06/23/2011 12:22

Image# 11931728111

FEC FORM 3X

COMMITTEE (in full)

ADDRESS (number and street)

Check if different than previously

reported. (ACC)

C00348540

TYPE OF REPORT

(a) Quarterly Reports:

April 15

July 15

(TER)

Covering Period

Signature of Treasurer

Office

Use

Only

Type or Print Name of Treasurer

October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE)

July 31 Mid-Year

Report(Non-election Year Only) (MY)

Termination Report

0 1

Quarterly Report(Q1)

Quarterly Report(Q2)

(Choose One)

FEC IDENTIFICATION NUMBER

1. NAME OF

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only **USE FEC MAILING LABEL** Example:If typing, type OR TYPE OR PRINT ₩ over the lines 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND 330 WEST 42ND STREET, 7TH FLOOR **NEW YORK** NY 10036 **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** Χ REPORT OR (N) (A) (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) 12-Day (c) Primary (12P) General (12G) Runoff (12R) PRE-Election Report for the: Convention (12C) Special (12G) in the Election on State of (d) 30-Day Runoff (30R) Χ Special (30S) Post -Election General (30G) Report for the: in the 05 24 2011 NY Election on State of 0 1 2011 06 13 2011 through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. **KEVIN FINNEGAN** Electronically Filed by **KEVIN FINNEGAN** 06 23 2011 Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. **FEC FORM 3X**

(Rev. 12/2004)

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS Page 2

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

	0 1	To: 0 6 1 3 2 0 1 1
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2011 Y Y Y		1838105.67
(b) Cash on Hand at Begining of Reporting Period	1838105.67	
(c) Total Receipts (from Line 19)	3207706.44	3207706.44
(d) Subtotal (add lines 6(b) and		
6(c) for Column A and Lines 6(a) and 6(c) for Column B)	5045812.11	5045812.11
7. Total Disbursements (from Line 31)	3431071.45	3431071.45
8. Cash on Hand at Close of		
Reporting Period (subtract Line 7 from Line 6(d))	1614740.66	1614740.66
9. Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)	520590.65	
This Committee has qualified as a multican	didate 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

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

2 0 1 1 м м 0 1 0 1 м°м 06 1 3 2011 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 638.00 638.00 (i) Itemized (use Schedule A) 3206270.92 3206270.92 (ii) Unitemized (iii) TOTAL (add 3206908.92 3206908.92 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 3206908.92 3206908.92 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 797.52 797.52 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 3207706.44 3207706.44 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 3207706.44 3207706.44 (subtract Line 18(c) from Line 19)

FE6AN026

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures:
(a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 9080.00 9080.00 Expenditures..... **Total Operating Expenditures** 9080.00 9080.00 (add 21(a)(i), (a)(ii) and (b))........... 22. Transfers to Affiliated/Other Party 3400000.00 3400000.00 Committees..... Contributions to Federal Candidates/Committees.....and Other Political Committees..... 15000.00 15000.00 24. Independent Expenditure 0.00 0.00 (use Schedule E) 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 45.00 45.00 Than Political Committees 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) Total Contribution Refunds 45.00 45.00 (add Lines 28(a), (b), and (c)) 6946.45 6946.45 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share 0.00 0.00 (ii) "Levin" Share (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 3431071.45 3431071.45 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... 3431071.45 3431071.45

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)	3206908.92	3206908.92
34.	Total Contribution Refunds (from Line 28(d))	45.00	45.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	3206863.92	3206863.92
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	9080.00	9080.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	9080.00	9080.00

FE6AN026

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 32 (check only one) X
_	Any information copied from such Reports and or for commercial purposes, other than using t NAME OF COMMITTEE (In Full)	l Statements ma he name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	1199 SERVICE EMPLOYEES INT'L	UNION FEDE	ERAL POLITICAL ACTION F	FUND
Α.	Full Name (Last, First, Middle Initial) MITRA BEHROOZI	_		Date of Receipt
	Mailing Address 123 LINCOLN PLAC			02 28 28 2011
	City BROOKLYN	State NY	Zip Code 11217	Transaction ID: SA11AI.9164 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer NATIONAL BENEFIT FUND-1199	Occupation EXECUT	on FIVE DIRECTOR	PAYROLL DEDUCTION
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
- В.	Full Name (Last, First, Middle Initial) MITRA BEHROOZI			Date of Receipt
	Mailing Address 123 LINCOLN PLAC	·E		03 / 31 / 2011
	City BROOKLYN	State NY	Zip Code 11217	Transaction ID: SA11AI.9165
	FEC ID number of contributing federal political committee.	C	11217	Amount of Each Receipt this Period
	Name of Employer NATIONAL BENEFIT FUND-1199	Occupation EXECUT	on FIVE DIRECTOR	PAYROLL DEDUCTION
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 450.00	
- C.	Full Name (Last, First, Middle Initial) MAUREEN ESTWICK			Date of Receipt
	Mailing Address 1681 E 53RD STREI	ET		0 4 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City BROOKLYN	State NY	Zip Code 11234	Transaction ID: SA11AI.9167 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	11204	60.00
	Name of Employer MAIMONIDES MEDICAL CENTER	Occupation PATIEN	n T CARE TECHNICIAN	PAYROLL DEDUCTION
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00	
	SUBTOTAL of Receipts This Page (optional)			360.00
	TOTAL This Period (last page this line numb		<u> </u>	

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 32 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L U	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) ANGELA LUSK Mailing Address 5205 DWIRE COURT City TAMPA FEC ID number of contributing federal political committee. Name of Employer 1199 SEIU Receipt For: Primary General Other (specify)	State Zip Code FL 33647 C Occupation ASSISTANT DIRECTOR OF RESEAU Aggregate Year-to-Date 250.00	Date of Receipt M M D D Z D 1
Full Name (Last, First, Middle Initial) GERARD NORDENBERG Mailing Address 100 MIDDLETON ROA APT. 29 City BOHEMIA FEC ID number of contributing federal political committee. Name of Employer 1199 SEIU Receipt For: Primary General Other (specify)	State Zip Code NY 11716-3923 C Occupation VICE PRESIDENT Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.9174 Amount of Each Receipt this Period 50.00 PAYROLL DEDUCTION
Full Name (Last, First, Middle Initial) MONICA RUSSO Mailing Address 11 NW 154TH STREE City MIAMI FEC ID number of contributing federal political committee. Name of Employer 1199 SEIU Receipt For: Primary General Other (specify)	T State Zip Code FL 33169 C Occupation EXECUTIVE VICE PRESIDENT Aggregate Year-to-Date ▼ 256.00	Date of Receipt M M M / D D / Y Y Y Y Y O 4 3 0 2 0 1 1 Transaction ID: SA11AI.9177 Amount of Each Receipt this Period 64.00 PAYROLL DEDUCTION
SUBTOTAL of Receipts This Page (optional)	······	164.00

