

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
1	3

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		1838105.67
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning 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 TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	520590.65									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
1	3

Y	Y	Y	Y
2	0	1	1

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)	638.00	638.00
(ii) Unitemized	3206270.92	3206270.92
(iii) TOTAL (add Lines 11(a)(i) and (ii)	3206908.92	3206908.92
(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)	3206908.92	3206908.92
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	797.52	797.52
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (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))	3207706.44	3207706.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3207706.44	3207706.44

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

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

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

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

FOR LINE NUMBER: PAGE 6 / 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name (Last, First, Middle Initial)
MITRA BEHROOZI

Mailing Address 123 LINCOLN PLACE

City State Zip Code
BROOKLYN NY 11217

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

Name of Employer NATIONAL BENEFIT FUND-1199 Occupation EXECUTIVE DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.9164

Amount of Each Receipt this Period
150.00

PAYROLL DEDUCTION

B. Full Name (Last, First, Middle Initial)
MITRA BEHROOZI

Mailing Address 123 LINCOLN PLACE

City State Zip Code
BROOKLYN NY 11217

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

Name of Employer NATIONAL BENEFIT FUND-1199 Occupation EXECUTIVE DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.9165

Amount of Each Receipt this Period
150.00

PAYROLL DEDUCTION

C. Full Name (Last, First, Middle Initial)
MAUREEN ESTWICK

Mailing Address 1681 E 53RD STREET

City State Zip Code
BROOKLYN NY 11234

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

Name of Employer MAIMONIDES MEDICAL CENTER Occupation PATIENT CARE TECHNICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 1

Transaction ID: SA11AI.9167

Amount of Each Receipt this Period
60.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional) ▶ **360.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) ANGELA LUSK		Date of Receipt
	Mailing Address 5205 DWIRE COURT		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 31 / 2011
	City	State	Zip Code
	TAMPA	FL	33647
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9171
Name of Employer 1199 SEIU		Occupation ASSISTANT DIRECTOR OF RESEARCH	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 50.00
			PAYROLL DEDUCTION

B.	Full Name (Last, First, Middle Initial) GERARD NORDENBERG		Date of Receipt
	Mailing Address 100 MIDDLETON ROAD APT. 29		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 31 / 2011
	City	State	Zip Code
	BOHEMIA	NY	11716-3923
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9174
Name of Employer 1199 SEIU		Occupation VICE PRESIDENT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 50.00
			PAYROLL DEDUCTION

C.	Full Name (Last, First, Middle Initial) MONICA RUSSO		Date of Receipt
	Mailing Address 11 NW 154TH STREET		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 30 / 2011
	City	State	Zip Code
	MIAMI	FL	33169
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9177
Name of Employer 1199 SEIU		Occupation EXECUTIVE VICE PRESIDENT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 256.00	<input type="text"/> 64.00
			PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 164.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 8 / 32

(check only one)

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

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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)
MONICA RUSSO

Mailing Address 11 NW 154TH STREET

City State Zip Code
MIAMI FL 33169

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

Name of Employer Occupation
1199 SEIU EXECUTIVE VICE PRESIDENT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 320.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.9178

Amount of Each Receipt this Period

64.00

PAYROLL DEDUCTION

B.

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

Mailing Address 952 E 218TH STREET

City State Zip Code
BRONX NY 10469-1006

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

Name of Employer Occupation
1199 SEIU EXECUTIVE VICE PRESIDENT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.9180

Amount of Each Receipt this Period

50.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)

114.00

TOTAL This Period (last page this line number only)

638.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 32
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) TD BANK		Date of Receipt
	Mailing Address 1710 ROUTE 70 EAST		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	CHERRY HILL	NJ	08034
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: SA17.9135
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="115.96"/>	<input type="text" value="115.96"/>
			INTEREST INCOME

B.	Full Name (Last, First, Middle Initial) TD BANK		Date of Receipt
	Mailing Address 1710 ROUTE 70 EAST		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	CHERRY HILL	NJ	08034
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: SA17.9136
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="254.09"/>	<input type="text" value="138.13"/>
			INTEREST INCOME

