036	
Outstanding Balance Beginning This Period		Transaction ID: SD10.6244
56833.56		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	56833.56
C. Full Name (Last, First, Middle Initial) of Debt 1199 SEIU UNITED HEALTHC		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		Transaction ID : SD10.6245
82522.06		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	82522.06
1) SUBTOTALS This Period This Page (optional)	<b></b>	142513.04
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**Excluding Loans** 

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A. Full Name (Last, First, Middle Initial) of Debi	tor or Creditor	Nature of Debt (Purpose):
1199 SEIU UNITED HEALTHO	REIMBURSE STAFF SALARIES AND BENEFITS	
Mailing Address 330 WEST 42ND STREET		
City State	Zip Code	_
NEW YORK	NY 10036	
Outstanding Balance Beginning This Period		Transaction ID : SD10.6246
78033.76		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	78033.76
B. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of Debt (Purpose):
1199 SEIU UNITED HEALTHC		REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET		
City State	Zip Code	
NEW YORK	NY 10036	
Outstanding Balance Beginning This Period		Transaction ID : SD10.6247
2812.96		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	2812.96
C. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor	Nature of Debt (Purpose):
1199 SEIU UNITED HEALTHO		REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET		_
City	State Zip Code	-
NEW YORK	NY 10036	
Outstanding Balance Beginning This Period		Transaction ID: SD10.6248
5095.64		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	5095.64
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**Excluding Loans** 

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AME OF COMMITTEE (In Full) 199 SERVICE EMPLOYEES INT'L	UNION FEDERAL POLITICA	AL ACTION FUND
A. Full Name (Last, First, Middle Initial) of Debto	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS	
Mailing Address 330 WEST 42ND STREET		
City State NEW YORK	Zip Code NY 10036	
Outstanding Balance Beginning This Period 12962.04		Transaction ID : SD10.6249
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	12962.04
B. Full Name (Last, First, Middle Initial) of Debtor 1199 SEIU UNITED HEALTHCA  Mailing Address 330 WEST 42ND STREET		Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
SOO WEST LENS STREET		
City State NEW YORK	Zip Code NY 10036	
Outstanding Balance Beginning This Period		Transaction ID : SD10.6284
10997.70		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	10997.70
C. Full Name (Last, First, Middle Initial) of Debto		Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET		
City NEW YORK	State Zip Code NY 10036	
Outstanding Balance Beginning This Period 7231.75		Transaction ID: SD10.6285
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	7231.75
SUBTOTALS This Period This Page (optional)	<b>&gt;</b>	31191.49
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NAME OF COMMITTEE (In Full)

1199 SERVICE EMP	OYFFS INT'I	UNION FEDERAL	POI ITICAL	<b>ACTION FUND</b>

A. Full Name (Last, First, Middle Initial) of Debto	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			Transaction ID : SD10.6286	
3434.67				
Amount Incurred This Period	Paym	nent This Period	Outstanding Balance at Close of This Period	
0.00		0.00	3434.67	
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of Debt (Purpose):	
1199 SEIU UNITED HEALTHC		ERS EAST	REIMBURSE STAFF SALARIES AND BENEFITS	
Mailing Address 330 WEST 42ND STREET				
City State	Zip Code			
NEW YORK	NY	10036		
Outstanding Balance Beginning This Period			Transaction ID : SD10.6287	
16789.92				
Amount Incurred This Period	Paym	nent This Period	Outstanding Balance at Close of This Period	
0.00		0.00	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			Transaction ID : SD10.6288	
9286.03				
Amount Incurred This Period	Paym	nent This Period	Outstanding Balance at Close of This Period	
0.00		0.00	9286.03	
I) SUBTOTALS This Period This Page (optional)			29510.62	
TOTALS This Period (last page this line number				
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**Excluding Loans** 