PAGE 8/32 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 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 Full Name (Last, First, Middle Initial) MONICA RUSSO Date of Receipt A. Mailing Address 11 NW 154TH STREET 05 31 2011 City State Zip Code Transaction ID: SA11AI.9178 MIAMI FL 33169 Amount of Each Receipt this Period FEC ID number of contributing 64.00 C federal political committee. PAYROLL DEDUCTION Name of Employer 1199 SEIU Occupation **EXECUTIVE VICE PRESIDENT** Receipt For: Aggregate Year-to-Date Primary General 320.00 Other (specify) Full Name (Last, First, Middle Initial) В. **NEVA SHILLINGFORD** Date of Receipt Mailing Address 952 E 218TH STREET 0 5 3 1 2011 City State Zip Code Transaction ID: SA11AI.9180 **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 1199 SEIU Occupation **EXECUTIVE VICE PRESIDENT** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	114.00
TOTAL This Period (last page this line number only)	<u> </u>	638.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 32 (check only one) 11a 11b 11c 12 13 14 15 16 18
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L I	Statements may not be sold or used by any pere name and address of any political committee JNION FEDERAL POLITICAL ACTION	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) TD BANK Mailing Address 1710 ROUTE 70 EAS City CHERRY HILL FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code NJ 08034 C Occupation Aggregate Year-to-Date 115.96	Date of Receipt M M D D 2 0 1 1 Transaction ID: SA17.9135 Amount of Each Receipt this Period 115.96 INTEREST INCOME
Full Name (Last, First, Middle Initial) TD BANK Mailing Address 1710 ROUTE 70 EAS City CHERRY HILL FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code NJ 08034 C Occupation Aggregate Year-to-Date 254.09	Date of Receipt M M
Full Name (Last, First, Middle Initial) TD BANK Mailing Address 1710 ROUTE 70 EAS City CHERRY HILL FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code NJ 08034 C Occupation Aggregate Year-to-Date 374.37	Date of Receipt M M 2 0 1 1 Transaction ID: SA17.9137 Amount of Each Receipt this Period 120.28 INTEREST INCOME
SUBTOTAL of Receipts This Page (optional)		374.37

	SCHEDIII E A /EEC Earm 2V\				FOR LINE NUMBER: PAGE 10 / 32	
	SCHEDULE A (FEC Form 3X)		Use separate sched for each category of		(check only one)	
	ITEMIZED RECEIPTS		Detailed Summary F		11a 11b 11c 12	
r			,		13 14 15 16 X 17	
	Any information copied from such Reports and sor for commercial purposes, other than using the	any person nmittee to s	for the purpose of soliciting contributions olicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)	NAME OF COMMITTEE (In Full)				
	1199 SERVICE EMPLOYEES INT'L L	JNION FEDE	RAL POLITICAL AC	CTION FUI	ND	
Α.	Full Name (Last, First, Middle Initial) TD BANK				Date of Receipt	
	Mailing Address 1710 ROUTE 70 EAS	04 30 7 2011				
	City	State	Zip Code		Transaction ID: SA17.9138	
	CHERRY HILL	NJ	08034		Amount of Each Receipt this Period	
	FEC ID number of contributing				186.71	
	federal political committee.	C			180.71	
	Name of Employer	Occupatio	n		INTEREST INCOME	
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼		56	1.08		
	Other (specify)	0 0		0 0		
В.	Full Name (Last, First, Middle Initial) TD BANK				Date of Receipt	
٥.	Mailing Address 1710 ROUTE 70 EAS	Т			05 31 2011	
	City	State	Zip Code		Transaction ID: SA17.9139	
	CHERRY HILL	NJ	08034		Amount of Each Receipt this Period	
	FEC ID number of contributing	С			236.44	
	federal political committee.	<u> </u>				
	Name of Employer	Occupatio	n		INTEREST INCOME	
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		70	7.52		
	Other (specify)	11	73	, .52		

		400.45
SUBTOTAL of Receipts This Page (optional)	•	423.15
TOTAL This Period (last page this line number only)	•	797.52

A.

В.

C.

SCHEDULE B (FEC Form 3X)		FOR LINE N	NUMBER: PAGE 11/32
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name		d by any person fo	r the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
1199 SERVICE EMPLOYEES INT'L UNIC	N FEDERAL POLITICAL	. ACTION FUNI	D
Full Name (Last, First, Middle Initial) HOROWITZ & ULLMANN, P.C.			Transaction ID: SB21B.9151 Date of Disbursement
Mailing Address 275 MADISON AVENUE SUITE 902	<u> </u>		$ \begin{bmatrix} M & M \\ 0 & 1 \end{bmatrix} \begin{bmatrix} D & 1 & 3 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y &$
City NEW YORK	State Zip Code NY 10016		Amount of Each Disbursement this Period
Purpose of Disbursement ACCOUNTING FEES	10010		3120.00
Candidate Name		Category/ Type	
Senate President	ement For: Primary General Other (specify) ▼	,	
State: District:			
Full Name (Last, First, Middle Initial) HOROWITZ & ULLMANN, P.C.			Transaction ID: SB21B.9152 Date of Disbursement
Mailing Address 275 MADISON AVENUE SUITE 902	<u> </u>		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & O & D \\ O & O \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ Z & O & I & I \end{smallmatrix} \end{bmatrix} $
City NEW YORK	State Zip Code NY 10016		Amount of Each Disbursement this Period
Purpose of Disbursement ACCOUNTING FEES			2375.00
Candidate Name		Category/ Type	
Office Sought: House Disburs Senate President	ement For: Primary General Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial) HOROWITZ & ULLMANN, P.C.			Transaction ID: SB21B.9153 Date of Disbursement
Mailing Address 275 MADISON AVENUE SUITE 902	<u> </u>		$\begin{bmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} \begin{smallmatrix} M \\ S \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D \\ O \end{smallmatrix} \begin{smallmatrix} D \\ S \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y \\ S \end{smallmatrix} \begin{smallmatrix} Y \\ O \end{smallmatrix} \begin{smallmatrix} Y \\ I \end{smallmatrix} \begin{smallmatrix} Y \\ S \end{smallmatrix} $
City NEW YORK	State Zip Code NY 10016		Amount of Each Disbursement this Period
Purpose of Disbursement ACCOUNTING FEES			3585.00
Candidate Name		Category/ Type	
Office Sought: House Disburs Senate President	ement For: Primary General Other (specify)	- 760	
State: District:	- (-I)/ V		
SUBTOTAL of Disbursements This Page (optional)		.	9080.00

TOTAL This Period (last page this line number only)