C.	Full Name (Last, First, Middle Initial) TD BANK		Date of Receipt
	Mailing Address 1710 ROUTE 70 EAST		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	CHERRY HILL	NJ	08034
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: SA17.9137
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="374.37"/>	<input type="text" value="120.28"/>
			INTEREST INCOME

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="374.37"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 32
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) TD BANK		Date of Receipt
	Mailing Address 1710 ROUTE 70 EAST		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	CHERRY HILL	NJ	08034
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: SA17.9138
Receipt For:		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="561.08"/>	<input type="text" value="186.71"/>
<input type="checkbox"/> Other (specify) ▼			INTEREST INCOME

B.	Full Name (Last, First, Middle Initial) TD BANK		Date of Receipt
	Mailing Address 1710 ROUTE 70 EAST		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	CHERRY HILL	NJ	08034
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: SA17.9139
Receipt For:		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="797.52"/>	<input type="text" value="236.44"/>
<input type="checkbox"/> Other (specify) ▼			INTEREST INCOME

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="423.15"/>
TOTAL This Period (last page this line number only)	<input type="text" value="797.52"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) HOROWITZ & ULLMANN, P.C.	Transaction ID: SB21B.9151 Date of Disbursement 01 / 13 / 2011
	Mailing Address 275 MADISON AVENUE SUITE 902	Amount of Each Disbursement this Period 3120.00
	City NEW YORK State NY Zip Code 10016	
	Purpose of Disbursement ACCOUNTING FEES Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) HOROWITZ & ULLMANN, P.C.	Transaction ID: SB21B.9152 Date of Disbursement 03 / 03 / 2011
	Mailing Address 275 MADISON AVENUE SUITE 902	Amount of Each Disbursement this Period 2375.00
	City NEW YORK State NY Zip Code 10016	
	Purpose of Disbursement ACCOUNTING FEES Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) HOROWITZ & ULLMANN, P.C.	Transaction ID: SB21B.9153 Date of Disbursement 03 / 30 / 2011
	Mailing Address 275 MADISON AVENUE SUITE 902	Amount of Each Disbursement this Period 3585.00
	City NEW YORK State NY Zip Code 10016	
	Purpose of Disbursement ACCOUNTING FEES Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	9080.00
TOTAL This Period (last page this line number only)	9080.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) SEIU COPE FUND	Transaction ID: SB22.9141 Date of Disbursement
	Mailing Address 1313 L STREET, NW	<input type="text" value="01"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement TRANSFER	<input type="text" value="1500000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) SEIU COPE FUND	Transaction ID: SB22.9143 Date of Disbursement
	Mailing Address 1313 L STREET, NW	<input type="text" value="02"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement TRANSFER	<input type="text" value="900000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) SEIU COPE FUND	Transaction ID: SB22.9150 Date of Disbursement
	Mailing Address 1313 L STREET, NW	<input type="text" value="05"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement TRANSFER	<input type="text" value="1000000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 32

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A.

Full Name (Last, First, Middle Initial)

HOUSE MAJORITY PAC

Transaction ID: SB23.9188

Date of Disbursement

Mailing Address 700 13TH STREET NW SUITE 600

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	1	1

City State Zip Code
WASHINGTON DC 20005

Amount of Each Disbursement this Period

15000.00

Purpose of Disbursement
CONTRIBUTION

--

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement 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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 14 / 32

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

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

A.

Full Name (Last, First, Middle Initial)
OLGA ALLEN

Transaction ID: SB28A.9190
Date of Disbursement

Mailing Address 1655 FLATBUSH AVENUE

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	1

City State Zip Code
BROOKLYN NY 11210

Amount of Each Disbursement this Period

45.00

Purpose of Disbursement
REFUND OF UNITEMIZED CONTRIBUTION

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

45.00

TOTAL This Period (last page this line number only)