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NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L	UNION FEDERAL POLITICA	L ACTION FUND
A. Full Name (Last, First, Middle Initial) of Debtor AMERICAN EXPRESS	Nature of Debt (Purpose): CATERING	
Mailing Address P.O. BOX 2855		
City State NEW YORK	Zip Code NY 10116-2855	
Outstanding Balance Beginning This Period		Transaction ID : SD10.6289
240.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	240.00
B. Full Name (Last, First, Middle Initial) of Debtor AVIS RENT A CAR SYSTEM, IN		Nature of Debt (Purpose): TRAVEL EXPENSES
Mailing Address 7876 COLLECTIONS CTR DRIVE	<u> </u>	-
City State CHICAGO	Zip Code IL 60693	
Outstanding Balance Beginning This Period		Transaction ID: SD10.6540
1156.12		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1156.12
C. Full Name (Last, First, Middle Initial) of Debtor JENNY BAUER	or Creditor	Nature of Debt (Purpose): REIMBURSEMENT FOR CATERING EXPENSES
Mailing Address 2 WILCOTT PARK		
City MEDFORD	State Zip Code MA 02155	
Outstanding Balance Beginning This Period		Transaction ID : SD10.6541
43.65		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	43.65
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**Excluding Loans** 

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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 Nature of Debt (Purpose): REIMBURSEMENT FOR TRAVEL LILLIAN CARINO **EXPENSES** Mailing Address 327 SAINT NICHOLAS AVENUE APT. 2N State Zip Code **NEW YORK** 10027-3609 Transaction ID: SD10.6508 Outstanding Balance Beginning This Period 45.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 45.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **MAILINGS** MACK CROUNSE GROUP Mailing Address 2001 N. BEAUREGARD ST., STE 420 City Zip Code **ALEXANDRIA** 22311 VA Outstanding Balance Beginning This Period Transaction ID: SD10.8322 1606.34 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 1606.34 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **MAILINGS** MACK CROUNSE GROUP Mailing Address 2001 N. BEAUREGARD ST., STE 420 City State Zip Code **ALEXANDRIA** 22311 VA Transaction ID: SD10.8323 Outstanding Balance Beginning This Period 1606.34 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 1606.34 0.00 3257.68 1) SUBTOTALS This Period This Page (optional)..... 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) ▶

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34

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L	L UNION FEDERAL	. POLITICAL	<b>ACTION FUND</b>

A. Full Name (Last, First, Middle Initial) of Debt	or or Creditor	Nature of Debt (Purpose): RADIO BUY & PRODUCTION
NOVAK MEDIA INC.	RADIO BUT & PRODUCTION	
Mailing Address 159 WEST MAIN STREET		
City State	Zip Code	
WEBSTER	NY 14580	
Outstanding Balance Beginning This Period		Transaction ID : SD10.7361
18850.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	18850.00
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of Debt (Purpose):
ANTONELLA PECHTEL		REIMBURSEMENT CATERING EXPENSE
Mailing Address 401 ROSE AVE		
City State	Zip Code	
SCHENECTADY	NY 12308	
Outstanding Balance Beginning This Period		Transaction ID : SD10.6531
201.39		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	201.39
C. Full Name (Last, First, Middle Initial) of Debt SEIU COMMUNICATIONS CE		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		Transaction ID : SD10.7362
4372.06		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	4372.06
SUBTOTALS This Period This Page (optional)		23423.45
TOTALS This Period (last page this line numbe		
	· · · · · · · · · · · · · · · · · · ·	
TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	
ADD 2) and 3) and carry forward to appropriate	e line of Summary Page (last page only)	

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 29 OF
FOR LINE NUMBER:
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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose): PHONE BANK CALLS	
SEIU COMMUNICATIONS CE	NTER LLC.			THORE BARK GALLO
Mailing Address 330 WEST 42ND STREET				
City State	Zip Code			_
NEW YORK	NY	10036		
Outstanding Balance Beginning This Period				Transaction ID : SD10.8325
22157.25				
Amount Incurred This Period	Payr	nent This Period		Outstanding Balance at Close of This Period
0.00			0.00	22157.25
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor			Nature of Debt (Purpose):
UNION TRAVEL MASTERCAR	D			CATERING EXPENSES
Mailing Address P.O. BOX 88000				_
City State	Zip Code			-
BALTIMORE	MD	21288		
Outstanding Balance Beginning This Period				Transaction ID : SD10.6517
1897.47				
Amount Incurred This Period	Payr	nent This Period		Outstanding Balance at Close of This Period
0.00	,		0.00	1897.47
C. Full Name (Last, First, Middle Initial) of Debte UNION TRAVEL MASTERCAR				Nature of Debt (Purpose): CATERING EXPENSES
Mailing Address P.O. BOX 88000				_
City	State	Zip Code		1
BALTIMORE	MD	21288		
Outstanding Balance Beginning This Period				Transaction ID : SD10.6518
1849.15				
Amount Incurred This Period	Payr	nent This Period		Outstanding Balance at Close of This Period
0.00			0.00	1849.15
SUBTOTALS This Period This Page (optional)			<b>&gt;</b>	25903.87
) TOTALS This Period (last page this line number				
) TOTAL OUTSTANDING LOANS from Schedule	C (last page onl	y)	<b>&gt;</b>	
) ADD 2) and 3) and carry forward to appropriate	line of Summar	y Page (last page	e only) ►	