9080.00

SCHEDULE B (FEC FOIII 3X)		rate schedule(s)		check or	E NUMBER: PAGE 12/32
TEMIZED DISBURSEMENTS	Detailed S	ategory of the Summary Page		21b 27	X 22
Any Information copied from such Reports and State or for commercial purposes, other than using the na NAME OF COMMITTEE (In Full)					
1199 SERVICE EMPLOYEES INT'L UN	ON FEDERA	L POLITICAL	. ACT	ION FL	IND
Full Name (Last, First, Middle Initial) SEIU COPE FUND					Transaction ID: SB22.9141 Date of Disbursement
Mailing Address 1313 L STREET, NW					$\begin{bmatrix} M & M & M & D & D & D & M $
City WASHINGTON	State DC	Zip Code 20005			Amount of Each Disbursement this Perio
Purpose of Disbursement TRANSFER				·	1500000.00
Candidate Name				egory/ ype	
Senate President	rsement For: Primary Other (spec	General cify) ▼			
State: District: Full Name (Last, First, Middle Initial)					Transaction ID: SB22.9143
SEIU COPE FUND					Date of Disbursement
Mailing Address 1313 L STREET, NW					- 0 ^M 2 ^M / 28 / Y 2011
City WASHINGTON	State DC	Zip Code 20005			Amount of Each Disbursement this Perio
Purpose of Disbursement TRANSFER					900000.00
Candidate Name				egory/ ype	
Senate President	rsement For: Primary Other (spec	General cify) ▼			
State: District: Full Name (Last, First, Middle Initial) SEIU COPE FUND					Transaction ID: SB22.9150 Date of Disbursement
Mailing Address 1313 L STREET, NW					$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City WASHINGTON	State DC	Zip Code 20005			Amount of Each Disbursement this Perio
Purpose of Disbursement TRANSFER					1000000.00
Candidate Name				egory/ ype	
Office Sought: House Disbu Senate President	Primary Other (spec	General			
State: District:		· 			
SUBTOTAL of Disbursements This Page (optional	d)			▶	3400000.00
TITE OF ENDERGO THIS T AGO (OPTION	-,				

SCHEDULE B (FEC Form 3X)		
` '	Use separate schedule(s) (check	LINE NUMBER: PAGE 13 / 32 conly one)
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page 21	
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION	N FEDERAL POLITICAL ACTION	FUND
Full Name (Last, First, Middle Initial) HOUSE MAJORITY PAC Mailing Address 700 13TH STREET NW 5	SUITE 600	Transaction ID: SB23.9188 Date of Disbursement O 5 Y Y Y O 1 1
,	State Zip Code DC 20005	Amount of Each Disbursement this Period 15000.00
CONTRIBUTION Candidate Name	Catagonia	
	Category. Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼	
State: District:	·	

SUBTOTAL of Disbursements This Page (optional)	•	15000.00
TOTAL This Period (last page this line number only)	—	15000.00

A.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s) (check)	NE NUMBER: PAGE 14 / 32 only one)
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page 21b	
Any Information copied from such Reports and Statemer or for commercial purposes, other than using the name	, , , , , , , , , , , , , , , , , , , ,	· '
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION	I FEDERAL POLITICAL ACTION F	UND
Full Name (Last, First, Middle Initial) OLGA ALLEN Mailing Address 1655 FLATBUSH AVENU	E	Transaction ID: SB28A.9190 Date of Disbursement M 6 M / D 8 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	State Zip Code NY 11210	Amount of Each Disbursement this Period
Purpose of Disbursement REFUND OF UNITEMIZED CONTRIBUTION		45.00
Candidate Name	Category/ Type	
Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼	
State: District:	•	

			1
SUBTOTAL of Disbursements This Page (optional)	<u> </u>	45.00	J
			1
TOTAL This Period (last page this line number only)		45.00	J

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE		PAGE 15/32	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	22 23 28a 28b	24 25 26 28c X 29 30	
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION	N FEDERAL POLITICAL	. ACTION FUN	ID		
Full Name (Last, First, Middle Initial) 1199 & 32BJ/144 SEIU HOME CARE PAC			Transaction ID: 5		
Mailing Address 330 WEST 42ND STREE	T		01 / 21	Y 2011	
	State Zip Code NY 10036		Amount of Each Dis	sbursement this Period	
Purpose of Disbursement REFUND OF DEPOSIT INTO WRONG ACCOUNT	NT			3546.75	
Candidate Name		Category/ Type			
Senate President	ment For: Primary General Other (specify)				
State: District: Full Name (Last, First, Middle Initial)			Transaction ID:	SB29.9159	
• 1199 SEIU DUES ACCOUNT Mailing Address 330 WEST 42ND STREE		Date of Disburseme			
NÉW YORK	State Zip Code NY 10036		Amount of Each Dis	sbursement this Period 80.00	
Purpose of Disbursement REFUND OF DEPOSIT INTO WRONG ACCOUNT	NT			60.00	
Candidate Name		Category/ Type			
Office Sought: House Senate President State: District:	ment For: Primary General Other (specify)				
Full Name (Last, First, Middle Initial) 1199 SEIU DUES ACCOUNT			Transaction ID: S Date of Disburseme	ent	
Mailing Address 330 WEST 42ND STREE	T, 7TH FLOOR		03 18	2011	
•	State Zip Code NY 10036		Amount of Each Dis	sbursement this Period	
Purpose of Disbursement REFUND OF DEPOSIT INTO WRONG ACCOUNT Candidate Name	NT	Category/ Type		617.00	
Senate President	ment For: Primary General Other (specify)	. ,,,,			
State: District: SUBTOTAL of Disbursements This Page (optional) .				4243.75	
TOTAL This Period (last page this line number only)					

SCHEDULE B (FEC Form 3X)

	TIEDOLL D (I LC I OIIII 3X)	Use separate schedule(21 1 -	R LINE NUMBER: PAGE 16 / 32 eck only one)
ITE	MIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 22 23 24 25 27 28a 28b 28c X 29
or for		e name and address of any politic	al committee	erson for the purpose of soliciting contributions se to solicit contributions from such committee
A. 1	ull Name (Last, First, Middle Initial) 199 SEIU DUES ACCOUNT failing Address 330 WEST 42ND S	TREET, 7TH FLOOR		Transaction ID: SB29.9160 Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C	Sity JEW YORK	State Zip Code NY 10036		Amount of Each Disbursement this Period
R	urpose of Disbursement REFUND OF DEPOSIT INTO WRONG AC andidate Name	COUNT	Categor	705.00 ry/
	Office Sought: House Discontinuous President District:	sbursement For: Primary General Other (specify)	Туре	
3. 1 [.]	ull Name (Last, First, Middle Initial) 199 SEIU DUES ACCOUNT Mailing Address 330 WEST 42ND S	TREET, 7TH FLOOR		Transaction ID: SB29.9157 Date of Disbursement M 4 M / D 2 7 Y 2 0 1 1
$\frac{N}{P}$	city IEW YORK Purpose of Disbursement REFUND OF DEPOSIT INTO WRONG AC	State Zip Code NY 10036		Amount of Each Disbursement this Period 960.44
ō	Candidate Name Office Sought: House District: District:	sbursement For: Primary General Other (specify)	Categor Type	
Fı	ull Name (Last, First, Middle Initial) 199 SEIU DUES ACCOUNT			Transaction ID: SB29.9158 Date of Disbursement
M	Mailing Address 330 WEST 42ND S	TREET, 7TH FLOOR		06 0 0 8 7 2 0 1 1
	ity IEW YORK	State Zip Code NY 10036		Amount of Each Disbursement this Period
R	Turpose of Disbursement REFUND OF EMPLOYER REMIT IN ERRO Candidate Name	DR	Categor Type	
ō	Senate	bursement For: Primary Genera Other (specify)		
	President itate: District:	Carlor (opeony)		

В.