45.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 15 / 32

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial) 1199 & 32BJ/144 SEIU HOME CARE PAC <hr/> Mailing Address 330 WEST 42ND STREET <hr/> City NEW YORK State NY Zip Code 10036 <hr/> Purpose of Disbursement REFUND OF DEPOSIT INTO WRONG ACCOUNT Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.9161 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 1 1
	Amount of Each Disbursement this Period 3546.75
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) 1199 SEIU DUES ACCOUNT <hr/> Mailing Address 330 WEST 42ND STREET, 7TH FLOOR <hr/> City NEW YORK State NY Zip Code 10036 <hr/> Purpose of Disbursement REFUND OF DEPOSIT INTO WRONG ACCOUNT Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.9159 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 1 1
	Amount of Each Disbursement this Period 80.00
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) 1199 SEIU DUES ACCOUNT <hr/> Mailing Address 330 WEST 42ND STREET, 7TH FLOOR <hr/> City NEW YORK State NY Zip Code 10036 <hr/> Purpose of Disbursement REFUND OF DEPOSIT INTO WRONG ACCOUNT Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.9162 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 1 1
	Amount of Each Disbursement this Period 617.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	4243.75
TOTAL This Period (last page this line number only) ▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) 1199 SEIU DUES ACCOUNT	Transaction ID: SB29.9160 Date of Disbursement																			
	Mailing Address 330 WEST 42ND STREET, 7TH FLOOR	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	5		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	5		2	0	1	1												
	City NEW YORK State NY Zip Code 10036	Amount of Each Disbursement this Period																			
	Purpose of Disbursement REFUND OF DEPOSIT INTO WRONG ACCOUNT	<table border="1"><tr><td>705.00</td></tr></table>	705.00																		
705.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) 1199 SEIU DUES ACCOUNT	Transaction ID: SB29.9157 Date of Disbursement																			
	Mailing Address 330 WEST 42ND STREET, 7TH FLOOR	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	7		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	7		2	0	1	1												
	City NEW YORK State NY Zip Code 10036	Amount of Each Disbursement this Period																			
	Purpose of Disbursement REFUND OF DEPOSIT INTO WRONG ACCOUNT	<table border="1"><tr><td>960.44</td></tr></table>	960.44																		
960.44																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) 1199 SEIU DUES ACCOUNT	Transaction ID: SB29.9158 Date of Disbursement																			
	Mailing Address 330 WEST 42ND STREET, 7TH FLOOR	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	8		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	8		2	0	1	1												
	City NEW YORK State NY Zip Code 10036	Amount of Each Disbursement this Period																			
	Purpose of Disbursement REFUND OF EMPLOYER REMIT IN ERROR	<table border="1"><tr><td>52.00</td></tr></table>	52.00																		
52.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional) ▶

1717.44

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 17 / 32

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial) DEPARTMENT OF THE TREASURY <hr/> Mailing Address INTERNAL REVENUE SERVICE CENTER <hr/> City OGDEN State UT Zip Code 84201 <hr/> Purpose of Disbursement INCOME TAX - 2010 Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.9187 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2011
	Amount of Each Disbursement this Period 891.00
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) TD BANK <hr/> Mailing Address 1710 ROUTE 70 EAST <hr/> City CHERRY HILL State NJ Zip Code 08034 <hr/> Purpose of Disbursement BANK CHARGES Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.9142 Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2011
	Amount of Each Disbursement this Period 94.26
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ►

895.26

TOTAL This Period (last page this line number only) ►

6946.45

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

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

Outstanding Balance Beginning This Period 3157.42		Transaction ID: SD10.6243	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3157.42	

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

Outstanding Balance Beginning This Period 56833.56		Transaction ID: SD10.6244	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 56833.56	

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

Outstanding Balance Beginning This Period 82522.06		Transaction ID: SD10.6245	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 82522.06	

1) SUBTOTALS This Period This Page (optional).....	142513.04
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 22 / 32
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

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

Outstanding Balance Beginning This Period 3434.67	Transaction ID: SD10.6286	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3434.67

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

Outstanding Balance Beginning This Period 16789.92	Transaction ID: SD10.6287	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 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 NEW YORK State NY ZIP Code 10036	

Outstanding Balance Beginning This Period 9286.03	Transaction ID: SD10.6288	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 9286.03

1) SUBTOTALS This Period This Page (optional).....	29510.62
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 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 BERLIN ROSEN, LTD			Nature of Debt (Purpose): CANVASS SERVICES
Mailing Address 15 MAIDEN LANE STE. 803			
City	State	ZIP Code	
NEW YORK	NY	10038	