**Excluding Loans** 

(Use separate schedule(s) for each numbered line)

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NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L	UNION FEDERAL POLITICA	AL ACTION FUND
A. Full Name (Last, First, Middle Initial) of Debtor UNION TRAVEL MASTERCARI	Nature of Debt (Purpose): BEVERAGE EXPENSES	
Mailing Address P.O. BOX 88000		
City State BALTIMORE	Zip Code MD 21288	
Outstanding Balance Beginning This Period 835.02		Transaction ID : SD10.6519
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	835.02
B. Full Name (Last, First, Middle Initial) of Debtor UNION TRAVEL MASTERCARD		Nature of Debt (Purpose): TRAVEL EXPENSES
Mailing Address P.O. BOX 88000		
City State BALTIMORE	Zip Code MD 21288	
Outstanding Balance Beginning This Period		Transaction ID : SD10.6520
435.95  Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	435.95
C. Full Name (Last, First, Middle Initial) of Debtor UNION TRAVEL MASTERCARI		Nature of Debt (Purpose): TRAVEL EXPENSES
Mailing Address P.O. BOX 88000		
City BALTIMORE	State Zip Code MD 21288	
Outstanding Balance Beginning This Period 1056.95		Transaction ID : SD10.6521
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1056.95
1) SUBTOTALS This Period This Page (optional)		2327.92
2) TOTALS This Period (last page this line number of	only)	7
3) TOTAL OUTSTANDING LOANS from Schedule C	C (last page only)	7
4) ADD 2) and 3) and carry forward to appropriate I	line of Summary Page (last page only)	

**Excluding Loans** 

(Use separate schedule(s) for each numbered line)

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NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L I	UNION FEDERAL POLITICA	AL ACTION FUND
A. Full Name (Last, First, Middle Initial) of Debtor UNION TRAVEL MASTERCARI	Nature of Debt (Purpose): CATERING EXPENSES	
Mailing Address P.O. BOX 88000		
City State BALTIMORE	Zip Code MD 21288	
Outstanding Balance Beginning This Period 2372.04		Transaction ID : SD10.6522
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	2372.04
B. Full Name (Last, First, Middle Initial) of Debtor of UNION TRAVEL MASTERCARD		Nature of Debt (Purpose): TRAVEL EXPENSES
Mailing Address P.O. BOX 88000		
City State BALTIMORE	Zip Code MD 21288	
Outstanding Balance Beginning This Period 367.37		Transaction ID: SD10.6533
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	367.37
C. Full Name (Last, First, Middle Initial) of Debtor UNION TRAVEL MASTERCARI		Nature of Debt (Purpose): TRAVEL EXPENSES
Mailing Address P.O. BOX 88000		
City BALTIMORE	State Zip Code MD 21288	
Outstanding Balance Beginning This Period 262.40		Transaction ID : SD10.6535
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	262.40
1) SUBTOTALS This Period This Page (optional)		. 3001.81
2) TOTALS This Period (last page this line number of	only)	
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page only)	
4) ADD 2) and 3) and carry forward to appropriate li	ine of Summary Page (last page only)	