District:

290"		
SCHEDULE B (FEC Form 3X)		E NUMBER: PAGE 17/32
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page (check or 21b 27	nly one) 22
Any Information copied from such Reports and State or for commercial purposes, other than using the nan		
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNIC	ON FEDERAL POLITICAL ACTION FL	IND
Full Name (Last, First, Middle Initial) DEPARTMENT OF THE TREASURY Mailing Address INTERNAL REVENUE S	DEDIVICE CENTED	Transaction ID: SB29.9187 Date of Disbursement 0 3 M / D 1 6 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address INTERNAL REVENUE S City OGDEN	State Zip Code UT 84201	Amount of Each Disbursement this Period
Purpose of Disbursement INCOME TAX - 2010		891.00
Candidate Name	Category/ Type	_
Office Sought: Senate President State: Disburs Disburs	ement For: Primary General Other (specify) ▼	
Full Name (Last, First, Middle Initial) TD BANK		Transaction ID: SB29.9142 Date of Disbursement
Mailing Address 1710 ROUTE 70 EAST		$\begin{bmatrix} M & M & 1 \\ 0 & 3 & M \end{bmatrix} = \begin{bmatrix} D & D & D \\ 0 & 2 & M \end{bmatrix} = \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{bmatrix}$
City CHERRY HILL	State Zip Code NJ 08034	Amount of Each Disbursement this Period
Purpose of Disbursement BANK CHARGES		94.26
Candidate Name	Category/ Type	
Office Sought: House Disburs Senate President	ement For: Primary General Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	•	985.26
TOTAL This Period (last page this line number only)	•	6946.45

State:

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

PAGE 18 / 32 FOR LINE NUMBER: (check only one)

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1199 SERVICE EMPLOYEES	I'TNI	UNION FEDERAL	POLITICAL	ACTION F	UND
1100 OLITAIOL LIVII LOTELL	, . _		OLI 10/1	/10110111	OIVD

	numbered line)	X 10				
EDERAL POLITICAL ACTION F	FUND					
1199 SEIU UNITED HEALTHCARE WORKERS EAST						
ZIP Code						
10036						
		ID 0040 0040				
	iransaction	11 0 : 5D10.6240				
Payment This Period	Outstanding Balan	ce at Close of This Period				
· · · · · · · · · · · · · · · · · · ·						
0.00		8091.98				
		`				
	Nature of Debt (Purp	DOSE): AEE SALADIES				
LH3 LA31	AND BENEFITS	AII SALANILS				
ZIP Code						
10036						
	Transaction	ID: SD10.6241				
Payment This Period	Outstanding Baland	ce at Close of This Period				
0.00		65588.32				
or Creditor	Nature of Debt (Pure	oose):				
	REIMBURSE ST					
	AND BENEFITS					
710 0 - 4 -						
10000						
	Transaction	ID: SD10.6242				
Payment This Period	Outstanding Balan	ce at Close of This Period				
	Outstaring Balan					
0.00		14545.49				
		88225.79				
		00220:10				
nlv)	>					
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e C (last page only)	>					
ne of Summary Page (last page only)	> , , , ,					
	ZIP Code 10036 Payment This Period 0.00 Or Creditor ERS EAST ZIP Code 10036 Payment This Period 0.00 Or Creditor ERS EAST ZIP Code 10036 Payment This Period 0.00 Or Creditor ERS EAST	EDERAL POLITICAL ACTION FUND or Creditor ERS EAST ZIP Code 10036 Transaction Payment This Period Outstanding Balant O.00 Transaction Payment This Period Outstanding Balant O.00 Transaction AND BENEFITS Outstanding Balant O.00 Transaction Payment This Period Outstanding Balant O.00 Transaction Payment This Period Outstanding Balant O.00 Transaction Payment This Period Outstanding Balant O.00 Transaction Outstanding Balant O.00 Payment This Period Outstanding Balant O.00 Outstanding Balant O.00 Outstanding Balant O.00 Outstanding Balant O.00				

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

PAGE 19/32 FOR LINE NUMBER: (check only one)

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1199 SERVICE EMP	LOYEES	INT'L	. UNION FEDERAL	POLITICAL	ACTION FUND

	ME OF COMMITTEE (99 SERVICE EMPLO		EDERAL POLITICAL ACTION FUN	ID		
		rst, Middle Initial) of Debtor HEALTHCARE WORK	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS			
	Mailing Address 330	WEST 42ND STREET				
	City NEW YORK	State NY	ZIP Code 10036			
	Outstanding Balance	Beginning This Period		Transaction ID: SD10.6243		
		3157.42				
	Amount Incur	red This Period	Payment This Period	Outstanding Balance at Close of This Period		
		0.00	0.00	3157.42		
		rst, Middle Initial) of Debtor HEALTHCARE WORK	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS			
	Mailing Address 330	WEST 42ND STREET				
	City NEW YORK	State NY	ZIP Code 10036			
	Outstanding Balance	Beginning This Period		Transaction ID: SD10.6244		
		56833.56				
	Amount Incu	red This Period	Payment This Period	Outstanding Balance at Close of This Period		
	Amount Incu	red This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 56833.56		
	C. Full Name (Last, Fi		0.00 or Creditor			
	C. Full Name (Last, Fi	0.00	0.00 or Creditor	56833.56 Nature of Debt (Purpose): REIMBURSE STAFE SALABIES		
	C. Full Name (Last, Fi	0.00 rst, Middle Initial) of Debtor HEALTHCARE WORK	0.00 or Creditor	56833.56 Nature of Debt (Purpose): REIMBURSE STAFE SALABIES		
	C. Full Name (Last, Fi 1199 SEIU UNITED Mailing Address 330 City NEW YORK	0.00 rst, Middle Initial) of Debtor HEALTHCARE WORK WEST 42ND STREET State	or Creditor CERS EAST ZIP Code	56833.56 Nature of Debt (Purpose): REIMBURSE STAFE SALABIES		
	C. Full Name (Last, Fi 1199 SEIU UNITED Mailing Address 330 City NEW YORK	o.00 rst, Middle Initial) of Debtor HEALTHCARE WORK WEST 42ND STREET State NY	or Creditor CERS EAST ZIP Code	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS		
	C. Full Name (Last, Fi 1199 SEIU UNITED Mailing Address 330 City NEW YORK Outstanding Balance	o.00 rst, Middle Initial) of Debtor HEALTHCARE WORK WEST 42ND STREET State NY e Beginning This Period	or Creditor CERS EAST ZIP Code	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS		
-	C. Full Name (Last, Fi 1199 SEIU UNITED Mailing Address 330 City NEW YORK Outstanding Balance	0.00 rst, Middle Initial) of Debtor HEALTHCARE WORK WEST 42ND STREET State NY P Beginning This Period 82522.06	or Creditor (ERS EAST ZIP Code 10036	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS Transaction ID: SD10.6245		
1)	C. Full Name (Last, Fi 1199 SEIU UNITED Mailing Address 330 City NEW YORK Outstanding Balance Amount Incur	o.00 rst, Middle Initial) of Debtor HEALTHCARE WORK WEST 42ND STREET State NY e Beginning This Period 82522.06 rred This Period 0.00	or Creditor XERS EAST ZIP Code 10036 Payment This Period	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS Transaction ID: SD10.6245 Outstanding Balance at Close of This Period		
	C. Full Name (Last, Fi 1199 SEIU UNITED Mailing Address 330 City NEW YORK Outstanding Balance Amount Incur SUBTOTALS This Po	o.00 rst, Middle Initial) of Debtor HEALTHCARE WORK WEST 42ND STREET State NY e Beginning This Period 82522.06 rred This Period 0.00 eriod This Page (optional)	or Creditor CERS EAST ZIP Code 10036 Payment This Period 0.00	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS Transaction ID: SD10.6245 Outstanding Balance at Close of This Period 82522.06		
2)	C. Full Name (Last, Fi 1199 SEIU UNITED Mailing Address 330 City NEW YORK Outstanding Balance Amount Incur SUBTOTALS This Po	o.00 rst, Middle Initial) of Debtor HEALTHCARE WORK WEST 42ND STREET State NY Beginning This Period 82522.06 rred This Period 0.00 eriod This Page (optional)	or Creditor CERS EAST ZIP Code 10036 Payment This Period 0.00	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS Transaction ID: SD10.6245 Outstanding Balance at Close of This Period 82522.06		