Outstanding Balance Beginning This Period		Transaction ID: SD10.9182	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
59750.00	0.00	59750.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor BERLIN ROSEN, LTD			Nature of Debt (Purpose): DIRECT MAIL
Mailing Address 15 MAIDEN LANE STE. 803			
City	State	ZIP Code	
NEW YORK	NY	10038	

Outstanding Balance Beginning This Period		Transaction ID: SD10.9183	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
15250.00	0.00	15250.00	

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

Outstanding Balance Beginning This Period		Transaction ID: SD10.6508	
45.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	45.00	

1) SUBTOTALS This Period This Page (optional).....	▶	75045.00
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 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 MACK CROUNSE GROUP			Nature of Debt (Purpose): MAILINGS
Mailing Address 2001 N. BEAUREGARD ST., STE 420			
City ALEXANDRIA	State VA	ZIP Code 22311	

Outstanding Balance Beginning This Period 1606.34		Transaction ID: SD10.8322	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1606.34	

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

Outstanding Balance Beginning This Period 1606.34		Transaction ID: SD10.8323	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1606.34	

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

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

1) SUBTOTALS This Period This Page (optional).....	▶	22062.68
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 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 ANTONELLA PECHTEL			Nature of Debt (Purpose): REIMBURSEMENT CATERING EXPENSE
Mailing Address 401 ROSE AVE			
City SCHENECTADY	State NY	ZIP Code 12308	

Outstanding Balance Beginning This Period <input type="text" value="201.39"/>		Transaction ID: SD10.6531	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="201.39"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="4372.06"/>		Transaction ID: SD10.7362	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="4372.06"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="22157.25"/>		Transaction ID: SD10.8325	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="22157.25"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="26730.70"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

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

Outstanding Balance Beginning This Period <input type="text" value="1897.47"/>		Transaction ID: SD10.6517	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1897.47"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="1849.15"/>		Transaction ID: SD10.6518	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1849.15"/>	

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

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

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="4581.64"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

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

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

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

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

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

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

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="3864.94"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

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

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

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

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

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

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

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="1106.77"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

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

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

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

Outstanding Balance Beginning 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 (optional).....	▶	2059.64
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

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

Outstanding Balance Beginning This Period 539.45		Transaction ID: SD10.6545	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 539.45	

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

Outstanding Balance Beginning This Period 2552.60		Transaction ID: SD10.6546	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2552.60	

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

Outstanding Balance Beginning This Period 3224.16		Transaction ID: SD10.6548	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3224.16	

1) SUBTOTALS This Period This Page (optional).....	▶	6316.21
2) TOTALS This Period (last page this line number only).....	▶	520590.65
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	520590.65

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND		FEC IDENTIFICATION NUMBER C C00348540
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		

Full Name (Last, First, Middle, Initial) of Payee
BERLIN ROSEN, LTD

Mailing Address
15 MAIDEN LANE
STE. 803

City State Zip Code
NEW YORK NY 10038

Purpose of Expenditure Category/
Type
CANVASS SERVICES

Name of Federal Candidate supported or Opposed by expenditure:
KATHY HOCHUL

Calendar Year-To-Date Per Election for Office Sought
59750.00

Date
M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Amount
59750.00

Transaction ID: SE.9113

Office Sought: House State: NY
 Senate District: 26
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : Special-General
2011
[MEMO ITEM]

Full Name (Last, First, Middle, Initial) of Payee
BERLIN ROSEN, LTD

Mailing Address
15 MAIDEN LANE
STE. 803

City State Zip Code
NEW YORK NY 10038

Purpose of Expenditure Category/
Type
DIRECT MAIL

Name of Federal Candidate supported or Opposed by expenditure:
KATHY HOCHUL

Calendar Year-To-Date Per Election for Office Sought
75000.00

Date
M M / D D / Y Y Y Y
0 5 / 1 6 / 2 0 1 1

Amount
15250.00

Transaction ID: SE.91133

Office Sought: House State: NY
 Senate District: 26
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : Special-General
2011
[MEMO ITEM]

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	0.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature
KEVIN FINNEGAN

Date
M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 1 1