**Excluding Loans** 

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L	UNION FEDERAL POLITICA	AL 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 BALTIMORE	Zip Code MD 21288		
Outstanding Balance Beginning This Period 477.00		Transaction ID : SD10.6536	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	477.00	
B. Full Name (Last, First, Middle Initial) of Debtor UNION TRAVEL MASTERCARE		Nature of Debt (Purpose): TRAVEL EXPENSES	
Mailing Address P.O. BOX 88000			
City State BALTIMORE	Zip Code MD 21288		
Outstanding Balance Beginning This Period		Transaction ID : SD10.6537	
524.80			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	524.80	
C. Full Name (Last, First, Middle Initial) of Debto UNION TRAVEL MASTERCAR		Nature of Debt (Purpose): CATERING EXPENSES	
Mailing Address P.O. BOX 88000			
City BALTIMORE	State Zip Code MD 21288		
Outstanding Balance Beginning This Period		Transaction ID : SD10.6538	
1115.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	1115.00	
SUBTOTALS This Period This Page (optional)	<b>&gt;</b>	2116.80	
2) TOTALS This Period (last page this line number	only)		
3) TOTAL OUTSTANDING LOANS from Schedule (	C (last page only)		
1) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only) ▶		

**Excluding Loans** 

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	OF COMMITTEE (In Full) 9 SERVICE EMPLOYEES INT'L U	INION FE	DERAL POLI	TICAL	_ ACTION FUND
A.	Full Name (Last, First, Middle Initial) of Debtor of UNION TRAVEL MASTERCARD				Nature of Debt (Purpose): TRAVEL EXPENSES
Ma	ailing Address P.O. BOX 88000				
Cit B/	ty State ALTIMORE	Zip Code MD	21288		
	Outstanding Balance Beginning This Period				Transaction ID : SD10.6539
	419.84				
	Amount Incurred This Period	Payr	nent This Period		Outstanding Balance at Close of This Period
	0.00		(	0.00	419.84
B.	Full Name (Last, First, Middle Initial) of Debtor of UNION TRAVEL MASTERCARD	r Creditor			Nature of Debt (Purpose): TRANSPORTATION COSTS
Ma	ailing Address P.O. BOX 88000				
Cit	ty State ALTIMORE	Zip Code MD	21288		
-	Outstanding Balance Beginning This Period	IVID	21200		Transaction ID : SD10.6545
	539.45				Transaction ib . 3D10.0343
	Amount Incurred This Period	Pavr	nent This Period		Outstanding Balance at Close of This Period
	0.00			0.00	539.45
		0 171			
C.	Full Name (Last, First, Middle Initial) of Debtor of UNION TRAVEL MASTERCARD				Nature of Debt (Purpose): CATERING EXPENSES
Ma	ailing Address P.O. BOX 88000				
Cit B	ty ALTIMORE	State MD	Zip Code 21288		
	Outstanding Balance Beginning This Period				Transaction ID: SD10.6546
	2552.60				
	Amount Incurred This Period	Payr	nent This Period		Outstanding Balance at Close of This Period
	0.00	-	(	0.00	2552.60
1) S	UBTOTALS This Period This Page (optional)			▶	3511.89
2) T	OTALS This Period (last page this line number or	nly)		▶	
3) T	OTAL OUTSTANDING LOANS from Schedule C	(last page onl	y)	<b>&gt;</b>	
4) A	DD 2) and 3) and carry forward to appropriate lin	e of Summar	y Page (last page o	only) <b>&gt;</b>	

**Excluding Loans** 

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199 SERVICE EMPLOYEES INT'L	UNION FEDERAL POLITIC	AL ACTION FUND
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of Debt (Purpose):
UNION TRAVEL MASTERCARI	CATERING EXPENSES	
Mailing Address P.O. BOX 88000		
City State	Zip Code	
BALTIMORE	MD 21288	
Outstanding Balance Beginning This Period		Transaction ID : SD10.6548
3224.16		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	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		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
	7	
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		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
CURTOTAL O This Posted This Posts (setting)		3224.16
SUBTOTALS This Period This Page (optional)		3224.10
TOTALS This Period (last page this line number	only)	445590.65
TOTAL OUTSTANDING LOANS from Schedule C	C (last page only)	0.00
ADD 2) and 3) and carry forward to appropriate I	445590.65	