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

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1199 SERVICE EMPL	LOYEES IN	I'L UNION FEDERAL	_ POLITICAL	ACTION FUND

	ME OF COMMITTEE (I 99 SERVICE EMPLO		EDERAL POLITICAL ACTION FUN	ID	
		rst, Middle Initial) of Debtor HEALTHCARE WORK	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS		
	Mailing Address 330	WEST 42ND STREET			
	City NEW YORK	State NY	ZIP Code 10036		
	Outstanding Balance	Beginning This Period		Transaction ID: SD10.6246	
		78033.76			
	Amount Incur	red This Period	Payment This Period	Outstanding Balance at Close of This Period	
		0.00	0.00	78033.76	
		rst, Middle Initial) of Debtor HEALTHCARE WORK		Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS	
	Mailing Address 330	WEST 42ND STREET			
	City NEW YORK	State NY	ZIP Code 10036		
	Outstanding Balance	Beginning This Period		Transaction ID: SD10.6247	
	2812.96				
		2012.00			
	Amount Incur	red This Period	Payment This Period	Outstanding Balance at Close of This Period	
	Amount Incur		Payment This Period 0.00	Outstanding Balance at Close of This Period 2812.96	
_	C. Full Name (Last, Fin	red This Period	0.00 or Creditor		
-	C. Full Name (Last, Fir 1199 SEIU UNITED	red This Period 0.00 rst, Middle Initial) of Debtor	0.00 or Creditor	2812.96 Nature of Debt (Purpose):	
	C. Full Name (Last, Fir 1199 SEIU UNITED	red This Period 0.00 rst, Middle Initial) of Debtor HEALTHCARE WORK	0.00 or Creditor	2812.96 Nature of Debt (Purpose):	
_	C. Full Name (Last, Fir 1199 SEIU UNITED Mailing Address 330 City NEW YORK	red This Period 0.00 rst, Middle Initial) of Debtor HEALTHCARE WORK WEST 42ND STREET State	0.00 or Creditor ERS EAST	2812.96 Nature of Debt (Purpose):	
-	C. Full Name (Last, Fir 1199 SEIU UNITED Mailing Address 330 City NEW YORK	red This Period 0.00 rst, Middle Initial) of Debtor HEALTHCARE WORK WEST 42ND STREET State NY	0.00 or Creditor ERS EAST	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS	
-	C. Full Name (Last, Fir 1199 SEIU UNITED Mailing Address 330 City NEW YORK Outstanding Balance	red This Period 0.00 rst, Middle Initial) of Debtor HEALTHCARE WORK WEST 42ND STREET State NY Beginning This Period	0.00 or Creditor ERS EAST	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS	
-	C. Full Name (Last, Fir 1199 SEIU UNITED Mailing Address 330 City NEW YORK Outstanding Balance	red This Period 0.00 rst, Middle Initial) of Debtor HEALTHCARE WORK WEST 42ND STREET State NY Beginning This Period 5095.64	O.00 or Creditor ERS EAST ZIP Code 10036	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS Transaction ID: SD10.6248	
1)	C. Full Name (Last, Fir 1199 SEIU UNITED Mailing Address 330 City NEW YORK Outstanding Balance	red This Period 0.00 rst, Middle Initial) of Debtor HEALTHCARE WORK WEST 42ND STREET State NY Pe Beginning This Period 5095.64 red This Period 0.00	O.00 or Creditor ERS EAST ZIP Code 10036 Payment This Period	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS Transaction ID: SD10.6248 Outstanding Balance at Close of This Period	
	C. Full Name (Last, Fir 1199 SEIU UNITED Mailing Address 330 City NEW YORK Outstanding Balance Amount Incur	red This Period 0.00 rst, Middle Initial) of Debtor HEALTHCARE WORK WEST 42ND STREET State NY Beginning This Period 5095.64 red This Period 0.00 eriod This Page (optional)	O.00 or Creditor ERS EAST ZIP Code 10036 Payment This Period 0.00	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS Transaction ID: SD10.6248 Outstanding Balance at Close of This Period 5095.64	
2)	C. Full Name (Last, Fir 1199 SEIU UNITED Mailing Address 330 City NEW YORK Outstanding Balance Amount Incur	red This Period 0.00 rst, Middle Initial) of Debtor HEALTHCARE WORK WEST 42ND STREET State NY 9 Beginning This Period 5095.64 red This Period 0.00 eriod This Page (optional)	O.00 or Creditor ERS EAST ZIP Code 10036 Payment This Period 0.00	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS Transaction ID: SD10.6248 Outstanding Balance at Close of This Period 5095.64	

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

PAGE 21 / 32 FOR LINE NUMBER: 9 (check only one) X 10

1199 SERVICE EMPLOYEES	I'TNI	UNION FEDERAL	POLITICAL	ACTION	FUND
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NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEI	DERAL POLITICAL ACTION FUND)			
	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor 1199 SEIU UNITED HEALTHCARE WORKERS EAST				
Mailing Address 330 WEST 42ND STREET					
City State NEW YORK NY	ZIP Code 10036				
Outstanding Balance Beginning This Period		Transaction ID: SD10.6249			
12962.04					
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 or 1199 SEIU UNITED HEALTHCARE WORKE		Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS			
Mailing Address 330 WEST 42ND STREET					
City State NEW YORK NY	ZIP Code 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 Debtor or 1199 SEIU UNITED HEALTHCARE WORKE		Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS			
Mailing Address 330 WEST 42ND STREET					
City State NEW YORK NY	ZIP Code 10036				
Outstanding Balance Beginning This Period		Transaction ID: SD10.6285			
7231.75					
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period			
0.00	0.00	7231.75			
1) SUBTOTALS This Period This Page (optional)		31191.49			
2) TOTALS This Period (last page this line number only	y)1				
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)	-			

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

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Excluding Loans

excluding Loans number				X 10	
NAME OF COMMITTEE	(In Full)				
1199 SERVICE EMPL	OYEES INT'L UNION F	EDERAL POLITICAL ACTION I	FUND		
	First, Middle Initial) of Debtor		Nature of Debt	(Purpose):	
1199 SEIU UNITEI) HEALTHCARE WORK	CERS EAST	REIMBURSE	E STAFF SALARIES	
		AND BLINE	113		
Mailing Address 330	WEST 42ND STREET				
0		710.0			
City NEW YORK	State NY	ZIP Code 10036			
NEW TORK	INT	10036			
Outstanding Balance	e Beginning This Period		Transa	action ID: SD10.6286	
	3434.67				
Amount Incu	irred This Period	Payment This Period	Outstanding I	Balance at Close of This Period	
	0.00	0.00		3434.67	
B. Full Name (Last, F	First, Middle Initial) of Debtor	or Creditor	Nature of Debt	(Purpose):	
	HEALTHCARE WORK		REIMBURSE	E STAFF SALARIES ITS	
			AND BENEF	FITS	
Mailing Address 330	WEST 42ND STREET				
City	State	ZIP Code			
NEW YORK	NY	10036			
Outstanding Balance	e Beginning This Period		Transa	action ID: SD10.6287	
	16789.92				
	10709.92				
Amount Incu	irred This Period	Payment This Period	Outstanding I	Balance at Close of This Period	
	0.00	0.00		16789.92	
C. Full Name (Last. F	First, Middle Initial) of Debtor	or Creditor	Nature of Debt	Nature of Debt (Purpose):	
) HEALTHCARE WORK		REIMBURSI	STAFF SALARIES	
			AND BENEF	FITS	
Mailing Address 330	WEST 42ND STREET				
City	State	ZIP Code			
NEW YORK	NY	10036			
Outstanding Balance	e Beginning This Period		Transa	action ID: SD10.6288	
	9286.03				
	3200.00				
Amount Incu	rred This Period	Payment This Period	Outstanding I	Balance at Close of This Period	
	0.00	0.00		9286.03	
L					
1) SUBTOTALS This F	Period This Page (optional)		•	29510.62	
	<u> </u>				
2) TOTALS This Period	(last page this line number of	only)	>		
3) TOTAL OUTSTANDII	NG LOANS from Schedul	le C (last page only)	>		
4) ADD 2) and 3) and c	carry forward to appropriate li	ne of Summary Page (last page only)			

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

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	ME OF COMMITTEE (In Fi 99 SERVICE EMPLOYE	,	FEDERAL POLITICAL ACTION FUND)	
	A. Full Name (Last, First, MAMERICAN EXPRESS	Middle Initial) of Debt	or or Creditor	Nature of Debt (Purpose): CATERING	
	Mailing Address P.O. BC	OX 2855			
	City NEW YORK	State NY	ZIP Code 10116-2855		
	Outstanding Balance Beg			Transaction ID: SD10.6289	
		240.00			
	Amount Incurred		Payment This Period	Outstanding Balance at Close of This Period	
		0.00	0.00	240.00	
Ī	B. Full Name (Last, First, MAVIS RENT A CAR SYS		or or Creditor	Nature of Debt (Purpose): TRAVEL EXPENSES	
	Mailing Address 7876 Co	OLLECTIONS CT	R DRIVE		
	CHICAGO	State IL	ZIP Code 60693		
	Outstanding Balance Beg	ginning 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, N JENNY BAUER	Middle Initial) of Debt	or or Creditor	Nature of Debt (Purpose): REIMBURSEMENT FOR CATERING EXPENSES	
	Mailing Address 2 WILC	OTT PARK			
	City MEDFORD	State MA	ZIP Code 02155		
	Outstanding Balance Beq	ginning 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	
1)	SUBTOTALS This Period	This Page (optional))	1439.77	
2)	TOTALS This Period (last	page this line numbe	or only)	>	
3)	TOTAL OUTSTANDING L	OANS from Sche	dule C (last page only)	>	
4)	ADD 2) and 3) and carry f	orward to appropriate	>		

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

PAGE 24 / 32 FOR LINE NUMBER: (check only one)

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	ME OF COMMITTEE 99 SERVICE EMPL	'	FEDERAL POLITICAL ACTION FUNI)	
	A. Full Name (Last, F BERLIN ROSEN, L	irst, Middle Initial) of Debtor TD	Nature of Debt (Purpose): CANVASS SERVICES		
	Mailing Address 15	MAIDEN LANE E. 803			
	City NEW YORK	State NY	ZIP Code 10038		
	Outstanding Balanc	e Beginning This Period		Transaction ID: SD10.9182	
		0.00			
	Amount Incu	rred This Period	Payment This Period	Outstanding Balance at Close of This Period	
		59750.00	0.00	59750.00	
	B. Full Name (Last, F BERLIN ROSEN, L	irst, Middle Initial) of Debtor TD	or Creditor	Nature of Debt (Purpose): DIRECT MAIL	
	Mailing Address 15 STE	MAIDEN LANE E. 803			
	City State ZIP Code NEW YORK NY 10038				
	Outstanding Balanc	e Beginning This Period		Transaction ID: SD10.9183	
		0.00			
	Amount Incu	rred This Period	Payment This Period	Outstanding Balance at Close of This Period	
		15250.00	0.00	15250.00	
	C. Full Name (Last, F LILLIAN CARINO	irst, Middle Initial) of Debtor	or Creditor	Nature of Debt (Purpose): REIMBURSEMENT FOR TRAVEL EXPENSES	
	-	' SAINT NICHOLAS AV T. 2N	ENUE		
	City NEW YORK	State NY	ZIP Code 10027-3609		
	Outstanding Balanc	e Beginning This Period		Transaction ID: SD10.6508	
		45.00			
	Amount Incu	rred This Period	Payment This Period	Outstanding Balance at Close of This Period	
		0.00	0.00	45.00	
1)	SUBTOTALS This P	eriod This Page (optional)		75045.00	
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2)	TOTALS This Period	(last page this line number of	OT 11-9/)		
	TOTALS This Period TOTAL OUTSTANDII	<u>· · · · · · · · · · · · · · · · · · · </u>	ile C (last page only)	>	

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

PAGE 25 / 32 FOR LINE NUMBER: (check only one) 9

1199 SERVICE EMPLOYEES	I'TNI	UNION FEDERAL	POLITICAL	ACTION F	UND
1100 OLITAIOL LIVII LOTELL	, . _		OLI 10/1	/10110111	OIVD

Excluding Loans		numbered line)	X 10		
NAME OF COMMITTEE (In Full)					
1199 SERVICE EMPLOYEES INT'L UNION FE	EDERAL POLITICAL ACTION FU	JND			
A. Full Name (Last, First, Middle Initial) of Debtor of MACK CROUNSE GROUP	Nature of Debt (Purpo MAILINGS	ose):			
Mailing Address 2001 N. BEAUREGARD ST.	Mailing Address 2001 N. BEAUREGARD ST., STE 420				
City State ALEXANDRIA VA	ZIP Code 22311				
Outstanding Balance Beginning This Period		Transaction	Transaction ID: SD10.8322		
1606.34					
Amount Incurred This Period	Payment This Period	Outstanding Balance	e at Close of This Period		
0.00	0.00		1606.34		
B. Full Name (Last, First, Middle Initial) of Debtor of MACK CROUNSE GROUP	or Creditor	Nature of Debt (Purpo MAILINGS	ose):		
Mailing Address 2001 N. BEAUREGARD ST.	, STE 420				
City State ALEXANDRIA VA	ZIP Code 22311				
Outstanding Balance Beginning This Period		Transaction	Transaction ID: SD10.8323		
1606.34					
Amount Incurred This Period	Payment This Period	Outstanding Balance	e at Close of This Period		
0.00	0.00		1606.34		
C. Full Name (Last, First, Middle Initial) of Debtor of NOVAK MEDIA INC.	or Creditor	Nature of Debt (Purpose): RADIO BUY & PRODUCTION			
Mailing Address 159 WEST MAIN STREET					
City State WEBSTER NY	ZIP Code 14580				
Outstanding Balance Beginning This Period		Transaction	ID: SD10.7361		
18850.00					
Amount Incurred This Period	Payment This Period	Outstanding Balance	e at Close of This Period		
0.00	0.00		18850.00		
1) SUBTOTALS This Period This Page (optional)		•	22062.68		
2) TOTALS This Period (last page this line number or	ıly)	>			
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	>			
4) ADD 2) and 3) and carry forward to appropriate lin	- .				

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

PAGE 26 / 32 FOR LINE NUMBER: 9 (check only one) X 10

1199 SERVICE EMPLOYEES	I'TNI	UNION FEDERAL	POLITICAL	ACTION F	UND
1100 OLITAIOL LIVII LOTELL	, . _		OLI 10/1	/10110111	OIVD

	OF COMMITTEE (IN ERVICE EMPLC		FEDERAL POLITICAL ACTION FUN	D			
	Full Name (Last, Firs ONELLA PECH	st, Middle Initial) of Debto TEL	Nature of Debt (Purpose): REIMBURSEMENT CATERING EX-PENSE				
Mailir	ng Address 401 i	ROSE AVE					
City SCH	IENECTADY	State NY	ZIP Code 12308				
Οι	utstanding Balance	Beginning This Period		Transaction ID: SD10.6531			
		201.39					
	Amount Incurr	red This Period	Payment This Period	Outstanding Balance at Close of This Period			
		0.00	0.00	201.39			
		st, Middle Initial) of Debto ΓΙΟΝS CENTER LLC		Nature of Debt (Purpose): ROBO CALLS			
Mailir	ng Address 330 \	WEST 42ND STREE	Т				
City NEV	V YORK	State NY	ZIP Code 10036				
Οι	utstanding Balance	Beginning This Period		Transaction ID: SD10.7362			
		4372.06					
	Amount Incurr	red This Period	Payment This Period	Outstanding Balance at Close of This Period			
		0.00	0.00	4372.06			
		st, Middle Initial) of Debto ΓΙΟΝS CENTER LLC		Nature of Debt (Purpose): PHONE BANK CALLS			
Mailir	ng Address 330 N	WEST 42ND STREE	Т				
City NEV	V YORK	State NY	ZIP Code 10036				
Οι	utstanding Balance	Beginning This Period		Transaction ID: SD10.8325			
		22157.25					
1 –	Amount Incurr	red This Period	Payment This Period	Outstanding Balance at Close of This Period			
L		0.00	0.00	22157.25			
1) SUB	TOTALS This Pe	riod This Page (optional).		▶ 26730.70			
2) TOT	ALS This Period (la	ast page this line number	only)	>			
			3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
3) TOT	AL OUTSTANDING	G LOANS from Sched	lule C (last page only)				

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

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Excluding Loans			numbered line)	X 10	
NAME OF COMMITTEE	` ,				
1199 SERVICE EMPL	LOYEES INT'L UNION F	EDERAL POLITICAL ACTION F	UND		
			N		
A. Full Name (Last, F UNION TRAVEL M	First, Middle Initial) of Debtor	or Creditor	Nature of Debt (I		
UNION TRAVEL IV	MASTERCARD		CATERING	APENSES	
Mailing Address P.(∩ BOX 88000				
Maining / Garoos 1 .C	3. BOX 00000				
City	State	ZIP Code			
BALTIMORE	MD	21288			
Outstanding Baland	ce Beginning This Period		Transac	tion ID: SD10.6517	
- · · · · ·					
	1897.47				
Amount Inci	urred This Period	Payment This Period	Outstanding Ba	alance at Close of This Period	
	0.00	0.00		1897.47	
	1.11			124,11	
B. Full Name (Last F	First, Middle Initial) of Debtor	or Creditor	Nature of Debt (Purpose):	
UNION TRAVEL M			CATERING E		
Mailing Address P.0	O. BOX 88000				
City BALTIMORE	State MD	ZIP Code 21288			
DALTINORE	IVID	21200			
Outstanding Baland	ce Beginning This Period		Transac	tion ID: SD10.6518	
	1849.15				
Amount Inco	urred This Period	Payment This Period	Outstanding Br	alance at Close of This Period	
Amount inco	urred Triis Feriod		Outstanding Ba		
	0.00	0.00		1849.15	
	First, Middle Initial) of Debtor	or Creditor	Nature of Debt (
UNION TRAVEL M	MASTERCARD		BEVERAGE E	XPENSES	
Mailing Address D.(2 POV 99999				
Mailing Address P.(J. BOX 66000				
City	State	ZIP Code			
BALTIMORE	MD	21288			
Outstanding Baland	ce Beginning This Period		Trancac	tion ID: SD10.6519	
2 State of the sta			Tuilsac		
	835.02				
Amount Inci	urred This Period	Payment This Period	Outstanding Ba	alance at Close of This Period	
	0.00	0.00		835.02	
	0.00	3.00		000.02	
1) SUBTOTALS This F	Period This Page (optional)			4581.64	
·	3 (1 /		_	1 1 1 1 1 1	
2) TOTALS This Period	2) TOTALS This Period (last page this line number only)				
3) TOTAL OUTSTANDI	ING LOANS from Schedu	le C (last page only)			
4) ADD 6) 15					
4) AUU 2) and 3) and 0	carry torward to appropriate li	ne of Summary Page (last page only)			

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

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1199 SERVICE EMPLOYEES INT'L	UNION FEDERAL	POLITICAL	ACTION FUND

	COMMITTEE (In	,	EDERAL POLITICAL ACTION FUNI)	
	Name (Last, Firs NTRAVEL MAS	t, Middle Initial) of Debtor STERCARD	Nature of Debt (Purpose): TRAVEL EXPENSES		
Mailing	Address P.O. I	BOX 88000			
City BALTI	City State ZIP Code BALTIMORE MD 21288				
Outs	tanding Balance E	Beginning This Period		Transaction ID: SD10.6520	
		435.95			
	Amount Incurre	ed This Period	Payment This Period	Outstanding Balance at Close of This Period	
		0.00	0.00	435.95	
	Name (Last, Firs NTRAVEL MAS	t, Middle Initial) of Debtor STERCARD	or Creditor	Nature of Debt (Purpose): TRAVEL EXPENSES	
Mailing	Address P.O. I	BOX 88000			
City BALTI	MORE	State MD	ZIP Code 21288		
Outs	tanding Balance E	Beginning This Period		Transaction ID: SD10.6521	
		1056.95			
	Amount Incurre	ed This Period	Payment This Period	Outstanding Balance at Close of This Period	
		0.00	0.00	1056.95	
	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD			Nature of Debt (Purpose): CATERING EXPENSES	
Mailing	Address P.O. I	BOX 88000			
City BALTI	MORE	State MD	ZIP Code 21288		
Outs	tanding Balance E	Beginning This Period		Transaction ID: SD10.6522	
		2372.04			
	Amount Incurre	ed This Period	Payment This Period	Outstanding Balance at Close of This Period	
		0.00	0.00	2372.04	
1) SUBTO	OTALS This Peri	od This Page (optional)		3864.94	
2) TOTAL	S This Period (la	st page this line number o	nly)	>	
3) TOTAL	OUTSTANDING	LOANS from Schedul	e C (last page only)	>	
4) ADD 2)	ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

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

PAGE 29 / 32 FC

FOR LINE NUMBER:		
(check only one)		9
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	E OF COMMITTEE (In Ful SERVICE EMPLOYE		FEDERAL POLITICAL ACTION FUND)
	. Full Name (Last, First, M NION TRAVEL MASTE		Nature of Debt (Purpose): TRAVEL EXPENSES	
М	Mailing Address P.O. BOX 88000			
	ity ALTIMORE	State MD	ZIP Code 21288	
	Outstanding Balance Begi	inning This Period		Transaction ID: SD10.6533
		367.37		
	Amount Incurred T		Payment This Period	Outstanding Balance at Close of This Period
		0.00	0.00	367.37
	. Full Name (Last, First, M NION TRAVEL MASTE		or or Creditor	Nature of Debt (Purpose): TRAVEL EXPENSES
М	lailing Address P.O. BO	X 88000		
	ity ALTIMORE	State MD	ZIP Code 21288	
	Outstanding Balance Begi	inning This Period		Transaction ID: SD10.6535
		262.40		
	Amount Incurred T	his Period	Payment This Period	Outstanding Balance at Close of This Period
		0.00	0.00	262.40
	. Full Name (Last, First, M NION TRAVEL MASTE		or or Creditor	Nature of Debt (Purpose): CATERING EXPENSES
М	lailing Address P.O. BO	X 88000		
- 1	ity ALTIMORE	State MD	ZIP Code 21288	
	Outstanding Balance Begi	inning This Period		Transaction ID: SD10.6536
		477.00		
	Amount Incurred T	his Period	Payment This Period	Outstanding Balance at Close of This Period
		0.00	0.00	477.00
1) S	UBTOTALS This Period	This Page (optional)	1106.77
2) TOTALS This Period (last page this line number only)				
3) T	OTAL OUTSTANDING LO	DANS from Sche	dule C (last page only)	
4) A	DD 2) and 3) and carry fo	orward to appropriate	e line of Summary Page (last page only)	>

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

PAGE 30 / 32 FOR LINE NUMBER: (check only one)

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	ME OF COMMITTEE (In Fu 99 SERVICE EMPLOYE	,	N FEDERAL POLITICAL ACTION FUND)	
	A. Full Name (Last, First, MUNION TRAVEL MAST		Nature of Debt (Purpose): TRAVEL EXPENSES		
	Mailing Address P.O. BC	00088 XC			
	City BALTIMORE	State MD	ZIP Code 21288		
	Outstanding Balance Beg	ginning 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	
	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD			Nature of Debt (Purpose): CATERING EXPENSES	
	Mailing Address P.O. BC	00088 XC			
	City BALTIMORE	State MD	ZIP Code 21288		
	Outstanding Balance Beg	ginning 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	
	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD			Nature of Debt (Purpose): TRAVEL EXPENSES	
	Mailing Address P.O. BC	0X 88000			
	City BALTIMORE	State MD	ZIP Code 21288		
	Outstanding Balance Beg	ginning This Period		Transaction ID: SD10.6539	
		419.84			
	Amount Incurred	This Period	Payment This Period	Outstanding Balance at Close of This Period	
		0.00	0.00	419.84	
1)	SUBTOTALS This Period	This Page (optiona	J)	2059.64	
2) TOTALS This Period (last page this line number only)					
3)	TOTAL OUTSTANDING LO	OANS from Sche	edule 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)

(Use separate schedule(s) for each

PAGE 31 / 32 FOR LINE NUMBER:

DEBTS AND OBLIGATIONS (check only one) 9 numbered line) **Excluding Loans** X 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 Nature of Debt (Purpose): UNION TRAVEL MASTERCARD TRANSPORTATION COSTS Mailing Address P.O. BOX 88000 State ZIP Code City **BALTIMORE** MD 21288 Outstanding Balance Beginning This Period Transaction ID: SD10.6545 539.45 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 539.45 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): UNION TRAVEL MASTERCARD CATERING EXPENSES Mailing Address P.O. BOX 88000 7IP Code City State **BALTIMORE** 21288 MD Outstanding Balance Beginning This Period Transaction ID: SD10.6546 2552.60 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 2552.60 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): UNION TRAVEL MASTERCARD CATERING EXPENSES Mailing Address P.O. BOX 88000 ZIP Code City State **BALTIMORE** 21288 MD 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 6316.21 1) SUBTOTALS This Period This Page (optional)..... 520590.65 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 520590.65 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPI	ENDITURES			PAGE 32/32
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
1199 SERVICE EMPLOYEES INT'L UNION FED AL ACTION FUND	PERAL POLITIC-			C C00348540
	r notice			C state its
Full Name (Last, First, Middle, Initial) of Payee		D	ate	
BERLIN ROSEN, LTD			M M /	D D / Y Y Y Y Y 1 1 1 1 2 0 1 1
Mailing Address		Δ	Amount	
15 MAIDEN LANE				59750.00
STE. 803			raneaction	1 ID : SE.9113
City	State Zip Cod	e		
NEW YORK	NY 10038	OI	fice Sought	: X House State: NY Senate District: 26
Purpose of Expenditure CANVASS SERVICES	Category/ Type			Presidential
Name of Federal Candidate supported or Opp KATHY HOCHUL	sed by expenditure:	Ch	eck One:	X Support Oppose
KATHY HOCHUL		Dis	sbursement	For: Primary General
			X Othe	er (specify) : Special-General
Calendar Year-To-Date Per Election	59750.0	00	2011	[MEMO ITEM]
for Office Sought				[memo rrem]
Full Name (Last, First, Middle, Initial) of Payee		D	ate	
BERLIN ROSEN, LTD			M M /	16 / Y Y Y Y Y Y
Mailing Address			mount	
15 MAIDEN LANE STE. 803				15250.00
			ransaction	n ID: SE.9133
City NEW YORK	State Zip Cod NY 10038	Of	fice Sought	: X House State: NY
Purpose of Expenditure	10030		J	Senate District: 26
DIRECT MAIL	Category/			Presidential
	Туре			
Name of Federal Candidate supported or Opposed by expenditure:			eck One:	X Support Oppose
KATHY HOCHUL		Dis	sbursement	For: Primary General
				er (specify) : Special-General
Calendar Year-To-Date Per Election	75000.0	00	2011	
for Office Sought				[MEMO ITEM]
(a) SUBTOTAL of Itemized Independent Expend	itures			0.00
(b) SUBTOTAL of Unitemized Independent Expe	nditures			
(c) TOTAL Independent Expenditures				0.00
Under penalty of perjury I certify that the independent or at the request or suggestion of, any candidate or accommittee) any political party committee or its agent.	•			
				YYYY
KEVIN FINNEGAN	Date	0 6 2	23 2	2 0 1 1
Signature				